

THE BEGINNING
- of the greatest -
LOVE



For what you hold most dear.

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A PERFECT BEGINNING

It is defined by the laws of nature that the mother's hug and breastfeeding are fundamental and obvious steps as soon as the baby is born. **Let's try to respect that.**

The first strong bond between mother and baby begins immediately after birth. In this first hour, the mother's physical contact with her baby is very important - the first tender hug with **skin to skin** contact is considered the most appropriate time to start breastfeeding.

Breast milk is the best food for babies. It's a continuation of the nutrition and protection that the baby receives through the umbilical cord. It provides a nutritious, balanced diet and has the same effect as vaccination, reducing the chances of contracting certain diseases.

Breastfeeding is not just an instinct for the baby, it requires learning from both the mother and the newborn. The first days after birth, the days of stay in the maternity hospital, are crucial for the acquaintance and communication of the mother with her baby.

The newborn is often, almost all 24 hours of the day, seeking its mother's hug, the contact with her and of course their food, which cannot be other than breast milk. This procedure is perfectly normal and it happens until the mother gets to know her baby's needs in order for them to act as a team.



“Breastfeeding is the exclusive privilege of women, an invaluable offer of the mother to the newborn, but also the baby's inalienable right.”

IASO, supporting the needs of the mother and baby, makes breastfeeding easier by providing the **Rooming-in** practice which is applied in most maternity hospitals in Europe, free-of-charge.

The baby stays in the same room with their mother 24 hours a day, if she wishes so. In this way, the mother will learn how to meet the needs of her baby with the help, support and guidance of the specialized nursing personnel.

Your sweet embrace will be the perfect welcome for your newborn baby. Thus, the family's new beginning is harmonious and complete.

BENEFITS OF BREASTFEEDING

The baby is fed with the most suitable milk, “their own mother's milk”. Oxytocin, which is distinctively called the love hormone and is released during breastfeeding, contributes to creating a unique bond between you and your baby, while prolactin triggers a soothing and relaxing feeling.

Benefits for the baby:

- Protection against infections and viruses, as breast milk contains antibodies and anti-inflammatory agents
- Allergy prevention
- Reduced incidence of Infantile colic
- Higher IQ
- Protection against the risk of type 1 diabetes, childhood malignancies, obesity
- Ensuring the feelings of calmness and safety

Benefits for the mother:

- Rapid uterine regression
- Protection against breast cancer
- Reduction of the incidence of endometrial cancer
- Protection against osteoporosis
- Easier weight loss
- Easy feeding
- The most economical and ecological way of feeding

What are the breastfeeding recommendations from foreign organizations (WHO and UNICEF)?

Exclusive breastfeeding is the ideal and most complete source of nutrition for the first 6 months of life. It should be continued even after the addition of solid food, up to the age of 2, or for as long as mother and child desire.



BABY-FRIENDLY HOSPITAL

Acknowledging the value of breastfeeding, WHO (World Health Organization) and UNICEF established the “Baby-friendly Hospital” initiative, defining ten steps for successful breastfeeding. Adopting this initiative, IASO promotes and supports breastfeeding, making an effort to apply the ten steps.

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- 1 Following a written breastfeeding policy according to the WHO (World Health Organization) and UNICEF guidelines.
 - 2 Training all healthcare personnel systematically by organizing seminars regularly, which aim to provide the necessary knowledge and skills to implement this policy.
 - 3 Holding daily meetings about breastfeeding with pregnant women, new mothers and their partners, so that they are informed and trained early on and correctly about the benefits and management of breastfeeding.
 - 4 Ensuring early breastfeeding initiation, fortifying lactation and the emotional bond between mother and child.
 - 5 Educating and offering advice to mothers, even if they have to be separated from their infants due to medical reasons, so they may maintain lactation.
 - 6 Not giving newborns food or drink other than breast milk, unless it is medically indicated or the mother's wish.
 - 7 Practicing rooming-in; allowing mothers and infants to remain together 24/7, if she wishes to.
 - 8 Encouraging breastfeeding on demand, this way accomplishing breastfeeding without any limitations.
 - 9 Giving no pacifiers or bottles to babies who are breastfeeding.
 - 10 Supporting the establishment of breastfeeding by operating a 24-hour hotline for mothers after leaving the Clinic (tel.: +30 210 6184000).
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ROOMING-IN: THE MOST IMPORTANT STEP

