

# EDUCATION OF MOTHER ABOUT CHILD BREASTFEEDING

EDUKACJA MATKI NA TEMAT KARMIENIA PIERSIĄ

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## SUMMARY

Nutrition of child in its first year of life counts among key tasks of parents, hospital attendants and everybody who participates in care of child. A child acquires the proper habits concerning eating since its birth and those are some of the most important facts for its future health. Appropriate nutrition makes the basis for optimal growth and development of the child. The nutrition demand of full term infant with its physiological birth weight, during its first six months, in terms of its composition and amount of fluid, is perfectly complied by the breast milk. In 2002 WHO accepted Global strategy for the nutrition of infants and children where they prefer to start breastfeeding in one hour after the birth, continue it during the period of six months and after the sixth month finishing start to feed a child healthily. Education of mother (lactation consultancy) about the right nourishment and hygiene during lactation, positions that can be used by mother while breastfeeding and the suitable technology of putting a baby to the breast are considered to be the necessity for the successfulness of breastfeeding. The task of hospital attendants in lactation consultancy is to evaluate the nutrition state of the child, to identify the problem, to provide information and practical aid, and at the same time to express their empathy and bolster the self-confidence of breastfeeding mother.

**Key words:** breastfeeding, lactation consultancy, nutrition, breast milk, role.

## STRESZCZENIE

Odżywianie dzieci w pierwszym roku życia, jest podstawowym zadaniem rodziców, personelu szpitala i wszystkich, którzy uczestniczą w opiece nad dzieckiem. Dziecko nabywa właściwych nawyków, które są jednym z najistotniejszych elementów przyszłego życia dziecka. Zaliczamy do nich właściwe odżywianie od chwili narodzin. Właściwe odżywianie jest podstawą optymalnego rozwoju i wzrostu dziecka. W 2002 roku WHO zaakceptowało Globalną strategię dotyczącą odżywiania niemowląt i dzieci, w której preferowane jest rozpoczęcie karmienia piersią w godzinę po narodzinach, kontynuowanie tego karmienia przez sześć kolejnych miesięcy, a następnie prowadzenie zdrowego odżywiania dziecka. Przy pomysłnym karmieniu piersią za konieczne uważane są: edukacja matki (konsultacja laktacyjna) w zakresie właściwego odżywiania i higieny podczas laktacji, jak również pozycji, które mogą być stosowane przez matkę w trakcie karmienia piersią i odpowiednia technika przykładania dziecka do piersi. Zadaniem personelu szpitala przy konsultacji laktacyjnej jest: ocenić stan odżywiania dziecka, zidentyfikować problem, przekazać informacje i praktyczną pomoc, a tym samym okazać empatię i wsparcie oraz umocnić pewność siebie karmiącej matki.

**Słowa kluczowe:** karmienie piersią, konsultacja laktacyjna, odżywianie, pokarm matki, rola.

Nutrition of child in its first year of life counts among the basic tasks of parents and hospital attendants who participates in care of child. A child acquires the proper habits concerning eating in its early childhood and those are some of the best preventive measures [1]. Appropriate nutrition makes the basis for optimal growth, health and psychosocial development of the child [2].

The nutrition demand of full term infant with its physiological birth weight, during its first six months, in terms of its composition and amount of fluid is perfectly complied by the breast milk. In 2002 WHO accepted Global strategy for the nutrition of infants and

children where they recommend to start breastfeeding in one hour after the birth, continue it during the period of six months and after the sixth month finishing the child should be fed properly.

**Breast milk** is the best nourishment for newborn and it also has optimal temperature. Human milk contains protein, lactose, water and fat. The initial milk produced the first days after the birth is often referred to as **beestings** (colostrum), which contains more proteins, minerals, vitamins A and E, and less fat and saccharides than the milk produced after 7–10 days. Colostrum is a form of a thick yellowish fluid. It is high in the immunoglobulins (IgA), which help to protect the

newborn until its own immune system is functioning properly. Breastings can be produced by women also in late pregnancy. As well as the colostrum, so-called **transitional milk** produced after 7–10 days contains antibodies IgA from the mother. After 14 days from birth **mature breast milk** is produced, that is bluish, contains all necessary nutrients and has got sufficient energy value. Milk production (lactation) is strongly influenced by how often is the baby fed and how well it is able to transfer milk from the breast, to drain the breasts more fully.

