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What you should know about breastfeeding

A questions and answers guide



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and Healthy life for all South Africans



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BACKGROUND

In South Africa, breastfeeding rates, especially exclusive breastfeeding have remained low despite evidence showing that it contributes to improved child survival. Among the many reasons highlighted for poor infant feeding practices is a lack of information on the importance of breastfeeding to mother and the baby and the factors that contribute to successful breastfeeding.

This question-and-answer guide provides accurate, easy-to-understand answers to the most commonly asked questions about breastfeeding. The answers in this guide are based on the latest evidence and international recommendations.

The booklet was written to give information to pregnant women and mothers who have recently delivered, fathers, grandparents, anyone who helps care for babies, community health workers and caregivers, and healthcare workers.



Share this booklet with your partner and others in your household and family, so that they can also learn how to support you and your baby.



IMPORTANCE OF BREASTFEEDING



Can all mothers breastfeed?

Almost all mothers can breastfeed no matter what the size or shape of their breasts. Statistics show that only 1% of mothers are unable to produce breastmilk. With adequate knowledge and support, most mothers can breastfeed successfully. All mothers, regardless of their HIV status, are encouraged to breastfeed.

What is exclusive breastfeeding?

Exclusive breastfeeding means giving your baby only breastmilk with no other food of any type (no water, juice, formula, animal milk or solid foods) except for vitamins, minerals and medicines prescribed by a doctor or nurse.

How does breast-feeding benefit my baby?

Breastfeeding contributes significantly to the survival and good health of babies.

Key benefits of breastfeeding are:

- Colostrum is the first yellowish milk the breast produces for the first three or four days after the baby is born. It is regarded as the first immunisation because it is rich in protective substances vital to protect your baby from various infections. Your baby at this age cannot get these protective substances from any other food – even from the most expensive infant milk formula.
- Your baby gets all the nutrients he/she needs to grow and develop healthily for the first six months. From six months to two years, breastmilk continues to provide most of the nutrients your baby needs.
- Breastmilk contains protective substances (antibodies) that help strengthen your baby's immune system providing protection against common illnesses such as diarrhoea and pneumonia. Breastfed babies are less likely to have infections in their lungs (respiratory) or inside their ears (middle-ear infections) than babies who are fed infant formula and other foods.
- Breastmilk contains special properties that keep the gut lining strong and help reduce the chance of infection.
- Breastmilk is readily available and does not need to be prepared.



- Breastfeeding promotes bonding between you and your baby. It is the natural way to feed your baby and the best gift you can give him/her.
- Breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies have a lower risk of developing chronic diseases of lifestyle such as obesity, coronary heart disease and type 2 diabetes.
- Breastfeeding contributes to child survival and prevents malnutrition. Globally, malnutrition has been responsible, directly and indirectly, for up to 60% of the 10.9 million deaths annually among children under the age of five years. Over two-thirds of these deaths are associated with inappropriate feeding practices and lack of optimal breastfeeding.
- It is unusual for an exclusively breastfed baby to suffer from constipation. A baby who is exclusively breastfed usually has stools that are bright yellow, sweet-smelling and the consistency of scrambled eggs.

Why is breastfeeding important for mothers

- Yes, it promotes the contraction of the uterus and helps to expel the placenta, thus reducing the risk of excessive bleeding after delivery.
- Breastfeeding is known to reduce the risks of breast and ovarian cancer later in life.
- Mothers who breastfeed exclusively and whose menstrual cycle has not resumed, have about 98% protection against falling pregnant soon after delivery. However, this is only achieved if the mother feeds on demand day and night. Breastfeeding does not protect against sexually transmitted infections, including HIV. It is important for mothers to know that contraceptives may safely be used while breastfeeding, especially male and female condoms which protect against HIV and other STIs.
- During the exclusive breastfeeding period, mothers lose the weight that was gained during pregnancy if she continues to eat healthily while breastfeeding.



SUCCESSFUL BREASTFEEDING



When should mothers start breastfeeding?

- **To enable early production of milk:** Breastfeeding should start immediately after delivery or within the first hour of birth.
- The baby–mother pair should be left together for at least an hour.

