



embrace

The Movement for Mothers

# LEARNING COMMUNITY



## MODULE FOUR BREASTFEEDING

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# 04

## BREASTFEEDING

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You've heard that it takes a village to raise a child, right? Well, in this part of our learning journey, we're going to look at how to be that village for a breastfeeding parent. If you are a nursing mom, feel free to pass this along to the members of your 'village'. If you know a nursing mom, this guide is designed to help you to be the best supporter for a mom and baby when they need it most.

Many women are surprised to find that their babies do not latch immediately after birth, or their milk doesn't flow from day one, or that breastfeeding can be a painful experience, or that when they start working again, pumping breastmilk is impossible and they are forced to stop. Breastfeeding has many benefits for babies and mothers and it can be worth pushing through the difficulties. We need to support all mothers in making a feeding decision for their babies that they feel comfortable with.

At the end of this module, you will have gained:

- ✓ Understand the social and biological health benefits of breastfeeding
- ✓ Understand that breastfeeding is important not just for the baby but for the mother-baby relationship and bond
- ✓ Understand breastfeeding rates in South Africa
- ✓ Have a sense of some of the social barriers to breastfeeding
- ✓ Understand how you can support breastfeeding mothers and contribute to successful breastfeeding and higher breastfeeding rates

# INSPIRE & CONNECT

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## Gwyneth's story

*Gwyneth didn't know what to expect after her son was born, and she wasn't sure about bottles, breastfeeding, formula, and all of the decisions that she'd need to make as a new mom. She joined a breastfeeding support group to get information, and she campaigned at her workplace to be able to pump milk in sanitary conditions. She sent her son to a daycare that respected her wishes for him to be fed exclusively on her pumped breastmilk, and she had a supportive husband and family who ensured that whatever difficulties she faced while breastfeeding, she could call on them for help. She managed to breastfeed her son until he was a year old, and has gone on to become a breastfeeding advocate for new moms who aren't sure how to breastfeed, and how to ask for help.<sup>1</sup>*

The foundation of successful breastfeeding requires physical and mental wellbeing and therefore breastfeeding parents should have the emotional, domestic and financial support to be able to nurse their baby for as long as they want. - Indira Govender

## Indira's story

*After Indira's baby was born, she had a condition called "post-partum bleeding", which meant that for months after birth, she continued to bleed. On days that her bleeding was particularly bad, her breastmilk supply almost dried up completely. Her baby was irritable and was not gaining weight in the way that she should have. Indira tried everything to keep her supply up, and to continue breastfeeding. Eventually, at four months, Indira started her baby on formula. Her baby's mood improved, and she gained the weight she needed for healthy development. It wasn't what Indira had planned for her baby – she had wanted to breastfeed exclusively, even after she returned to work – but she realized that she wasn't able to produce what her baby needed to thrive, and so she had to change her plans. It was a difficult decision, but in the end it was the right one for her and her baby.<sup>2</sup>*

## Thembi's Story

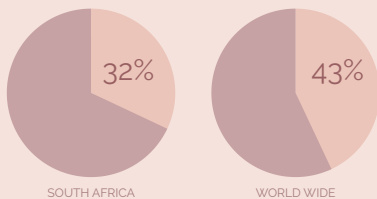
*Thembi learnt about the importance of breastfeeding at her antenatal visits. Although she was given information pamphlets on breastfeeding, her antenatal check-ups were always very quick and she felt she could not ask any questions. At home, her grandmother told her that formula was expensive but was probably better for her baby. When Thembi went into labour, she was told that she could not have anyone in the delivery room with her. She labored without much assistance, and underwent an episiotomy (a surgical cut made at the opening of the vagina during childbirth). After the birth, she struggled with the pain of the cut, and couldn't move around freely due to the pain. She also struggled to physically support her baby adequately during feeds. After a week of struggling, Thembi noticed that her baby was still feeding every 45 minutes. Her grandmother told her this was because breastmilk was not enough, and she would need to feed her baby formula. Tired, overwhelmed and in pain, Thembi followed her grandmother's advice and slowly stopped breastfeeding.*

<sup>1</sup>Jacobs, G. (2019) A mother's story from Cape Town. La Leche League.

