Preparing Mothers for Breast-Feeding

This is the fifth issue of the regular feature on infant feeding practices. This article is from the book "Breast-Feeding In Practice; A Manual for Healthworkers", by Elisabeth Helsing and F. Savage King, published by Oxford University Press.

The Health-Worker's Role

KNOWLEDGE of breast-feeding is not inherited but acquired. If a mother is surrounded by experienced women, their '*doula* expertise' will be passed on in small daily doses as the need arises. If this traditional support system is not present, busy health workers may be a mother's main source of support and correct information

Sometimes it is administratively very difficult to give mothers the support one would like to. Health services may be fragmented, with different parts being responsible for different phases of mother-and-child health care. Sometimes there is a limited service which is heavily overburdened, sometimes there is almost none available at all.

The opportunities for each health worker to act as adviser depend very much on his or her other duties. In general, there are two kinds of opportunity; those arising during ante-natal care, and those provided by child welfare visits.

Although, as we have said, she should not force her views on mothers, there is no reason why a health worker should not encourage a positive attitude by making mothers feel that she is interested, and prepared to help if necessary. From the first ante-natal visit she can talk to each mother about how she will feed her child, examine her nipples, help her prepare them, and discuss her fears and anticipations if necessary.

Ante-Natal Information—A 'Check-List'

This list is to help you remember what every mother needs to know about breast-feeding before she gives birth.

1. *The infant should try to suck within an hour of a normal delivery.* The mother should hold it, naked, to her naked breast for at least a quarter of an hour, in privacy.

2. *Colostrum is good for the infant.* Colostrum is *not* harmful, in spite of its 'dangerously' bright yellow colour. On the contrary, it is beneficial, and contains substances that protect against disease.

3. *Sucking in the first few days is essential.* Although only a little milk is produced, sucking helps the milk to 'come in' and helps to prepare the infant's digestive tract by removing meconium (the first stools which a baby passes, which are greenish black in colour).

4. *The small amount of milk produced is usually enough for the baby's needs.* Supplementary feeds are rarely necessary.

5. *Sucking makes the mother's uterus—or womb—contract.* Although this may initially be painful, it is beneficial, because it helps to stop uterine bleeding.

6. *The ability to breastfeed does not depend upon breast size.* Most mammals have completely flat mammary glands when they are not breast-feeding.

7. *The quality of the milk will always be good.* Even if a mother's diet is poor, her milk is the best food for her baby. If she eats and drinks very little, the quantity and possibly fat content of her milk may decrease.

8. *Bottle-feeding is dangerous, except for women living in very hygienic conditions.*

Ante-Natal Nipple Care

Examination of the nipples should be a routine part of ante-natal care. Look for *inverted, flat, short,* and *non-protractile* nipples. Above all, look for normal, protractile nipples. Congratulate the owner, and help her to prepare them.

Preparation of the Nipples

Preparation of the nipples should also be a routine part of ante-natal care. When a baby first sucks, it moves the nipples in a completely new way. Instead of moving gently against clothing, or hanging free, they are now pulled out and stretched strongly and repeatedly and they are sometimes chewed at. This can result in soreness, cracks, and even bleeding. This is especially likely to be a problem in the fair-skinned.

One way to avoid this is to prepare the nipples during pregnancy, by imitating the sucking action of the infant. The woman should repeatedly pull out her nipples with her fingers, stretching them as much as possible without hurting. A few dozen 'pullings' a each nipple every day during the last month of pregnancy should help to accustom the nipples to the sucking action.

A woman who has breast-fed successfully before will need little help. But you can help primiparae or previous failed lactators very much at this time. And even some women who have breast-fed without difficulty previously find this exercise useful.

Inverted (Retracted) and Flat Nipples

Most nipples stick out a bit from the surrounding areola. But some look flat, or even appear to go in partly or completely. These are called 'inverted' ('turned in') nipples. You must examine these nipples very carefully to find out if they are truly inverted, or not.