The term “rooming-in” refers to the practice of having the baby in the same room with the mother 24/7, from their birth and until they are discharged from the Maternity Hospital. This practice also encourages early start and continuation of breastfeeding. Rooming-in is among the 10 Steps to successful breastfeeding, according to the Baby-friendly Hospital Initiative launched by WHO (World Health Organization) and UNICEF.

Rooming-in:

- Offers uninterrupted contact between the mother and her child, which helps to build their relationship
- Strengthens the emotional bond with their mother
- Provides the baby with a feeling of security, peace and tranquility

The unique mother-baby duo will create a healthy and strong relationship in the most harmonious way. By getting the chance to care for her baby, the mother won't feel that there is a big difference when they return to their home. On the contrary, she will be more accustomed to them and will have better adjusted to their needs and patterns from the time they were still at the Maternity Hospital.

Rooming-in also affects the breastfeeding process. The baby perceives the mother's breast as a part of itself; the same applies for the mother who offers her milk to her baby.

Through rooming-in, the mother has the chance to occupy herself with breastfeeding throughout the day, trying to teach her baby to breastfeed, as breastfeeding does not just rely on instinct, but is a skill that needs to be picked up both by the mother and the baby. The baby has the chance to experience exclusive breastfeeding, with all its advantages, and eat freely and without any limitations, at any time of the day or night they wish.

The mother also starts to recognize **the first signs of hunger** from her baby.

Before crying, the baby expresses its hunger in other ways:

- Moving its head left and right, as if looking for something
- Licking its lips
- Making breastfeeding movements
- Sucking its fingers

If the mother ignores these signs for a while, then the baby starts crying, and the more restless the baby is, the harder it is to breastfeed them.

The mother starts to:

- Learn how to place the baby on her breast in the correct way, so that she is not in pain and to avoid irritation to the nipples
- Choose the most comfortable breastfeeding position for her and her baby each time
- Recognize when the baby is full

Both the partner and the discreet presence of the visitors contribute to successful application of the **rooming-in** practice.



BREAST ANATOMY

Female breasts include glands, fat and connective tissue, and are covered by skin, which includes the nipple and the areola, the dark-colored area of skin that surrounds the nipple, and the skin.

The mammary gland consists of alveoli, lobes, which are made up of many lobules, and milk ducts. During pregnancy, the body prepares for milk production. The size of the breasts slowly increases. The nipple grows bigger and the areola becomes darker and bigger. Whether you are planning on breastfeeding or not, milk production starts after removal of the placenta and with the synergy of hormones.



BREAST MILK PRODUCTION

According to research, 97% of mothers can lactate successfully. The breastfeeding movements of the baby send signals to the mother's brain, which releases two hormones from the pituitary gland: oxytocin and prolactin. These hormones are transferred to the breast through the blood. Prolactin stimulates milk production within the alveoli of the breast. Oxytocin transfers the milk to the milk ducts and the nipple. The composition of breast milk varies between feeds, from day to day and from hour to hour.

“The more frequently the baby feeds, the more milk is produced. Milk is produced during breastfeeding. Breast size is not related to milk production.”

ENVIRONMENT

A supportive environment is very important for effective breastfeeding. So, sit comfortably, make sure your surroundings are calm and pleasant, and focus on your baby. Stress and fatigue are inhibitors that affect milk production.

Make sure that both you and your baby are lightly dressed. When your baby touches you, smells you, listens to your heartbeats, they feel love, affection and safety, and thus breastfeeding becomes more effective.

