



Ministry of Health
Brunei Darussalam

BREASTFEEDING GUIDELINES





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BENEFITS OF BREASTMILK FOR BABY

- ♥ *Halal*, complete, safe, unique and always readily available
- ♥ Easily digested and absorbed
- ♥ Increase intelligence level
- ♥ Strengthen immune system
- ♥ Helps develop better eye function
- ♥ Reduces risk of ear infection
- ♥ Reduces risk of muscle related illnesses
- ♥ Protects against skin allergies such as eczema
- ♥ Prevents constipation
- ♥ Promotes good jaw and tooth development
- ♥ Reduces risk of respiratory infections
- ♥ Reduces risk of urinary tract infections
- ♥ Reduces risk of childhood cancer and heart diseases at later life
- ♥ Protects against diarrhoea, allergies to food and ulcerative colitis at adulthood



BENEFITS OF BREASTFEEDING FOR MOTHER



- ♥ Stronger bones and joints
- ♥ Helps uterus return to its normal size more quickly and avoid excessive bleeding after delivery
- ♥ Effective method of birth control with conditions that mother is breastfeeding exclusively, no menstruation and baby is under 6 months old
- ♥ Easier and quicker way to return to pre-pregnancy weight
- ♥ Protection against heart disease, breast, ovary and cervical cancer
- ♥ Increase bonding between mother and child

THE RISKS OF NOT BREASTFEEDING

- ♥ Mothers have higher risks of developing anaemia, breast and ovarian cancer
- ♥ Baby has higher risks of allergies and intolerant to the protein of breastmilk substitutes
- ♥ Reduces bonding between mother and child
- ♥ Increases risks of developing chronic non-communicable diseases
- ♥ Higher risks of diarrhoea and respiratory infections
- ♥ Nutrient deficiencies such as Vitamin A
- ♥ Overweight and obesity
- ♥ Increases risks of childhood death
- ♥ Missed opportunity of getting essential nutrients and/or stimulants (long chain fatty acids) in breastmilk which promote brain, eyes and nervous system development



BREASTFEEDING FROM ISLAMIC PERSPECTIVE:

“Mothers must breastfeed their babies for 2 whole years, for those who wish to complete breastfeeding”

(Surah Al-Baqarah: ayat 233)



- ♥ Practise exclusive breastfeeding for the first six months of baby's life, begin appropriate, home-prepared complementary foods at six months of age, while continue breastfeeding up to two years and/or beyond;
- ♥ Exclusive breastfeeding means the baby receives only breastmilk from birth until six months of age. No other liquids or solids are given (not even water) with the exception of drops or syrups of vitamins, minerals or medicines prescribed by healthcare professionals or workers.

Complementary foods are semi-solid and/or solid foods which are introduced gradually into the baby's diet, along with continued breastfeeding until the child can fully feed herself/himself with ordinary family foods in adequate quantities (IBFAN-Asia 2014).

HUSBAND'S SUPPORT IN BREASTFEEDING IS IMPORTANT

Continuous encouragement and moral support from husband and/or other family members is particularly important. Respect and mutual understanding on mother's decision to breastfeed is also essential to successful breastfeeding.

1 Be prepared

- ♥ Learn about breastfeeding before birth
- ♥ Attend breastfeeding education sessions
- ♥ Improve breastfeeding knowledge by reading books, leaflets and information from reliable sources/websites
- ♥ Learn practical aspects of breastfeeding by discussing with wife, healthcare workers and experienced friends and family members

2 Be Inquisitive about breastfeeding

- ♥ Ask around and talk to friends, relatives, parents and healthcare workers who have successful experience in breastfeeding

3 Be Fully Supportive

- ♥ Respect and support your wife's decision to exclusively breastfeed and protect her from unsupportive people and negative advice
- ♥ Help around the house such as caring for other children
- ♥ Make sure your wife gets enough rest, eat and drink healthily
- ♥ Be patient and accept your wife's hormonal and emotional changes
- ♥ Burp the baby after a feed, dad's chest is great for this
- ♥ Care for the baby in ways other than feeding: bath, diaper changes, walks



STARTING BREASTFEEDING

Uninterrupted Skin-to-Skin Contact Immediately After Birth

- ♥ Following birth, baby will be placed on top of mother's bare chest with his/her face turned to the side. This is called *skin-to-skin contact*. *Skin-to-skin contact* protects baby from bacterial infection and promotes a wonderful bonding time for mother and baby. It also facilitates breast-feeding initiation.
- ♥ Continue *skin-to-skin contact* for the first three days of birth.