Why is it important to breastfeed immediately after birth or within the first hour?

- This will allow the baby to get colostrum to stimulate the bowel movement. This will then speed up the release of the first dark stool and reduce the risk of the baby getting jaundice (yellowing of the skin and eyes). Jaundice is caused by accumulation of excess bilirubin (yellow pigment) when the immature liver of the baby is not able to remove it adequately.
- Early breastfeeding helps to stimulate the production of milk.
- Just after birth babies are alert and most eager to feed.

- Starting breastfeeding right away helps regulate the baby's temperature and blood-sugar level.
- It also helps the mother and baby to start bonding.

How often and for how long should mothers breastfeed?

- Your baby needs to be fed often, both during the day and night. Letting the baby feed as frequently as he/she wants helps the body to produce more breastmilk. This is called demand feeding.
- Your baby needs to feed for as long as he/she wants. At the beginning of each feed, the first milk (fore milk) contains enough water to satisfy the baby's thirst, even in hot weather. As your baby continues to feed, hind milk is produced, which is high in essential fats and nutrients. This hind milk is filling and promotes growth of the baby.
- You can also think of this as the 'starter' and 'main course'. He/she should feed for longer on the same breast before being moved to the second breast. This will ensure that he/ she has received both the fore milk ('starter') and the hind milk ('main course')



- The baby's stomach is so small that it can only take a small amount of feed at a time thus a baby may feed between 8–12 times a day. This is, however, not an indication that breastfeeding should be scheduled. Allow your baby to feed whenever he/she is hungry.

How can I increase my milk supply?

- Make sure the baby is in a comfortable position and is attached properly on your breast. Your healthcare worker at your nearest clinic/health facility will be able to give help and support.
- Breastfeed more often and for longer. Your body will then start producing more milk for the growing baby.
- Avoid giving your baby formula milk and any other foods or fluids from birth to six months.
- Do not give the baby artificial teats and/or dummies/pacifiers as it may interfere with a comfortable latch on the breast.

Is there anything I should do while pregnant to prepare to breastfeed?

- Learn as much as you can about breastfeeding. Read up on it and ask women you know about their experiences. The more you learn before your baby is born about the benefits, getting started and how to manage different challenges, the more confident and knowledgeable you will be.

- Towards the end of your pregnancy, you can shop for a comfortable nursing bra, which comes with flaps that you can undo when you breastfeed. You can also get sanitary napkins or washable breast pads to place inside your bra to absorb any breastmilk that leaks. A breast pump can also be used for expressing breastmilk.
- You can gently massage your breasts, which will also help you get used to handling them.

It is important to have confidence in your ability to breastfeed.

Then you will stay relaxed and breastfeeding will happen naturally.

- Try to relax as much as possible when you breastfeed. Create a comfortable space and try to focus your mind on the task at hand. Emotional distress can make it more difficult for the milk to flow, so try to stay calm.
- Some women struggle to breastfeed right away. It's important not to feel guilty about this, but to seek support from healthcare workers and other community members who have breastfed successfully.
- If your baby is still not able to breastfeed, you can express milk and give this breastmilk to your baby with a cup and your baby will still get the same nutritional benefits.



PRACTICES THAT MAKE BREASTFEEDING DIFFICULT



What makes breastfeeding difficult at the health facility?

- Lack of support and negative statements from healthcare workers may cause a mother to lose confidence or interest in breastfeeding.
- Delay or not being able to start breastfeeding right away.
- Separating the mother and the baby.
- Giving formula to breastfeeding babies.
- Limited knowledge and skills of some healthcare workers.
- Birthing practices, such as the use of pain relievers and sedatives during labour.
- Not allowing labour support from a partner or family member.
- Lack of accommodation for mothers of admitted babies.

What can make breastfeeding difficult in the community and home?

- Difficulty in leaving expressed breast milk at home with family members and grandmothers.
- Not feeling comfortable about feeding the baby in front of family members and friends.
- Giving fluids, herbal mixtures and over-the-counter medicines to newborn babies to clean their systems before breastfeeding. This is unnecessary and may damage the baby's stomach.
- Sometimes solid foods are introduced too early because the family or the mother believes the baby is not getting enough from the breast.