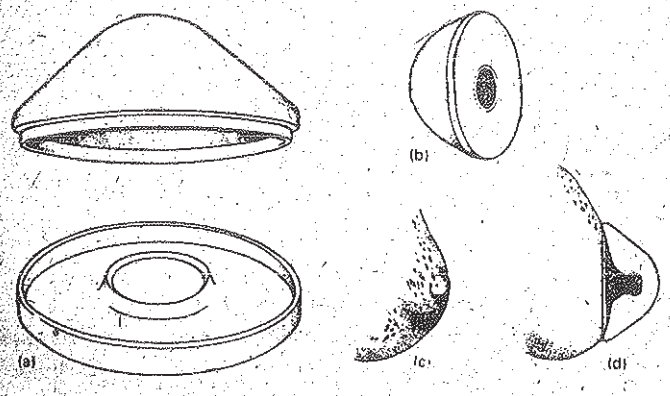
Truly inverted nipples can cause serious difficulties, but they are very rare. Most of these nipples are just 'flat', and with patience and care during pregnancy and for the first part of breast feeding will become normal. When you examine the nipple, and try to pull it out (*protract* it), it may seem to 'slip away' under your fingers. It may seem to be fastened to the tissues beneath the skin. If it is *truly inverted*, you simply cannot pull it out at all. It is *non-protractile*. Usually, you can pull out, or protract, the nipple a short way—this, then, is just a short nipple, which will stretch when the baby sucks from it. Some flat-looking nipples protract very well. They are fully protractile, and should cause no problem.

A truly inverted and completely non-protractile nipple can be quite difficult to manage. But you must treat it if breast-feeding is to be successful. The first step is to give the woman nipple shells to wear inside her brassiere, get someone to copy the picture in Figure 1 and make you something similar, carved out of wood, for example, or ceramic, or plastic, or glass. The woman should wear these shells daily over her nipples inside her brassiere from the seventh month of pregnancy onwards. She must also do the 'pulling' exercise mentioned above.

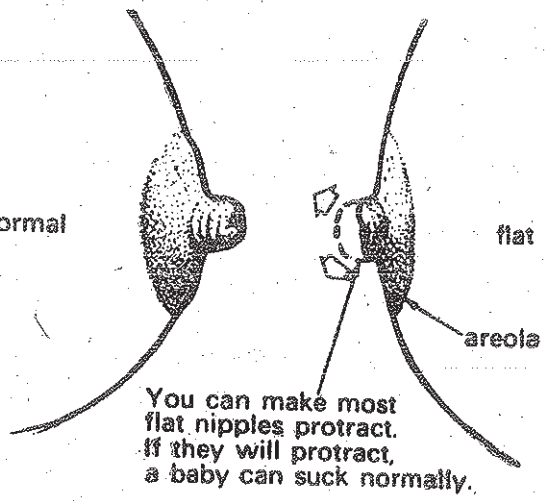
Preparation of the Breasts

From the second trimester of pregnancy, colostrum is present in the milk glands, and can be expressed.

Many people believe that this colostrum or part of it should be milked out, and this is even recommended in some medical publications. They suggest that, if you remove colostrum, it accustoms the gland cells to milk production, opens milk ducts, and facilitates the onset of lactation. However, there is no evidence whatsoever that removing colostrum is physiologically necessary. The only possible benefit is to prepare the nipples mechanically, and the mother psychologically, for breast-feeding. We personally do not believe it should be done. On the other hand, however, there is no evidence that milking out colostrum is actively harmful. If a mother or her surrounding *doulas* firmly believe it should be done, there is no justification for discouraging them.



(a) Glass nipple shell showing two parts: (b) nipple shell, put together; (c) flat nipple; (d) same nipple with glass shell in use. Notice how nipple sticks out beneath the dome.



Normal and flat nipple. (King *et al.* (1978).

For information on better maternal and infant feeding practices, write to: Infant Nutrition Information Service C-14, Community Centre, Safdarjung Development Area, New Delhi-110 016

NJI's Trend Study

(*Continued from page 153*)

It is essential that the Editorial Board prepare guidelines to contributors for writing the articles—as is being done by many professional journals. This will also meet the minimum standard of writing a professional article. Continuing education in the form of workshops or seminars for potential nurse authors could be held regularly to overcome these difficulties.

In the organization of content, it would be desirable to have a better lay-out for uninterrupted reading of professional articles.

Finally, the authors would like to say that this analysis attempted at studying the directions in which the NJI as a whole was moving. On the whole, it seems that the trend of the *Journal* is towards a positive direction in an effort to become a professional journal, although there is a large scope for improvement especially to attain an international position among the Nursing journals.

References

1. Holsti, Ole R., "Content Analysis" in *Handbook of Social Psychology* by Gardner Lindzey and Elliot Aronson. eds. Vol. 2 Massachusetts: Addison Wesley Pub. Co., 1968, pp. 598-650.

2. Messler, E.C., Transforming Information into Nursing Knowledge: A Study of Maternity Nursing Practice. Unpublished Dissertation for the Degree of Ed. D. Columbia University, 1974.