<sup>2</sup>Govender, I. (2019) I thought I'd breastfeed my baby for a year. That dream was short-lived. Mail and Guardian, Bhekisisa.

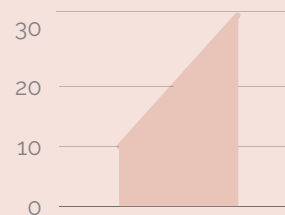
# THE FACTS AND FIGURES OF BREASTFEEDING IN SOUTH AFRICA<sup>3</sup>

**32% of babies** in South Africa are **exclusively breastfed** until six months old, compared to 43% worldwide

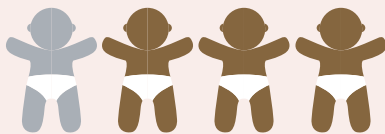


Exclusive breastfeeding is when a mother feeds her baby only on breastmilk, which is advised by the World Health Organization for the first six months of life.

**Rates of exclusive breastfeeding** increased from 10% in 2011 to 32% in 2016



**25% of babies** born in South Africa are **not breastfed**



For **29% of mothers**, returning to work forces them to **stop** breastfeeding

19% of children **under the age of 2 years old** breastfeed for some of their nutritional requirements



**72,6% of babies under the age of 1 year old** breastfeed for some of their nutritional requirements

By the end of **baby's first month**, 40% of mothers have stopped breastfeeding



Nationally, 75% of healthcare facilities are accredited in the **"Mother-Baby Friendly Initiative"**, which promotes breastfeeding and breastfeeding education for new mothers

33% of new mothers report that their breastfeeding decision is **heavily influenced by healthcare workers**



<sup>3</sup>Information sourced from:

Swarts, S., Kruger, H., & Dolman, R. (2010). Factors affecting mothers' choice of breastfeeding vs. formula feeding in the lower Umfolozi district war memorial hospital. *KwaZulu-Natal. Health SA Gesondheid*, 15(1); Martin-Wieser, P. (2018). A Policy-Friendly Environment for Breastfeeding. DST-NRF Centre of Excellence in Human Development  
StatsSA (2018). Mbalo Brief – Early Childhood Development. Statistics South Africa, (2)

# BENEFITS OF BREASTFEEDING<sup>4</sup>

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Breastmilk is a super-food in more ways than one. Here are some of the amazing things you may not know:



## Nutrition:

As a baby grows, the mother's breastmilk changes so that it provides the baby with what they need nutritionally at that stage of development.



## KICKSTART IMMUNE SYSTEM:

The baby's saliva interacts with the breastmilk to signal which antibodies the baby's immune system need as the baby develops.<sup>5</sup>



## ANTIBODIES:

Antibodies found in breastmilk can help a baby's body fight sickness and infection. As a result, breastfed babies are less likely to get sick than formula-fed babies. Babies who are breastfed have lower rates of ear infection, coughing, diabetes, and asthma, and are at a lower risk of SIDS (cot death).

Mothers also have health benefits from breastfeeding; their chance of getting breast and ovarian cancers decrease when they breastfeed their children.

Breastfeeding saves the mother the cost of formula and bottles. In areas where safe, clean drinking water is difficult to come by, breastmilk also saves mothers the costs of having to boil water. Some mothers who cannot afford formula choose instead to feed their newborn babies water, tea, or milk, which is bad for their health.

It's important to know that breastfeeding is a complicated biological process. When a woman becomes pregnant, her breasts begin to grow and develop so she can feed her baby. The hormones released during birth send a message to the body to start producing colostrum, a sticky, yellowish fluid that is produced before the breastmilk come in. Colostrum might not look like much, but it is a superfood and is more than enough to nourish babies in their first few days of life. Actual breastmilk, which is not as sticky as colostrum and is more white in colour only comes in around day 4 to day 8 after giving birth. The more mothers feed their baby, the more milk will be produced.

Side-by-Side has a very useful guide for mothers who are breastfeeding. Download it at: <https://sidebyside.co.za/wp-content/uploads/2020/07/076-2020-Breastfeeding-QA-Booklet-FA.pdf>.