Health facilities need to make sure that no mother is discharged before her baby is latching comfortably and feeding effectively.



- Some cultural practices may encourage mother and baby separation, e.g. not feeding immediately when coming back from crowded places, such as a funeral or city centre. While it is not medically necessary to wait to breastfeed, if you choose to for other reasons, be sure to leave enough expressed breastmilk beforehand (see page 8) so your baby can feed whilst the mother observe the separation practice/norm.

What practices will make it difficult for a mother to breastfeed?

- If a mother smokes cigarettes, this can affect the milk supply and upset the baby's stomach. Smoking is also linked to lower milk production. Mothers are advised to give up smoking and recreational drugs.
- Infants of smokers are at increased risk of colic, respiratory infections, and SIDS (Sudden Infant Death Syndrome). But breastfed infants are at lower risk for these diseases compared to artificially fed infants, even when their mothers continue to smoke. Breastfeeding helps to protect babies from the potential risks of environmental smoke.
- A breastfeeding mother should avoid drinking alcohol completely. Alcohol passes into the mother's milk and is then taken by the baby as they

breastfeed. The baby will then sleep less, consume less milk, and may experience other health problems. It's much safer and healthier to avoid drinking alcohol altogether.

- A mother who doesn't breastfeed at night will produce less milk. The mother may have a lack of knowledge about the importance and value of breastfeeding.
- If a mother has had unpleasant past experience with breastfeeding, such as ineffective attachment resulting in breast engorgement (swelling of breasts when they are too full of milk), cracked nipples, etc., she may not want to breastfeed.
- There may be an unnecessary fear of HIV and AIDS transmission from mother to baby.
- A breastfeeding mother should avoid wearing tight bras.

A breastfeeding mother should not drink any alcohol or smoke or use any recreational drugs.



FEEDING THE BABY DURING MOTHER AND BABY SEPARATION



How can a mother continue feeding breastmilk when separated from her baby?

A mother can express breastmilk and leave it for the child minder to feed the baby using a cup. Expressed breastmilk can be kept in a clean, covered container outside the fridge (at room temperature) for up to 8 hours and in the fridge for 3–5 days. Expressing breastmilk also helps maintain milk supply.

Can I feed donated milk from milk banks to my baby?

Yes. There are some large hospitals that have milk banks that pasteurise and store breastmilk that is donated by other mothers. This milk is available to premature infants and other vulnerable babies whose mothers are too ill to breastfeed or may have died during delivery. Only milk from HIV-negative mothers is accepted.

To find out if there is a milk bank in your area, check the resource list at the end of this booklet.

Is it OK to use a wet nurse to breastfeed my baby?

The practice of wet nursing (when someone else breastfeeds your baby) is **NOT** encouraged. But if you do want to have your child breastfed by someone else (the 'wet nurse'), the following steps are important to follow:

- You should feel comfortable discussing the wet nurse's lifestyle with her.
- The wet nurse must understand there is a risk that HIV can be transmitted to a baby through breastfeeding. Because of this, she should agree to take an HIV test before commencing wet nursing. She must also be tested 6–8 weeks after starting.
- The wet nurse should be counselled about HIV prevention and how to avoid infection during breastfeeding. Should it happen that she 'slip up' and potentially expose herself to HIV (e.g. by having sex without a condom), then she should tell you immediately and stop wet nursing. It is better to be honest about this than to risk infecting the baby.



Can breastfeeding be re-established if it was stopped for a while (week or more)?

Yes, breastfeeding can be re-established successfully. The mother's commitment and baby's eagerness to feed is critical. Some cultures believe that milk becomes sour if the baby has stopped breastfeeding for some time. This is not true since milk is produced as the baby suckles.

Note: The safest option if you cannot breastfeed your baby is to get milk from a milk bank.



DRUGS/ MEDICATION AND BREASTFEEDING



Are there any drugs/ medication that should not be taken by a mother who is breastfeeding?

Certain medicines taken by the mother during breastfeeding have been reported to have negative effects on the baby. If a mother is taking any medication while breastfeeding, she should discuss this with the doctor or nurse to check if the medicine is safe for the baby or not. Mothers should also read the package insert (information leaflet that comes with the medicine/drug) so that they know what the effects of the medicine are on a baby who is breastfeeding.

