**Why breastfeeding is important**

* Breastfeeding is important to children, to mothers and to families. Breastfeeding protects infant’s health. Children who are not breastfed are more likely to be:
  + Ill or to die from infections such as diarrhea and gastrointestinal infections, and chest infections.
  + Underweight and not grow well, if they live in poor circumstances.
  + Overweight and to have later heart problems, if they live in rich circumstances.
* Breastfeeding is important to mothers. Women who do not breastfeed are more likely:
  + To develop anemia and to retain fat deposited during pregnancy, which may resultin later obesity.
  + To become pregnant soon after the baby’s birth.
  + To develop breast cancer.
  + To have hip fractures in older age.
* In addition:
  + Breast milk is readily available. There is nothing to buy and it needs no preparation or storage.
  + Breastfeeding is simple, with no equipment or preparation needed.
  + If a baby is not breastfed, the family will need to buy replacement milk for the baby and find time to prepare feeds and keep feeding equipment clean.
  + If a baby is not breastfed, there may be loss of income through a parent’s absence from work to care for an ill child.
* Mother’s milk is all a baby needs:
  + Exclusive breastfeeding is strongly recommended for the first six months. The baby does not need water, other fluids, or foods during this time.
  + Breastfeeding continues to be important after the first six months when other foods are given to the baby.
  + A mother's milk is especially suited for her own baby and changes from day to day, month to month, and feed to feed to meet the baby's needs. The baby learns the tastes of the family foods through the flavors of breast milk.
  + Mother’s milk is unique (special). Human milk is a living fluid that actively protects against infection. Artificial formula provides no protection from infections.

**Information on HIV testing**

• All pregnant women are offered voluntary and confidential HIV counselling and testing. If a woman is HIV infected there is a risk of transmission to the baby during the pregnancy and birth, as well as during breastfeeding. If the pregnant woman knows that she is HIVpositive then she can make informed decisions.

• About 5-15% of babies (one in 20 to one in seven) born to women who are HIV-infected will become HIV-positive through breastfeeding9.This means most infants born to women who are HIV-positive will not be infected through breastfeeding.

• In some settings, the risk to the child of illness and death from not exclusively breastfeeding is higher than the risk of HIV transmission from breastfeeding. One of the reasons that individual counselling is so important is that it gives mothers the information they need to make the informed choices about how to feed their babies in their own situations.

• The majority of women are not infected with HIV. Breastfeeding is recommended for:

- women who do not know their status, and

- women who are HIV-negative.

**HELPING A MOTHER TO POSITION HER BABY**

• Greet the mother and ask how breastfeeding is going.

• Sit down yourself in a comfortable, convenient position.

• Observe a breastfeed.

• Notice something positive and say something to encourage the mother.

• If you notice a difficulty, explain what might help, and ask the mother if she would like

you to show her.

• Make sure that she is in a comfortable and relaxed position.

• Explain how to hold her baby, and show her if necessary. The **four key points** are:

- with baby’s head and body straight;

- with baby’s body close to her body;

- supporting baby’s whole body (if newborn);

- with baby’s face facing her breast, and baby’s nose opposite her nipple.

• Show her how to support her breast:

- with her fingers flat against her chest wall below her breast;

- with her first finger supporting the breast;

- with her thumb above;

- her fingers should not be too near the nipple.

• Explain or show her how to help the baby to attach:

- touch her baby's lips with her nipple;

- wait until her baby's mouth is opening wide;

- move her baby quickly onto her breast, aiming baby’s lower lip below the nipple.

• Notice how she responds and ask her how her baby's suckling feels.

• Look for signs of good attachment – more areola seen above baby’s top lip, wide mouth,

lip turned outwards, chin touching breast.

**Syringe method for treatment of inverted nipples**

This method can help an inverted nipple to stand out and assist a baby to attach to the breast. The

mother must use the syringe herself, so that she can control the amount of suction and avoid hurting

her nipple.

• Take a syringe at least 10 ml in size and if possible 20 ml so that it is large enough to accommodate

the mother’s nipple.

• Cut off the adaptor end of the barrel (where the needle is usually fixed). You will need a sharp

blade or scissors.

• Reverse the plunger so that it enters the cut (now rough) end of the barrel.

• Before she puts the baby to her breast, the mother:

- Pulls the plunger about one-third of the way out of the barrel.

- Puts the smooth end of the syringe over her nipple.

- Gently pulls the plunger to maintain steady but gentle pressure for about 30 seconds.

- Pushes the plunger back slightly to reduce suction as she removes the syringe from her

breast.

• Tell the mother to push the plunger back to decrease the suction, if she feels pain. This prevents damaging the skin of the nipple and areola