<sup>4</sup>US Department of Health and Human Services. (2011) The Surgeon General's Call to Action to Support Breastfeeding. Office of the Surgeon General

<sup>5</sup>Al-Shehri, S.S., C. L. Knox, H. G. Liley, D. M. Cowley, J. R. Wright, M. G. Henman, A. K. Hewavitharana, V. G. Charles, P. N. Shaw, E. L. Sweeney & J. A. Duley. (2015). Breastmilk-Saliva Interactions Boost Innate Immunity by Regulating the Oral Microbiome in Early Infancy. PLoS One, 10(9).

# BARRIERS TO BREASTFEEDING

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Given the benefits of breastfeeding for mothers and babies, why are our national rates of breastfeeding comparatively low?

Breastfeeding is not always easy at first. It takes time for a mother's milk supply to come in and to stabilise. During the first few weeks, there can be too much milk – leading to swollen and sore breast – or too little milk, leading to low milk supply. It's so important that mothers are well looked after during this time and are given enough to drink, eat and time off to rest. Sore or infected nipples can be easily treated at a healthcare facility. If a baby is struggling to latch onto the breast, the baby can be checked for problems in the mouth, but very often it just takes time for baby to learn how to feed and all the mother needs is patient support from a care-giver to help her support her child.

## *What about working moms?*

In South Africa, full-time, permanent employees can take 16 weeks of maternity leave. But this leave is often unpaid and many mothers return to work as soon as they can. Casual or contract workers do not have any guarantee that their job will be secure while they are away. If moms return to work after only a few weeks at home, they might not have enough time with their baby to get breastfeeding right.

Mothers who go back to work soon after their baby is born face additional challenges in continuing to breastfeed. They must buy a breast pump or learn how to express milk by hand, have access to a safe space to pump milk, have access to a fridge to store pumped milk and to washing up facilities. They also need time and privacy to pump during the working day, and many workplaces do not offer this. South Africa has [a guide](#) that tells employers how they can support pregnant and breastfeeding employees. This guide states that breastfeeding mothers must be given up to two breaks of 30 minutes each to express breastmilk. But the guide is not law and employers don't have to follow the guide.

Lastly, mothers can feel pressured by their partners, friends or family to give up breastfeeding if it is difficult. New mothers need support when breastfeeding is difficult, not to be told to give up. In the case of partners, they may see breastfeeding as interfering with the resumption of sexual activity, and discourage mothers from continuing to feed<sup>6</sup>.

<sup>6</sup>Pressure to Stop Breastfeeding. Accessible at <https://breastfeeding.support/pressure-to-stop-breastfeeding/>

# NEXT STEPS

## REFLECT



Reflect on what you have learned

*What information do you think a new mother needs to be able to make the best possible feeding decision for the health of her child?*

*What did you know about breastfeeding before your own baby was born?*

*What was your own experience of breastfeeding: was it difficult, did you enjoy it, would you feed your child differently if you knew then what you know now*

## SHARE



Post this image and share your thoughts

Post this image with the hashtag #GetBehindTheBreast and in your comment write up what support you think South Africa should give to mothers to help them breastfeed their babies until at least six months old if that is what is best for them.

## DOWNLOAD IMAGE

## ACT



Things you can do in response to what you have learned

Check in with a mom who's breastfeeding and ask her how it's going. If she trusts you, ask her if she is facing any challenges.

Educate yourself on the benefits and facts of breastfeeding. A good place to start is Side by Side South Africa's [Q and A pamphlet](#) on breastfeeding.

Be an ally to breastfeeding parents: take and share a pledge to support breastfeeding parents.

Go to your Manager or HR Manager at your workplace and ask them if they are aware of how to support breastfeeding mothers at work. You can share [this booklet](#) with them, and talk them through the importance of respecting and protecting mothers who choose to breastfeed their children.

Remember, because breastfeeding is a relationship between two human bodies, mothers may have personal reasons for why they may not want to do it. When this is given, this must be respected.



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# I WANT MORE



MODULE FOUR

## EMBRACING BREASTFEEDING

Join the movement

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# BREASTFEEDING

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There are a lot of strong opinions about breastfeeding. The South African Department of Health promotes exclusive breastfeeding until 6 months. **Breastmilk is the nutritionally best option**, but we know that successful breastfeeding is the responsibility of society at large – families, partners, employers, communities etc. We know that nursing parents face significant challenges to continuing their breastfeeding journeys, and that they should not be made to feel individually responsible or at fault if they cannot meet that 6-month target.