... discuss with the doctor
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medicine is safe for the
baby or not.



Is it necessary for mothers to take milk- stimulating products or supplements?

Generally, milk-stimulating products (called galactagogues) are unnecessary.

Before the mother uses these products:

- She should make sure the baby is effectively latched to the breast and is feeding properly.
- The mother should make sure she is relaxed and not stressed.
- She should also make sure she breastfeeds as often as possible.
- She should consult a healthcare worker before taking any supplements.

Consult the doctor or healthcare worker if you are unsure about any of your medications.



MOTHER'S NUTRITION DURING BREASTFEEDING



Does the mother need extra fluids when breastfeeding?

Yes, a mother will need extra fluids to replace those used to produce breastmilk. A mother should take 6-8 glasses of water a day. Taking extra fluid will not increase milk supply if breastfeeding is not frequent.



6-8
glasses of
water a
day

Eat fruits and vegetables, whole grains (wheat, oats, maize, brown rice, etc.) and lean meat.

Does the mother need extra food when breastfeeding?

The mother needs to eat nutritious foods during breastfeeding to avoid unnecessary weight gain and ensure that nutrients that are used for milk production are replaced. Healthy eating builds the mother's energy and strength needed during breastfeeding.

A mother should enjoy a variety of healthy foods such as fruits and vegetables, whole grains (wheat, oats, maize, brown rice, etc.) and lean meat.





REASONS FOR STOPPING EXCLUSIVE BREASTFEEDING EARLIER THAN SIX MONTHS



Do I have enough milk?

Almost all mothers can produce enough breastmilk for one, or even two, babies, providing that the baby latches on effectively and breastfeeds as often as he/she wants. The amount of milk the breast produces is determined by the amount that the baby takes – it increases when the baby takes more. Even if the mother's diet is not sufficient, she will be able to produce enough breastmilk that is adequate for good infant growth. The only challenge is that the mother's own nutrient stores will be reduced.

The following are reliable signs that the baby is receiving enough milk:

- The baby is passing urine and stools.
- He/she is alert and growing.
- The baby is gaining weight – use an accurate scale and whenever possible have the baby weighed on the same scale every time. Babies generally double their birth weight by five months and triple it by the age of one year. Mothers should visit their clinics regularly every month for the first two years to monitor baby's growth.

Why is my baby crying so often?

- Babies may cry if they are not getting enough milk due to ineffective latching or not suckling effectively.
- The baby may not be getting enough milk because the mother feeds for a short period during each feed resulting in a baby getting only the fore milk.
- At around two weeks, six weeks and three months the baby has growth spurts, when the baby grows a lot in a short period of time. During these periods he/she may cry often and need to be breastfed more frequently.
- The baby may not be well. Take him/her to the clinic.

Why is my baby unable to feed?

Babies may be unable to feed for various reasons:

- Your baby may be too hungry and there may not be enough milk in the breast.
- He/she may be cold or too hot.
- The nappy may be wet.
- Your baby may have sores in his/her mouth.



- He/she may be not comfortably positioned and not well latched.
- Your baby may also experience a change in the taste of the breastmilk. It could be salty due to mastitis (see the next page) or it could have a different taste as a result of certain food you may have eaten.
- Try to relax as much as possible when you breastfeed. Create a comfortable space by removing any distractions and playing some gentle music; try to focus your mind on the task at hand. Emotional distress can make it more difficult for the milk to flow, so try to stay calm.
- Some women struggle to breastfeed right away. It's important not to feel guilty about this, but to seek support from healthcare workers and other women who have breastfed successfully.
- If your baby still has difficulty to breastfeed, you can express milk and give this breastmilk to your baby with a cup or bottle and your baby will still get the same nutritional benefits.

The mother should remember to eat a variety of foods, there is no need to eat special foods. Mothers can seek advice from the healthcare worker on how to keep her breasts healthy.

What are swollen breasts?

This means your breasts become overly full, swollen and painful and the milk stops flowing. This may be due to:

- Baby not suckling effectively.
- Not breastfeeding immediately after birth.
- Not breastfeeding frequently.
- Stopping breastfeeding abruptly.
- Painful nipples as they become tight and flat making it more difficult for the baby to latch.