Start Breastfeeding Early

- ♥ Start breastfeeding when baby shows signs of readiness to feed, preferably within one hour of birth.



Breastfeeding After Birth

- ♥ Breastfeed baby on demand as frequent as possible.
- ♥ Ensure baby is fed every one to three hours, or whenever baby shows signs of readiness to feed.
- ♥ The more frequent the baby feeds, the more colostrum (first milk) will be produced and this will encourage milk to *come-in*.

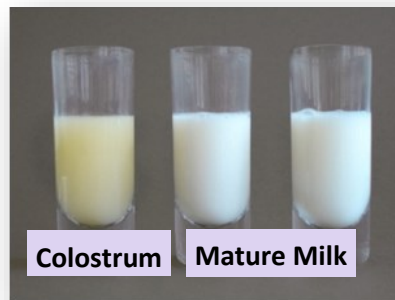
Remember, a baby's tummy is tiny so he will need to breastfeed little and often

STAGES OF BREASTMILK PRODUCTION

Colostrum

- ♥ First stage of breastmilk production – can be produced as early as the fourth month of pregnancy
- ♥ Lasts for several days following birth
- ♥ Thick and yellowish in colour
- ♥ Rich in antibodies, protein and Vitamin A to fight bacterial and viral infections
- ♥ Prevents jaundice by removing meconium – baby's first stool

Colostrum is considered as your baby's first immunization because it contains large quantities of antibody



Transitional milk

- ♥ After 2-3 days, breasts will start to secrete milk in larger amounts, making the breasts feeling full, hard and heavy (*milk coming in*). Milk secreted at this stage is called *transitional milk*
- ♥ Last for two weeks following birth

Mature milk

- ♥ Transitional milk become mature milk around two weeks after birth
- ♥ Mature milk consist of **FOREMILK** and **HINDMILK**

BREASTMILK CONTENTS

Breastmilk composition changes from the beginning to the end of a feed. The milk that comes first is called *foremilk* and the milk that comes later is called *hindmilk*. Both *foremilk* and *hindmilk* is important for baby's growth and development as they contain different nutrient composition.

FOREMILK

- ♥ Produced early in the feed .
- ♥ Rich in protein, lactose and other nutrients .
- ♥ Has a lower fat content.
- ♥ Has a high water content which helps quench the baby's thirst.
- ♥ Foremilk provides most of the water the body needs, even in very hot climate .

For the first six months of life, if babies are exclusively breastfed - they do not need other fluids including water. If breastfed babies are given water, they will take less breast milk and gets less energy, protein and other nutrients.

HINDMILK

- ♥ Thicker than *foremilk*.
- ♥ As the feed goes on, the fat content of the milk rises which satisfies the baby's hunger.

A baby who is allowed to finish the first breast, so that he feeds until he comes off by himself before being offered the second breast, gets plenty of fat-rich *hindmilk*.



High water content
to quench thirst

High fat and calorie content
to satisfy hunger

STOMACH SIZE OF NEWBORNS AND AMOUNT OF BREASTMILK NEEDED

		DAY 3	
			
5-7 ml 1-1.4 tsp	22-27 ml 0.75-1 oz	45-60 ml 1.5-2 oz	80-150 ml 2.5-5 oz
			
as big as cherry	as big as walnut	as big as apricot	as big as egg

STEPS TOWARDS EFFECTIVE ATTACHMENT

Effective attachment is very important to ensure successful breastfeeding. This can be achieved by doing the following steps:



Step 1 :

- Sit comfortably with your back and feet supported.
- Hold your baby close, along your forearm.
- Support your baby's neck and shoulder blade with your hand, so that your baby is able to move his head into the right position to attach well. Do not hold his head.