PREPARING FOR BREASTFEEDING

Practice good hygiene and wash your hands with soap before breastfeeding. You may wash your breasts with lukewarm water, avoiding soap and antiseptic, which reduce the amount of oil on the skin and dry out the breasts, resulting in stretch marks.

HOW OFTEN TO BREASTFEED

- Let your baby nurse as much as they want
- On average, a newborn nurses 8-12 times every 24 hours
- During breastfeeding, your baby will stop regularly to do suckling movements. Let the baby rest, do not worry. The baby will start breastfeeding again in a bit.



“When your baby rests on you, they smell you, listen to your heartbeat, feel love, affection and safety, and thus breastfeeding becomes more effective.

”

HOW TO START BREASTFEEDING

Breastfeed your baby before crying upsets them. The first signs of hunger will guide you

- Touch your nipple against the baby's upper lip to encourage them to open their mouth wide
- Once the baby opens their mouth, offer your breast
- You need to ensure that the baby has latched on the areola and not the nipple
Bring your baby to your breast and not your breast to your baby
- The baby may not always be able to nurse properly. In this case, gently move the baby away from your breast, sliding one finger between your breast and the corner of their mouth, and try again

“Your baby learns under your guidance.”

YOUR BABY IS BREASTFEEDING EFFECTIVELY WHEN:

- You do not hurt during breastfeeding
- They are quietly settled on your breast
- They make repetitive suckling movements
- Their lower lip is turned outwards
- Their chin rests on your breast
- A part of the areola protrudes from the baby's upper lip



BREASTFEEDING POSITION - BABY POSITION

The right baby position is:

Lying on their side with their stomach at the same level as yours. Turned facing your breast and their mouth at the same level as the nipple. The tip of their nose is free and their chin rests on your breast during breastfeeding. Hold your breast underneath by using one of your hands, while with the other hand hold your baby. Support your elbows and keep your shoulders relaxed.

Nurse your baby in one of the suggested breastfeeding positions that makes you comfortable.

1 Cradle hold position

Classic grasp. Take the baby in your arms, resting their head on your elbow and their body on your arm. Support your breast with your other hand, positioning your four fingers at the bottom, keeping your thumb at the top, above the areola. Hold your baby with your left hand, hold your breast with your right hand and vice versa.



2 Cross-cradle hold

Hold your baby's body across your arm and with your palm support your baby's neck and head. Benefits: Natural and comfortable position, effective in most difficulties, firm grip and control of the baby's head. It is recommended for first-time mothers. Drawbacks: It is difficult for women who gave birth with cesarean section or had an interventional childbirth.



3 Underarm position

Hold the baby in the underarm, support their body with your forearm and their head with your hand in such a position so that the baby is placed at breast level. Nurse while holding your baby, sometimes under the right and sometimes under the left underarm.



4 Side-lying position

Breastfeed lying on your side on the bed, with your baby turned to their side as well. This position is recommended when you want to relax.



5 Australian hold

Hold your baby vertically facing you, while sitting comfortably.

Benefits: For older children. Controlled milk flow, ideal for children with otitis or runny nose and for babies with a small lower jaw, cleft lip and/or palate. If the mother has a lot of milk, gravity helps the baby to swallow.

Drawbacks: Tiring, not suitable for women who cannot sit.



6 Baby lying on the mother

Lie on your back with your baby lying on their stomach and their tummy touching your stomach. Suitable for: babies who have a small lower jaw, do not latch on the breast or suckle, or when the mother has a lot of milk and the child is constantly choking. Drawbacks: Tiring at times.



7 Twins

It is possible to achieve exclusive breastfeeding. You can even nurse them simultaneously, if you prefer it. One way is to place the babies on two pillows with their feet towards your underarm while supporting their heads with your hands. If you cannot make it, nurse one at a time, allocating one breast to each.



“ A newborn nurses 8-12 times every 24 hours, for the first 2-3 weeks of their life. ”

AFTER BREASTFEEDING

Burping

After the end of breastfeeding, keep your baby upright for a few minutes to help them burp, so that any swallowed air is released.