What can I do if my breasts are inflamed and swollen?

This often happens when your breasts are swollen or when you have blocked ducts, (the tubes that carry milk to towards the nipple). This is called mastitis. Mastitis may be the result of ineffective positioning and attachment.

- You will need to breastfeed often to empty the breasts thoroughly.
- If your baby is unable to feed from the breast during this period, give him/her expressed breastmilk or feed from the unaffected breast.
- You may feel sick and feverish with mastitis and should go to a health facility for assistance. If the fever persists for more than 24 hours and the condition worsens, you should be treated at a health facility. Untreated mastitis can lead to a breast abscess, which needs medical treatment.



- Some women find that placing cabbage leaves inside their bra or warm facecloths can soothe sore breasts.

What can I do about sore or cracked nipples?

- Sore and cracked nipples are often caused by ineffective positioning and ineffective latching of the baby.
- Thrush infections can cause sore nipples.
- Should a breast need treatment, the baby can feed off the unaffected breast, or the mother can express breastmilk and cup feed.
- After feeding, express a few drops of milk and gently rub on the nipples to soothe them – human milk has natural healing properties.
- Air dry your nipples after feeding.
- You should avoid using soap on cracked nipples as it causes the areola (the dark area around the nipple) to become even drier. Do not apply baby jelly

(Vaseline) or other such products on your nipples as the baby can take them as they breastfeed and may cause health problems.

What happens if I fall pregnant while breastfeeding?

A mother should continue breastfeeding if she falls pregnant, but she needs to take special care of her own health and nutritional needs because both activities are demanding on her body. The mother should take micronutrients supplements. She needs to rest enough as well.

What will happen when I go back to work?

- Many mothers tend to introduce milk formula early in preparation for going back to work. This is unnecessary if breastfeeding is well established before you return to work.
- Working mothers don't need to stop breastfeeding. They need to plan properly and need support from family and work colleagues. You will need to learn how to express and store breastmilk. You should start expressing and storing expressed breastmilk long before going back to work. Then you should continue expressing and storing during the day when back at work.

The mother should remember to eat a variety of foods, there is no need to eat special foods. Mothers can seek advice from the healthcare worker on how to keep her breasts healthy.



BREASTFEEDING AND HIV & AIDS



Can an HIV-positive mother breastfeed?

Yes. All infants should be exclusively breastfed for 6 months followed by continued breastfeeding until 2 years or beyond with additional appropriate, high quality complementary foods from six months of age until 2 years and beyond. This includes infants of mothers who are HIV-positive. The mother should receive antiretroviral treatment (ART). The infant should receive nevirapine prophylaxis for six weeks. Adherence to ART effectively reduces the risk of HIV transmission because it reduces the viral loads in the blood and in breastmilk.

Exclusively breastfed babies whose mothers are HIV positive are at less risk of dying from diarrhoeal diseases, pneumonia and malnutrition than mixed-fed babies and babies fed on infant formula.

If the baby tests HIV-positive, should the mother continue breastfeeding?

- Yes. If a baby is HIV-positive, the mother should definitely continue breastfeeding

for 2 years or longer.

- Continued breastfeeding will provide protection against many infections and will help the baby grow healthily.
- The mother should have her own health checked and the HIV-infected baby should be referred for care and treatment.
- Babies who are breastfed by their HIV-positive mothers have a better chance of good health.

Breastfeeding is a gold standard even in the context of HIV

There is substantial evidence that lack of breastfeeding increases the risk of illnesses and death associated with malnutrition and infectious diseases other than HIV, especially in an infant's first six months of life. Research indicates that exclusive breastfeeding in the first six months carries a lower risk of HIV transmission than mixed feeding. The risk of HIV transmission is now further reduced when a mother is on lifelong ART.

Research also shows that when antiretroviral treatment is used by the mother and the baby, HIV transmission through breastfeeding is significantly reduced.



The following are more reasons why breastfeeding is important.