- Turn him onto his side with his chest towards you, head tilted slightly back, at the same level as your breast. His nose will be levelled with your nipple.



Step 2 :

- Gently brush your baby's mouth with the underside of your areola. Your baby should open his mouth wide when you do this. You may find holding your breast allows him to take in more of your breast and makes it easier for him to attach.
- When your baby opens his mouth wide and his tongue comes forward over his lower gum, bring him quickly to the breast with your nipple aimed at the roof of his mouth. His first point of contact will be his lower jaw or chin, on your areola well down from the nipple.



Step 3 :

- As his mouth closes over the breast he should take in a large mouthful of your breast.



Step 4 :

- Baby's lower lip will be curled outwards like a fish mouth.

Step 5 :

- Baby's cheeks will look full and round, and you may hear his swallowing sounds.

If your breasts are engorged, try expressing before attachment as this will help to soften the breast, allowing your baby to attach easily.

POSITIONING FOR BREASTFEEDING

A mother can hold her newborn baby to her body in the way that feels right for her. These are the signs to look for when positioning your baby for breastfeeding:



1. Baby's body in a straight line:

Ear, shoulder and hip of the baby should be in a straight line, facing mother's breast. This prevents baby's head from being twisted or bend far forward or backwards.

2. Close to mother's chest:

Bring the baby to the breast, not mother leaning over the baby.

3. Support your baby well:

Fully support baby's neck, shoulder blade and whole body with mother's arm. His head should be resting on mother's arm.

4. Facing the breast:

When the baby is brought to the breast, ensure that baby is facing mother's breast with his nose levelled to the nipple.

VARIOUS BREASTFEEDING POSITIONS

In enabling effective attachment to the breast, there are various feeding positions that mother may feel most comfortable.

Sitting Position



Cradle Hold

- ♥ Make sure that the baby's lower arm is tucked around the mother's side. Not between the baby's chest and the mother
- ♥ Make sure that the baby's head is between the wrist and the crook of the mother's arm, facing the breast



Cross-Cradle Hold

- ♥ Suitable for small, ill or premature baby
- ♥ Mother has good control of baby's head and body, taking care that the baby's head is not held too tightly as this may prevent movement



Football Hold

- ♥ Suitable for twins/ premature/ low birth weight babies
- ♥ Helps to drain all areas of the breast
- ♥ Gives mother a good view of the attachment

VARIOUS BREASTFEEDING POSITIONS

Side-Lying Position

- ♥ Mother can rest while breastfeeding
- ♥ Makes breastfeeding more comfortable and easier following a caesarean section
- ♥ Using a pillow to support mother's back while breastfeeding side-lying can be helpful
- ♥ Make sure that the baby's whole body is facing mother in a tummy-to-tummy position, so that baby's mouth is able to attach on the breast effectively



STEPS FOR HAND EXPRESSION

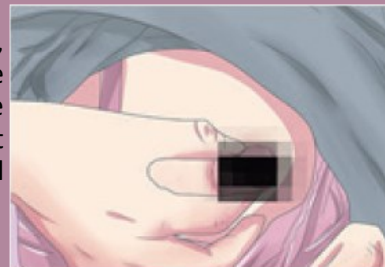
Wash your hands before you start. Sit up and lean forward so that gravity is working for you, not against you. Use gentle massage over the breast with hands or warm towel or soft comb. This will help your breastmilk to flow before starting the expression.



Place fingers an inch away from areola, making a 'C' shape around the breast.



Gently press back towards your chest wall, compress together and release. Alternate frequently between both breasts. Change position of your fingers slightly on each breast to completely express breastmilk from all areas.