At the beginning of milk production there is the feeling increased breast fullness, the breasts are sensitive and tense. It is very important to overcome these initial problems to find the breastfeeding the most beautiful period of time in the life of mother and child.

**Foremilk**, the milk released at the beginning of a feed, is watery and eases thirst of baby. After the foremilk, the **hindmilk** is produced. It contains more fat and it eases hunger of baby. Breastfeeding should last approximately 10 minutes from each breast. Too short breastfeeding does not allow the baby to suck more nutritious hindmilk and so a baby can feel hunger. Feeding a baby on demand (sometimes referred to as „on cue”), may mean breastfeeding much more than the recommended minimum. Feeding when the baby shows early signs of hunger means decreasing the possibility of overfeeding as well as the possibility of insufficient feeding. Babies usually show they are hungry by waking up (newborns), mouthing their fists, moaning or fussing. Crying is a late indicator of hunger. When a baby’s cheeks are stroked, the rooting instinct makes it move its face towards the stroking and open its mouth. Baby intensively sucks during the breastfeeding and expresses its satisfaction and feeling of fullness by the suck reducing, nipples releasing or it falls asleep. When the baby expresses its satisfaction, do not force it to continue sucking. After the feeding we lift up the baby to upright position and wind it softly on its back to be able to belch [1, 3–5].

**Breastfeeding has many benefits for the child:**

- Breast milk contains the right amount of all nutrients child needs. Even no preparation of infant formula has the same composition like breast milk.
- The composition of breast milk varies due to needs of child
- Developing digestive tract of child treats breast milk milderly.
- Breast milk does not cause allergic reaction.
- Breast milk also contains antibodies from the mother that may help the baby to resist infections and so it strengthens child’s own immune system. Colostrum is very high in antibodies.

- Breast milk helps with expelling meconium. Breast fed children rarely have problems with constipation.
- Sucking from breasts contributes to mouth development.
- Breastfeeding is very comfortable and economic.
- Breastfeeding eliminates the risk of polluted water that can be used for infant formula preparation or improper concentration of infant formula.
- In the time of the first six weeks, when newborn sucks from breasts, the return of uterus state before pregnancy is supported.
- As fat accumulated during pregnancy is used to produce milk, breastfeeding can help mothers lose weight.
- The hormones released during breastfeeding strengthen the maternal bond, the emotional development of relationship between mother and child [4].

**Nutrition of mother** during the breastfeeding should be 500 calories daily higher in comparison with the period of time before pregnancy. Mother has to have adequate amount of fluids intake (8–10 cups a day). It is needed to limit the drinking of beverages with caffeine (coffee) and tein (strong black tea) to two cups a day. It is not recommended to drink alcohol and smoke during the lactation. Suitable beverages for breastfeeding mothers are non-sparkling mineral waters, herbal tea (anise, mint, fennel, thyme) and apple and carrot juice (no citrus fruits) [6]. Some food can influence the taste of breast milk and cause the child flatulence. This food includes chocolate, cabbage, spinach, beans and broccoli.

**During the breastfeeding it is appropriate for mother to consume:**

- Meat, fish, poultry, eggs, legume, nuts
- Milk and dairy products
- Vegetable
- Fruit
- Bread, cereals and wholegrains [4].

At the time of lactation the increased personal hygiene of mother is necessary. It is highly recommended to wash hands and breast (without soap using) with lukewarm water. It is also suitable to wear cotton bra of proper size. Breastfeeding mothers can prevent from soaking their clothes and their subsequent smudging by putting filling into the bra when unbidden milk leakage from breast.