- Breastmilk is readily available and does not need to be prepared. Safe preparation of formula requires having clean boiled water, sterilised equipment and correctly mixed formula. Unsafe and incorrectly prepared formula can make the baby sick with diarrhoea and may cause malnutrition in infants.
- Breastfeeding rates in South Africa, especially exclusive breastfeeding rates, remain very low.
- Breastfeeding has been undermined by aggressive promotion and marketing of formula feeds, social and cultural perceptions and the distribution of infant formula in the past to prevent mother-to-child transmission (PMTCT) of HIV.
- Safe water and sanitation (safe disposal of waste in the household and community) are assured at the household level and in the community.
- The mother or other caregiver can reliably provide sufficient infant formula to support normal growth and development of the infant.
- The mother or caregiver can prepare the formula hygienically and frequently enough so that it is safe and carries a low risk of diarrhoea and malnutrition.
- The mother or caregiver can, in the first six months, exclusively give infant formula milk.
- The family is supportive of this practice.
- The mother or caregiver can access health care that offers comprehensive child health services.

Can a mother choose not to breastfeed?

Ideally the mother should be counselled on the importance of breastfeeding and a healthcare worker should provide her with adequate information that will assist her to make an informed decision. Before deciding on replacement feeding, a mother and her family must be able to meet ALL of the following criteria which will give an indication as to whether or not she will be able to feed her baby consistently, correctly and safely:

Why infant formula is not recommended?

- Infant formula does not contain the antibodies found in breastmilk. The long-term benefits of breastfeeding for mothers and children cannot be replicated with infant formula. When infant formula is not correctly prepared it can make the baby sick with diarrhoea and may cause malnutrition.
- While frequent breastfeeding maintains breastmilk supply, if formula is used but becomes unavailable, a return to breastfeeding may be difficult due to reduced breastmilk production.

What measures should mothers take to prevent sexually transmitted infections and HIV, including HIV infection or re-infection during the breastfeeding period?

- Partners/spouses should be counselled to test for HIV and on safer sex (use of condoms).
- If a mother is HIV-negative, HIV testing is recommended every 3 months.
- Avoid risky sexual behaviours, such as multiple sexual partners, to prevent sexual transmitted infections.

Can home-modified animal milk be used as a replacement food?

- Home-modified animal milk (for example fresh milk, cow milk, full cream powder or evaporated milk) is not recommended for babies as a replacement food in the first six months if all other options have failed.



The baby's tummy is too immature and cannot digest this milk. This may cause tummy ache and diarrhoea and result in malnutrition.

- Pasteurised full-cream milk may be introduced to the non-breastfed baby's diet at about 12 months of age.
- However, in the absence of commercial infant formula and in families where allergies are not common, full-cream milk could be given at 9 months.
- Ideally, full-cream milk should only be introduced once the baby is 12 months old.



BREASTFEEDING SUPPORT



How can families and communities support breastfeeding mothers?

- Families and friends are important sources of support for breastfeeding mothers. They also need to respect the mother's decision to breastfeed.
- Community facilities like shopping centres and churches should provide a clean, comfortable, private breastfeeding room for mothers so they do not have to breastfeed in public toilets.

Peer supporters or mother-to-mother support

- An experienced mother can provide individual support to a new mother. Ask your healthcare worker for the name of an experienced mother in the area.
- A few mothers or a health or community worker could start a group themselves.
- There may be support groups for women who are HIV-positive.
- Some hospitals establish mother support groups that are led by a

healthcare worker and meet in the hospital.

- There may be a feeding clinic that the mother can attend if she has difficulty in feeding.

Community health care workers

Many communities have community health workers that are trained in breastfeeding and may even be able to visit you at your home. Ask your health care provider to put you in touch with someone in your area who can help you.

Fathers, how can you help?

Sometimes fathers are discouraged from being involved with their children or can feel like outsiders, without a role to play when it comes to breastfeeding and caring for the baby. But in fact, as a father, you have a very important role to play. A recent study found that 98% of babies whose fathers strongly approved of breastfeeding were breastfed, while only 26% were breastfed when their fathers were indifferent/did not care about how they were fed.