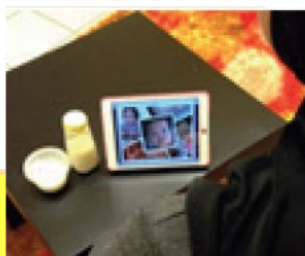
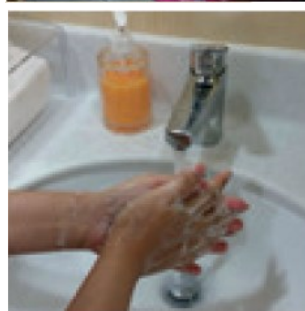


Use a clean, sterilized container to store expressed breastmilk.



GUIDE ON BREASTMILK EXPRESSION FOR WORKING MOTHERS

- ♥ Find a place which is appropriate, quiet and clean such as a closed room or resting room
- ♥ Wash and clean your hands thoroughly
- ♥ Relax and think about your baby to help with breastmilk production
- ♥ Start expressing breastmilk and continue until the breastmilk flow slows down
- ♥ Store expressed breastmilk in a clean, sterilized container and put in the refrigerator (if available) or in a cooler box containing ice packs
- ♥ Label container with the date when expression was done. To avoid wastage, the content in each container should only be for one feed
- ♥ As soon as you arrive home, put the expressed breastmilk either in refrigerator or freezer.



GUIDE ON EXPRESSED BREASTMILK STORAGE

TYPE OF STORAGE		FULL TERM BABY	PRE-TERM BABY
Freshly Expressed Breastmilk			
Room Temperature	15°C – 25°C (air-conditioned)	8 hours	4 hours
	25°C – 37°C (without air-conditioner)	4 hours	4 hours
Refrigerator	<15°C	24 hours	4 hours
	2°C – 4°C	8 days	2 days
1-Door freezer		2 weeks	2 weeks
2-Door freezer		3 months	3 months
Deep Freezer or Freezer Drawer		6 months	6 months
Frozen expressed Breastmilk			
Thawed in refrigerator		24 hours (do not refreeze)	12hours (do not refreeze)
Thawed and stored outside of the refrigerator		To be given to the baby straight away	

GUIDE ON EXPRESSED BREASTMILK STORAGE



**1 DOOR FREEZER
2 WEEKS**



**2 DOOR FREEZER
3 MONTHS**



**FREEZER
DRAWER
6 MONTHS**



**DEEP FREEZER
6 MONTHS**

GUIDE ON GIVING EXPRESSED BREASTMILK (EBM) FOR WORKING MOTHERS

It is advisable for the mother to start expressing and storing breastmilk 2 weeks after delivery, especially for working mothers.

2 weeks before going back to work, baby should be familiarised with expressed breastmilk, by alternating EBM with direct breastfeeding

Early morning	Direct Breastfeeding
Mid Morning	Expressed Breastmilk
Noon	Direct Breastfeeding
Afternoon	Expressed Breastmilk
Throughout the night	Direct Breastfeeding



A nursing cover is helpful for mother to directly breastfeed when out and about.

EXPRESSED BREASTMILK PREPARATION BEFORE WORK

Take out the frozen expressed breastmilk (EBM) from the freezer and thaw it in the refrigerator.



Frozen expressed breastmilk will usually be divided into two layers. Slowly swirl to combine the breastmilk.



Warm the EBM in a bowl of lukewarm water.



It is best to give EBM with a small cup to avoid nipple confusion.



TIPS TO INCREASE BREASTMILK PRODUCTION

- ♥ Do not wait for baby to cry to breastfeed
- ♥ Breastfeed your baby when he shows early signs of hunger:
 - opens his mouth, stretches out the tongue and turns his head as though as looking for the breast;
 - looks restless and makes soft whimper sound;
 - sucks or chews on hands, fingers, blanket or sheet, or other objects that comes into contact with his mouth
- ♥ Ensure position and attachment of the baby is correct when breastfeeding (refer page 10-13)
- ♥ Breastfeed more often especially at night
- ♥ Allow baby to empty the first breast until he let go by himself, then offer second breast if he still wants to breastfeed
- ♥ Breastfeeding mother needs to feel relaxed, calm and comfortable for a more effective supply of breastmilk
- ♥ Express breastmilk more often to stimulate and increase breastmilk production (after every feeding)
- ♥ Ensure mother drinks adequate amount of fluid, at least 8 glasses per day

THE EASIEST AND EFFECTIVE WAY TO INCREASE BREASTMILK PRODUCTION IS TO GIVE BABY DIRECT BREASTFEEDING AS OFTEN AS POSSIBLE.