Nipple care

After breastfeeding you do not need to wash your breasts; apply with your fingers a few drops of breast milk on the nipples and areola and let them dry and breathe for a few minutes without a bra.

How will you know that your baby is full

- A newborn nurses 8-12 times every 24 hours
- Your breasts will feel soft after nursing
- You will change more than 6 diapers per day
- The baby who nurses effectively will regain the weight of their birth within 2 weeks. Their weight should increase steadily, monitoring it once a week.



If breast milk does not meet the baby's needs, do not rush to replace it with substitutes. Keep trying by breastfeeding your baby more frequently. The problem is usually temporary, as frequent and incessant meals settle down in the first six weeks, which is a time of adjustment for both you and your baby. Soon your baby will take control of their meals.

“After breastfeeding is established, the number of meals can be reduced. Essentially, despite any recommendations, each baby and mother-child pair establish their own way of feeding based on their needs and preferences (frequency, duration of meals, nursing positions.”

BREASTFEEDING PROBLEMS

1 Flat/inverted nipples

In most cases, breastfeeding is possible by improving the baby's positioning. As already mentioned, the baby nurses from the areola and not the nipple.

2 Sore nipples

A large percentage of women who nurse have sore nipples. This is not because the baby stays on the breast for too long, but because of the baby's wrong positioning, which means latching on the nipple and not the areola.

It has been observed that women who experience great emotional stress, experience pain in their nipples.

Treatment for sore nipples

- Correct the placement and positioning of the baby on your breast and limit feeding from the sore nipple
- Gently rub your breasts while breastfeeding to facilitate the flow of milk
- Breast milk has antibacterial and healing properties, so after each feeding, rub some breast milk on your nipple and areola with your hand
- Let your breasts air dry for a few minutes without a bra
- Use nipple shields, when needed

Prevention of sore nipples

- Make sure you have the right breastfeeding position, so that your baby can latch on the areola properly
- Gently move the baby away from your breast when you are in pain or when the baby is not feeding properly
- Do not use soap, alcohol or other antiseptics
- Keep your nipples dry, allowing the skin to breathe and making sure that breast milk dries on the nipple and areola

“ A large percentage of women who breastfeed have sore nipples. This may occur when the baby is not positioned on the breast properly. ”

3 Breast engorgement

It occurs when your baby is not feeding enough and your breasts feel hard and hot. You can prevent engorgement by nursing your baby more often. You can facilitate the milk flow by applying warm pads (compresses) and by massaging to your breast before breastfeeding. The use of cold pads after breastfeeding will make you feel more comfortable.

4 Mastitis

It is caused when hygiene rules are not applied, when the breast is not emptied and when stretch marks appear.

Symptoms:

High fever (39-40°C), breast pain, hot and red breasts, discomfort, tachycardia, chills, headache and joint pain.

What to do:

- Continue nursing, the infection is in the soft tissue of your breast and not the milk
- Take a hot bath before nursing
- Make sure to pump milk when your breasts feel heavy
- Track your temperature
- Contact your midwife or doctor if the symptoms do not subside.



BREAST MASSAGE

Massaging in case of engorgement helps you unclog the breast and gets the milk flowing.

It should be done with light, gentle movements so that the mammary gland is not strained. In addition, your hands should be well washed before the massage.

INSTRUCTIONS

1 Place your hands horizontally between the breasts and move them back and forth as shown in the picture. Repeat the same process by placing your hands vertically.



2 Hold your breast with one hand. With the fingertips of the other hand on the breast, begin to gently rub with circular movements from the bottom of the breast to the nipple, moving the fingertips 2-3 cm at a time, until the entire breast is massaged.



3 Help the milk flow by using your fingers, gently stroking the breast from the base of the areola all the way to the nipple.