If for some reason a mother cannot breastfeed her child, she should not feel guilty, or feel like a failure. A baby who is fed on formula will still grow and thrive, and mothers can still show their babies their unconditional love through physical acts like holding, cuddling, and kissing them.

## CHALLENGES TO BREASTFEEDING

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Let's look in more detail at some of the challenges faced by breastfeeding parents.

- **Lack of social support**, which mothers may experience within their families and communities, or in their workplace. Without the support of the people around her, it can be very difficult for a mom to continue to breastfeed.
- **Lack of time to rest and recover from birth.**
- **Breast engorgement**, which is when the breasts get so full and hard that it becomes difficult for baby to latch and feed. Massaging the breast and feeding baby frequently helps to relieve the symptoms, and it usually goes away after a few days.
- **Mastitis**, which is when a milk duct gets clogged or when bacteria enters the breast through the nipple. The infection can cause pain and fever but is easily treated with antibiotics.
- **Baby not latching properly**, which is when baby isn't covering the nipple properly with his mouth. This could be caused by a problem with the mouth like a tongue-tie or cleft lip, or simply just that baby hasn't yet learnt how to open his mouth all the way! A healthcare worker can advise on treatment, and often it's just the case that practice makes perfect and that over time the baby will learn how to latch better. Mothers can try changing breastfeeding positions, or try holding and squeezing their breast forward and flat with their hand while feeding
- **Poor milk supply**, which is when mom is not making enough milk to keep baby-fed. This can happen when baby is first born, and can continue to happen depending on how mom is doing and how often baby is feeding from the breast. There is a lot that a new mom can do to increase her supply, including drinking water, eating enough, resting and trying not to be too worried.

# COVID-19 & BREASTFEEDING

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COVID-19 has presented significant challenges. Whilst the evidence suggests that pregnant mothers who test positive for COVID-19 are not likely to transmit it to their unborn babies, if a pregnant mother has the virus, she may be very sick after the birth and may not be able to be with her baby. This could disrupt the establishment of breastfeeding.

*COVID-19 cannot be transmitted through breastmilk. If a mother who has the virus is well enough to breastmilk, she must be allowed to do so, whilst taking the following precautions to limit the chances of her passing it on to her baby:*

- Always wash hands with soap for 20 seconds before and after breastfeeding.
- Make sure good respiratory hygiene is practiced: cough or sneeze into bent elbow covering mouth and nose, or into a tissue which must then be thrown away into a closed container and wash hands with soap for 20 seconds.
- Everyone in the house in which the baby and mother live should wash hands often with soap for 20 seconds (or use alcohol-based hand sanitiser).
- The mother and other adults around the baby should wear a mask that covers the mouth and nose, even when breastfeeding. A homemade mask can be a cloth or scarf that is washed after each use. Do not touch the mask while the baby is feeding or when spending time with the baby.

# NEXT STEPS

## REFLECT



Reflect on what you have learned

*What have you heard other people say about mothers who breastfeed their babies in public places?*

*What are some of the myths and misinformation you have heard about breastfeeding and formula-feeding?*

## SHARE



Post this image and share your thoughts

Post this image with the hashtag **#BreastfeedingTakesAVillage** and in your comment write a supportive statement to moms who breastfeed. It takes a lot of effort to breastfeed, and those SuperMama deserve to be supported and celebrated!

## DOWNLOAD IMAGE

## ACT



Things you can do in response to what you have learned

Break the silence of breastfeeding struggles! Breastfeeding is very special personal act between mom and baby, but getting breastfeeding right needs more than mom and baby. We need to make sure that as a society we're supporting breastfeeding.

Many women do not talk about how difficult it is for them to breastfeed because they don't want others to think that they are a bad mother for not getting it "right". Start a conversation at work or socially, with these questions:

1. Do you understand all of the factors that determine whether or not a mother will successfully breastfeed?
2. Do you know anyone who breastfed for a short while and then stopped? Do you know why they may have stopped?
3. How can we support other new mothers to breastfeed their babies?