THE MORE OFTEN AND LONGER THE BABY FEEDS, THE MORE BREASTMILK WILL BE PRODUCED.

FOODS THAT CAN STIMULATE BREASTMILK PRODUCTION

There are a number of foods that claim to stimulate breastmilk production.

However, it is important for mothers to breastfeed baby longer and frequently for a more effective supply of breastmilk, while practicing a healthy and balanced diet.



PROBLEMS RELATED TO BREASTFEEDING

PROBLEM 1	BREAST ENGORGEMENT
Causes	<ul style="list-style-type: none"> ♥ Over-production / oversupply of breastmilk ♥ Delayed breastfeeding initiation after delivery ♥ Poor positioning and attachment leading to ineffective suckling which can cause inadequate removal of breastmilk ♥ Baby rarely breastfeed after delivery ♥ Limiting duration of feeds or short feeds – not according to baby’s demand ♥ Incorrect method of expressing breastmilk or the use of unsuitable breast-pumps
Management	<ul style="list-style-type: none"> ♥ Start breastfeeding within one hour of birth ♥ Ensure effective positioning and attachment during breastfeeding (refer page 10-13) ♥ Breastfeed baby on demand and frequently to avoid breast engorgement ♥ Let baby feed on the engorged breast if the baby can attach on it; otherwise mother can express the breastmilk from the engorged breast using hand-expression or suitable breast-pump to soften the breast ♥ Put a warm towel on the engorged breast and/or bath/shower with warm water to relieve and soften the breast ♥ Massage mother’s upper back, especially along the sides of the backbone to stimulate and ease the process of breastmilk production

PROBLEMS RELATED TO BREASTFEEDING

PROBLEM 2	NOT ENOUGH/INSUFFICIENT BREASTMILK
Causes	<ul style="list-style-type: none"> ♥ Delayed breastfeeding initiation after delivery ♥ Poor positioning and attachment leading to ineffective suckling which can cause inadequate removal of breastmilk ♥ Duration of direct feeding is limited and restricted ♥ Limited or short feeds – not according to baby’s demand ♥ Absence or lack of night feeding ♥ Use of bottles and dummies/pacifiers/teats ♥ Use of other fluids / additional foods other than from breastmilk ♥ Baby feeds on one breast only ♥ Mother feels tired, worried and stressed ♥ Mother feels lack of confidence to breastfeed her baby
Management	<ul style="list-style-type: none"> ♥ Start breastfeeding within one hour of birth ♥ Ensure effective positioning and attachment during breastfeeding (refer page 10-13) ♥ Encourage frequent feeding (feed on baby’s demand) as often as possible (at least 8-12 times per day). This will help boost breastmilk production ♥ Breastfeed baby from both breasts to ensure breastmilk production is enough and sustainable ♥ Breastfeed more often at night and feed on baby’s demand, until he let go of the breast himself ♥ Avoid usage of bottles and dummies/pacifiers/teats as this may confuse the baby with the breast ♥ Ensure mother gets enough rest and build up her confidence to breastfeed ♥ Practice healthy balanced-diet while taking adequate amount of fluid, at least 8 glasses per day