4 The next step is to pump the milk. Hold your breast with your hand. Place your index finger and thumb behind the areola and press lightly towards the chest. Then lightly press the areola close to the nipple with your thumb and index, so that the milk starts flowing. Your movements should be repeated at a tolerated, steady pace. In each repetition, the position of your fingers should be changed around the areola, aiming to press a different area of your breast each time.



“Massage should be done with light, gentle movements so that the mammary gland is not strained. In addition, your hands should be well washed.”

HAND EXPRESSION / PUMPING — USE OF BREAST PUMP

For successful hand expression / pumping, comfort and relaxation are required. Having your baby with you or thinking about them, stimulates milk flow. A hot shower or heating pads on the breast beforehand could help.

If you use a breast pump, you must follow the manufacturer's instructions. It is essential to use the right shells for your breasts, because there are different sizes for each breast.



ALTERNATIVE FEEDING PLANS

It is important to know that there are alternative feeding plans for your baby. If for any reason breastfeeding is not effective, you can follow these steps:

- Place your baby on your breast (this way, you will achieve immediate breast stimulation)
- The hand expression of breast milk or milk pumping with an electric breast pump
- Administer it with a cup, syringe or teaspoon

MILK BANK

Create your own milk bank

You can start collecting breast milk gradually shortly before returning to work. The person who will be taking care of your baby during your absence will be able to feed them with your own milk. The process is simple.

- All items necessary for breast milk collection (pumping bottles, plastic baby bottles and caps) must be sterilized
- Before this, they should be washed with hot water, a brush and dish soap, and rinsed thoroughly with plenty of water
- Always wash your hands and breasts well with soap and water
- Sterilization may be performed with an electric steam sterilizer or with the traditional method of boiling
- Hand expression / pumping of milk may be performed by hand or breast pump
- After the expression, collect it in sterile plastic bottles or sachets, special for safe storage of breast milk, and keep it refrigerated for 2-4 days (0 to 4°C) or in the freezer for 3-6 months (-4 to -20°C). Do not forget to label the bottles and sachets with the date of the milk collection
- Take the milk out of the fridge and leave at room temperature for about 15 minutes. Heat it at 37°C in a pot of boiling water (bain-marie) or bottle warmer (not in the microwave oven) before giving it to your baby
- Thawed milk cannot be refrozen
- If your thawed milk appears purulent, does not appear to be good and has a foul odor, it should not be fed to your baby

“Choose the appropriate size of breast shells.”

NUTRITION DURING BREASTFEEDING

Pregnancy and breastfeeding can be an ideal reason for adopting healthy dietary habits. Meet your daily needs in albumins, fat, carbohydrates and vitamins by following a healthy and balanced diet. Avoid foods with a lot of calories and without any nutritional value.

Avoid:

- Excessive use of caffeine that may cause irritation to the baby (250-300mg per day is allowed)
- As far as alcohol is concerned, consuming it in large quantities can reduce the amount of breast milk. Daily consumption should not be more than 0.5g of alcohol per kilogram of the mother's body weight and you can breastfeed again after two hours
- Smoking is not permitted (if you smoke, try to quit or even reduce it)
- If you need to take medication, consult your attending doctor first
- Do not forget that during breastfeeding, babies acquire dietary habits because breast milk changes its composition, smell, taste and quantity depending on your dietary choices

OTHER ACTIVITIES

- You can exercise in moderation while breastfeeding
- Make sure you sleep when your baby is asleep
- Rest and mental health are very important for breastfeeding establishment and continuation
- Do not hesitate to ask for help and support from your partner and your loved ones; you need it