- Talk with your partner about which method you want to use to feed your baby. If you agree that exclusive breastfeeding is the right choice for you, you can help by explaining this decision to others in your family that care for your child.
 - It is important to be involved with the care of your baby from day one. While some cultures encourage mothers not to see their partners for a long time after birth, this practice is changing, given all the advantages that come when fathers help care for their babies. Fathers should spend time with their babies to get to know them better and ‘tune in’ to their needs.
 - Be present when your partner talks to her healthcare workers about breastfeeding and read up about breastfeeding. If you learn how to help the baby to attach properly, you can help her and the baby to latch. Bring her some water or offer to make her a cup of tea. When she’s relaxed, the milk will flow. Bring a pillow to help your newborn get in a comfortable position.
- Sit with them while they breastfeed; your baby will feel secure looking up to see both of you smiling down.
- After your baby has nursed, it’s your turn to takeover by cuddling, bathing, or playing with him/her. Offer to burp your baby after he/she has eaten. You can also help by changing the diaper later!
 - Try to get lots of skin-to-skin contact with your baby as physical closeness will help you to bond. You can read while your baby naps on your chest, for example.
 - Especially in the first couple weeks, when your partner may be discouraged by a lack of sleep and the hormonal changes she’s experiencing, encourage her by reminding her how breastfeeding is one of the most important things she can do to help the baby get a healthy start. Look for ways to be as helpful as possible around the home and takeover some of her chores. Be sure to give her a nice long massage while the baby sleeps.
 - If your partner expresses milk, you can also feed the baby from time to time.
 - Encourage your partner to talk to you if she experiences any problems while breastfeeding. If she has a question about breastfeeding, offer to do some research to find the answer. The resources on the next page are a good place to start. If her breasts become swollen and painful, you can help by gently massaging them! Start at the outside of the breast and work your way toward the nipple.
 - She may not be as interested in sex or could feel awkward having her breasts touched. Ask her if and how she would like to be touched and be patient and supportive if she doesn’t feel like it yet.



WHY IS BREASTFEEDING IMPORTANT DURING EMERGENCIES?



- During emergencies, the life-saving protection of breastfeeding is especially important.
- Conflicts and natural disasters, such as floods, often force families to change their routines and practices or into situations of food insecurity, limited access to clean water and other basic services.
- Women and children are most vulnerable. In these situations, breastfeeding guarantees a safe, nutritious and accessible food source for infants and young children. Breastfeeding also offers protection against hunger, severe illness and death.
- Breastfeeding also affords mothers' comfort that food is available for their young children.

Why should mothers in communities dealing with the effects of disasters, including outbreaks of infectious diseases, breastfeed?

- All mothers should breastfeed their babies exclusively for 6 months and thereafter provide them with appropriate complementary foods, with continued breastfeeding for up to 2 years of age or beyond.
- Breastmilk improves survival as it contains antibodies that help protect babies from illnesses such as diarrhea and pneumonia.
- When babies are sick, breastmilk will provide additional energy and nutrients to help them to recover.

- Breastfeeding and breastmilk feeding require minimal resources and are always available all the time when a mother and baby are together.
- The production of breastmilk does not depend on access to water or electricity. However, a breastfeeding mother needs support and care.

Why should a baby still be placed skin-to-skin immediately and breastfed within the first hour after birth – even in emergencies?

There are many benefits of skin-to-skin contact. Skin-to-skin contact calms

the mother and the baby and helps to stabilize the baby's heartbeat and breathing. It keeps the baby warm with heat from the mother's body. It reduces infant crying, thus reducing stress and energy use. It facilitates bonding between the mother and her baby and supports early initiation of breastfeeding thus normalizing the baby's blood sugar.

- Immediate and continued skin-to-skin care, including kangaroo mother care, and keeping the baby warm, is linked with fewer newborn deaths.
- Placing the newborn close to the mother also enables early initiation of breastfeeding which helps the baby receive colostrum, which is protective against illness, **UNLESS** if the newborn or the mother is too ill to practice skin-to-skin contact.





In communities where mothers are affected as a result of conflict, natural disasters, or a health crises whereby the mother is not able to breastfeed directly or due to other reasons, what is the best alternative way to feed her infant?