PROBLEMS RELATED TO BREASTFEEDING

PROBLEM 3	SORE / CRACKED NIPPLES
Causes	<ul style="list-style-type: none"> ♥ Delayed initiation of breastfeeding (within one hour of birth) ♥ Poor positioning and attachment ♥ Baby only suckles on the nipple and not on the areola ♥ Nipple confusion caused by the usage of artificial teats or dummies, where the technique of suckling is different to breastfeeding ♥ Incorrect method of expressing breastmilk or the usage of unsuitable breast-pump ♥ Incorrect technique of releasing breast from baby while he is still suckling
Management	<ul style="list-style-type: none"> ♥ Start breastfeeding within one hour of birth ♥ Ensure effective positioning and attachment during breastfeeding (refer page 10-13) ♥ Ensure baby takes most of the areola into his mouth and not just the nipple ♥ Initiate breastfeeding on the unaffected breast first ♥ Avoid using soap/cream/lotion on nipples ♥ Express and smear a few drops of breastmilk onto the sore nipples and frequently air the breasts to soothe the pain and prevent infection ♥ Avoid wearing bra until the soreness subsides ♥ Refer to the nurse/doctor if the pain persist. At the same time, continue expressing and feeding the baby with expressed breastmilk so that milk production is not Affected

HOW DO I KNOW IF MY BABY IS GETTING ENOUGH MILK?

Signs that the baby is getting enough breastmilk:

♥ **Baby looks healthy:**

Good skin colour and muscle tone.

♥ **Baby gain weight:**

Baby's weight is increasing steadily after the initial drop in birth weight. For the first six months, baby will gain at least 500 gram each month or 125 gram each week. Should baby gain less than 500 gram per month, this is considered inadequate weight gain.

♥ **Baby looks content and satisfied after feeding:**

Baby is alert and reasonably contented after feeding. Usually baby will let go of the breast after feeling full and satisfied. It is normal for babies to have times when they feed more frequently. It is also normal for babies to wake for night feeds.

♥ **Wet nappy:**

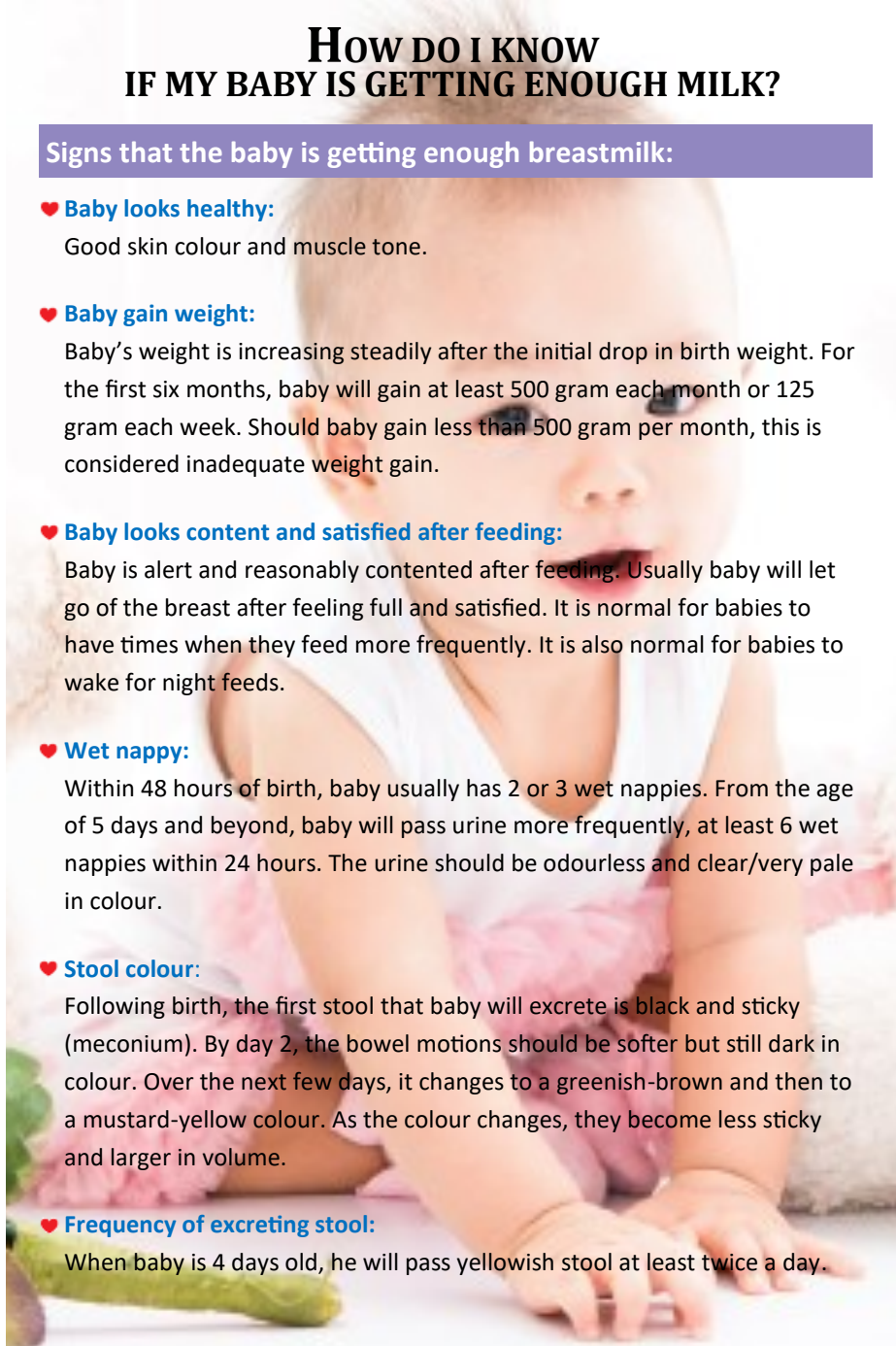
Within 48 hours of birth, baby usually has 2 or 3 wet nappies. From the age of 5 days and beyond, baby will pass urine more frequently, at least 6 wet nappies within 24 hours. The urine should be odourless and clear/very pale in colour.