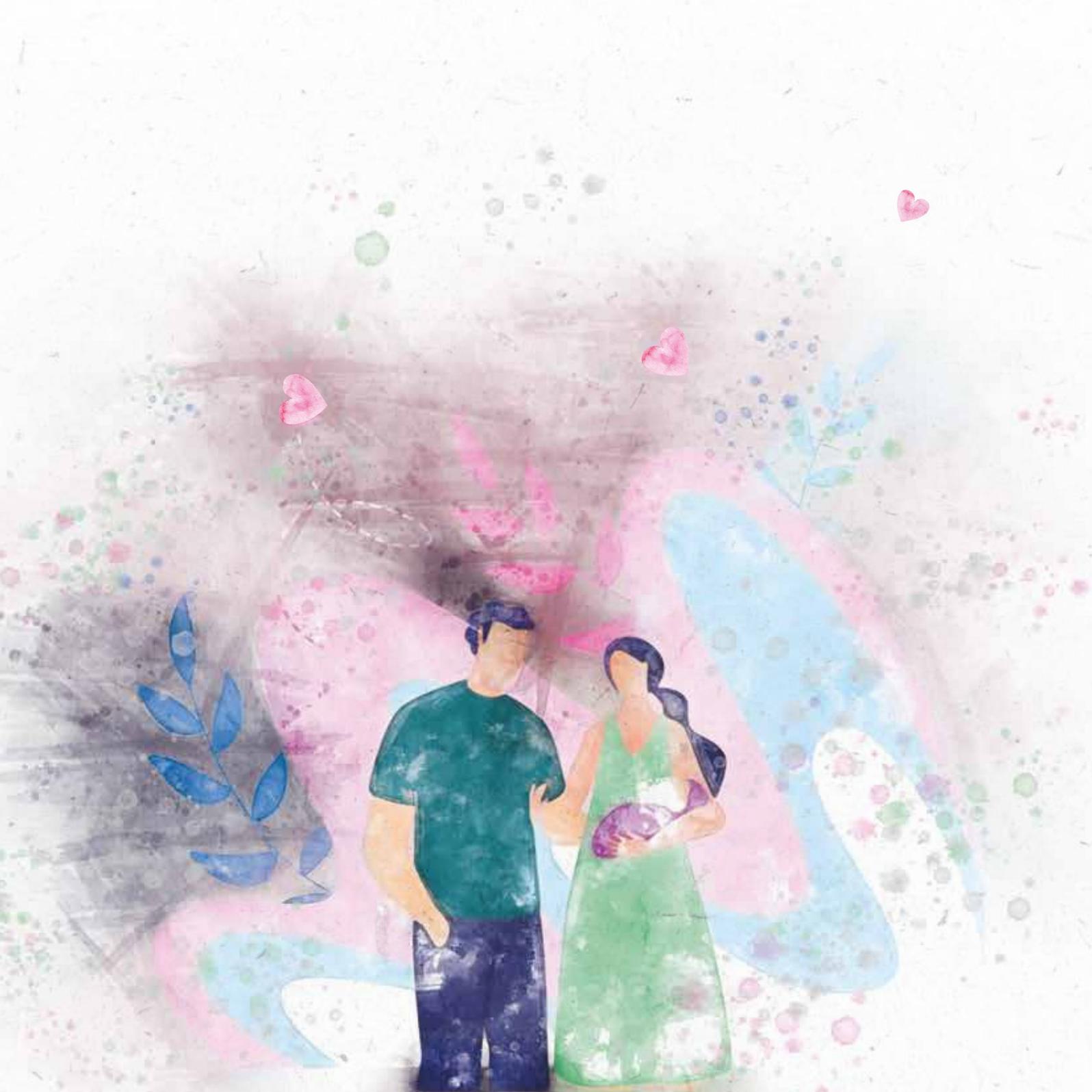
BEFORE YOU ARE DISCHARGED FROM THE MATERNITY HOSPITAL, IT WOULD BE USEFUL TO KNOW:

- When the baby wants to nurse
- How to place the baby on your breast properly and not hurt while nursing
- How to choose the most comfortable breastfeeding position for you
- When the baby is full and if the quantity is adequate
- How to extract breast milk by hand or by using a pump
- The correct procedure for collecting and preserving the milk
- Some information about milk production
- When to contact the pediatrician



CONTACT US

If you have any questions, you may call on the 24-hour hotline or visit our Clinic.
Contact phone number: +30 210 6184000, available 24/7.





For what you hold most dear.

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