- The best alternatives to breastfeeding for a newborn or young infant are expressed breastmilk and donated human milk.
- The risks associated with giving infant formula milk apply to situations where:
 - There is poor or limited access to health services if a baby becomes unwell.
 - There is poor access to clean water.
 - Access to supplies of infant formula are difficult or not guaranteed, not affordable and not sustainable.
- If expressing breastmilk, the extra basic measures that can be followed includes:
 - Hand washing for at least 20 seconds beforehand expression.
 - Ensuring that milk storage containers, feeding utensils and breastmilk pumps if used are appropriately washed after every use with liquid soap, such as dish washing liquid, and warm water. Rinse

after with hot water for 10-15 seconds. Breast pumps should not be shared between mothers.

Is it advisable for a mother affected as a result of conflict, natural disasters, or a health crises to give a 'top-up' with infant formula milk?

- No. If a mother is breastfeeding, there is no need to provide a 'top-up' with an infant formula milk.
- Giving a 'top-up' will reduce the amount of breastmilk produced by a mother.
- Mothers who are worried about not having enough breastmilk should:
 - Make sure that their baby is positioned and attached effectively on the breast.
 - Seek additional practical help from a health worker or a lactation consultant to ensure that their baby is attached efficiently.
 - Respond to their infants' hunger and feeding cues and breastfeed their baby as much as the baby wants.

Are health facilities or other organizations allowed to accept free supplies of formula milk for infants to distribute to mothers affected as a result of conflict, natural disasters, or a health crises?

- No. Donations of infant formula should not be sought or accepted. If needed, supplies should be purchased based on assessed need through the normal procurement systems.
- Acceptance of donated formula is a violation of the Regulations Relating to Foodstuffs for Infants and Young Children (R991).
- Acceptance of donations can undermine breastfeeding.
- In the long run, mothers and their children become dependent on breastmilk substitutes and may not be able to afford to purchase them once the donations stop. This will leave them with no choice but to turn to inadequate or inappropriate and often dangerous feeding alternatives which can also lead to malnutrition.



Where to find more information on breastfeeding

ORGANISATION	WEBSITE ADDRESS
La Leche League (LLL)	<p>A voluntary organization that provides information and support to women who want to breastfeed their babies. They are experienced breastfeeding mothers, who are happy to help answer questions about breastfeeding. LLL also supports women in special circumstances such as those with premature babies, multiple births, babies with cleft palate or Down's syndrome. Their website has information that will help you to breastfeed well.</p> <p>https://www.llsa.org/</p>
South African Breastmilk Reserve (SABR)	<p>The Department of Health's largest milk bank partner. They can help you find out if there is a milk bank near you, which you can donate to.</p> <p>https://www.sabr.org.za</p>
Human Milk Bank Association of South Africa (HMBASA)	<p>An NGO that coordinates milk banks in South Africa</p> <p>https://hmbasa.org.za</p>
Department of Health	<p>www.doh.gov.za</p> <p> www.facebook.com/SidebySideSA/</p> <p> www.sidebyside.co.za</p>
International Baby Food Action Network (IBFAN)	<p>IBFAN aims to improve the health and well-being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding</p> <p>www.ibfan.org</p>
World Health Organisation	<p>www.who.int/topics/breastfeeding/en/</p>
UNICEF	<p>https://www.unicef.org/nutrition/index_24824.html</p>

HEALTH SERVICES

Your local clinic	
Your doctor	
AIDS Helpline	0800 012 322
Depression/Mental Health helplines	0800 12 13 14/011 262 6396, sms 31393
Emergency ambulance	10177
From a mobile:	112
Poison information centre	0861 555 777
MomConnect	*134*550#

BIRTH REGISTRATION AND IDENTITY DOCUMENTS

Home Affairs Toll Free helpline	0800 601 190
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CHILD PROTECTION AND SAFETY

Police emergency number	10111
Childline toll free	0800 055 555 / 0800 123 321

GRANTS

SASSA Toll Free helpline	0800 601 011 / 0800 600 160 GrantEnquiries@sassa.gov.za
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CHILD CARE AND EDUCATION

Your local ECD centre, creche, preschool, child minder	



Let's work together side by side to
**encourage mothers to breastfeed
anytime and anywhere.**