Great importance during the breastfeeding is attached to techniques of breastfeeding, that is grounded in right breast holding, mutual position of mother and baby, right techniques of latching onto and sucking from the breasts. While breastfeeding it is important to hold the thumb high over the areola. And other fingers should

hold up the breast, but they must not touch the areola. The baby is transferred to the breast, not the breast to the baby. Baby lies on its side, face, chest, belly and knees are oriented to mother. Using the correct position of breastfeeding the nipple is on the same level as the mouth of baby. The baby has to latch on the biggest part of areola so that its chin and nose touch the breast, lower lip rolled up out and the tongue exceeds the lower lip. Correct sucking movements are closely wedded to the movements of ear and lower jaw [2, 5].

**Baby-led weaning or Mixed feeding**, that means breastfeeding in combination with baby food is given specifically to infants, roughly since finishing their sixth month and should comply with some criteria:

- **Early** – it starts in the period of higher need of energy and nutrients that can breastfeeding offer.
- **Sufficient** – it provides enough energy, proteins to reach the nutrition need of growing child.
- **Safe** – hygienic storing and meal preparation that is served by clean hands as well as clean dishes, but not from the baby bottle.
- **Properly given** – in accordance with the signs of hunger and fullness, variety of meals and eating manners that correspond to the age [2].

Education of mother (lactation consultancy) is considered to be the necessity for the successfulness of breastfeeding. The task of hospital attendants in lactation consultancy is to evaluate the nutrition state of the child, to identify the problem, to provide information and practical aid, and at the same time to express their empathy and bolster the self-confidence of breastfeeding mother. Goal of education during suckling is to make active cooperation with mother, to lead her so that she does not feel fear, distress, as well as she understands the importance of breastfeeding, knows needs of child and has adequate knowledge about forms and techniques of breastfeeding.

During assistance of breastfeeding a nurse and a midwife hold all system of formal roles in the area of nursing-community care, expressive, educative, instrumental (technical), consulting, assistance and education to health (prevention), organization and administrative. Nurse/midwife works on needs of breastfeeding mother and child. She has ability to assure for mother and child feeling of security, she is emotionally neutral, she knows how to react accurately to the demands of mother and child during assistance of breastfeeding.

Most frequent roles of nurse/midwife during assistance of breastfeeding:

**Offerer of nursing care** – she offers quality nursing care according to the newest scientific information to breastfeeding mother and their children, she satisfies bio-psycho-social and spiritual needs of breastfeeding mothers and children.

**Manager** – organizes, leads and controls activities focused on getting goal – assistance and breastfeeding advance. She works in leading and organisation in difficult levels, carries out the tasks of manager of nursing care by managing nursing process with focus on breastfeeding mothers and children. She entrusts other nursing personal and helps workers with nursing acts, breastfeeding assistance and advancing, she controls work of staff and evaluates it.

**Change holder** – helps breastfeeding mothers to make decision for change and do it. She is self critical and critical to others during work with breastfeeding mothers and their children. She is able to run the risk during introducing new procedures of breastfeeding and during advancing of breastfeeding in practice.

**Educatory** – education role is oriented to make and form class-conscious and responsible behaviour and policy of one person and group in interest of breastfeeding assistance. Education ensures getting new knowledge, changing minds, behaviour and getting new skills of breastfeeding.

**Advocate** – interprets and explains rights of breastfeeding mothers, accepts free choice of breastfeeding mothers' decision. She is defender of mothers and their children, she presents their rights, interprets ideas and requirements of breastfeeding mothers.

**Researcher** – she is assurance of quality nursing care about breastfeeding mothers and their childrens, she gives new scientific knowledge, however this position assumes adequate education.

**Sermonizer** – during supervision to students of nursing care/birth assistance, she makes use of pedagogical and clinical capability, which contents getting knowledge about breastfeeding assistance in clinical and community practice.

**Carrier of changes** – she could be propelling force not defending power in breastfeeding assistance and in returning of mother milk importance in child nutrition [7].

In order to innovate breastfeeding culture, proper awareness, education and communication is very essential. Parents have right to full and correct information about optimal child nutrition. In practice, personal consultancy – face to face – is necessary, which should be offered by knowledgeable medical attendants, advisors of breastfeeding and supportive groups of mothers.

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