♥ **Stool colour:**

Following birth, the first stool that baby will excrete is black and sticky (meconium). By day 2, the bowel motions should be softer but still dark in colour. Over the next few days, it changes to a greenish-brown and then to a mustard-yellow colour. As the colour changes, they become less sticky and larger in volume.

♥ **Frequency of excreting stool:**

When baby is 4 days old, he will pass yellowish stool at least twice a day.



ADDITIONAL INFORMATION

- ♥ A newborn stomach's capacity is very small. Therefore, baby will only be able to take very small amount of milk at a time.
- ♥ Breastmilk is easily digested and absorbed, so it is not surprising that baby will demand more frequent feedings. Some babies are contented or undemanding in nature. Do not wait for hunger cues – feed them at least 8-12 times in 24 hours
- ♥ Some babies are 'fussy' in nature even if fed according to their demands. However, if they are being fed frequently, as and as long as they want, day and night, their growth development is usually satisfactory



LIST OF HEALTH CENTRES' TELEPHONE NUMBERS

(Mother and Child Health Clinic)

Brunei-Muara District

HEALTH CENTRES/CLINICS	TELEPHONE NUMBER
BREASTFEEDING HOTLINE HOSPITAL RIPAS	1-800-7878
PENGIRAN ANAK PUTERI HAJAH MUTAWAKKILAH HAYATUL BOLKIAH, GADONG	2428249
BERAKAS	2340251/2340346
JUBLI PERAK SENGKURONG	2661415
PENGKALAN BATU	2683403/2683404 ext 140
JUBLI EMAS BUNUT	2650450
MUARA	2770738
PENGIRAN ANAK PUTERI HAJAH RASHIDAH SA'ADATUL BOLKIAH, KAMPONG SUNGAI ASSAM	2200310/2201593
SUNGAI BESAR	2786621

Tutong District

HEALTH CENTRES/CLINICS	TELEPHONE NUMBER
PEKAN TUTONG	4260805
LAMUNIN	4237397
TELISAI, TUTONG	4244391/4244390
SUNGAI KELUGOS	4240646/4240134 ext 103

Belait District

HEALTH CENTRES/CLINICS	TELEPHONE NUMBER
KUALA BELAIT	3335331 ext 3170
SUNGAI LIANG	3230113
LABI	3233216

Temburong District

HEALTH CENTRES/CLINICS	TELEPHONE NUMBER
TEMBURONG	5221526 ext 150/160



