

BREASTFEEDING

– Top FAQ that Lactating Mothers ask their Doctors

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Evidence shows that mothers are more likely to have a successful breastfeeding experience if the family doctor or GP is supportive and knowledgeable. The Baby Friendly Hospital Initiative (BFHI) is a joint World Health Organization (WHO) and UNICEF quality initiative involving the implementation of a research-based "Ten Steps to Successful Breastfeeding" and summarizes maternity care practices known to effectively support breastfeeding.

1. Doctor, Is my baby getting enough to eat? How do I tell if I'm making enough milk?

Usually, the baby feeds at the breast for 5 - 30 minutes. At the end of a feed, the baby lets go spontaneously or does so when the breast is gently lifted and the baby is content after most feeds. The mother feels softening of her breast during the feed and her nipple shape is the same as when the feed began (slightly elongated). When breastfeeding, the mother discerns audible and visible swallowing, and there is initial rapid sucking changing to slower sucks with pauses and soft swallowing. The baby is calm, the arms/ hands are relaxed and the mouth is moist. Often, the nappies will be wet 1-2 times per day on days 1-2, >3 times/day on days 3-4, >6 times/day on days 7, and accompanied by steady weight gain.

2. Doctor, How do I increase my breast milk output?

All mothers should breastfeed early and frequently and feed only breast milk for 6 months. Advise not to use pacifiers and bottles. Encourage the mother to sleep with her baby, bringing baby wherever she goes for the first several weeks. Always feed baby when the baby's hungry ("on demand"), not by the clock!

3. Doctor, My newborn won't latch onto my breast. What do I do?

If this happens after the mother leaves the hospital, it generally requires immediate attention by a lactation consultant. If the baby had been crying hard, it may help to cuddle and perhaps burp baby to calm her/him down first. If mother's breasts are overly full, the baby may not be able to get the mouth around the breast: so just squeeze out a few drops of milk first, to soften the breast before letting the baby latch on.

4. Doctor, Do I have to take a special diet when breastfeeding?

The answer is NO! Advise the mother that her body will always make the perfect milk for her baby. It is best for the lactating mother to eat a balanced diet and drink plenty of fluids or about 2-3 liters a day, so that she is never feeling thirsty. She may take her prenatal vitamins as a supplement to her diet.

5. Doctor, How do I breastfeed once I return to work?

Advise mothers to let their babies have 1 feed per day of EBM (expressed breast milk) from the fourth week onwards. The mother can try to breastfeed her baby just before leaving for work and after returning from work. At work, she needs to express milk 4 to 6 hourly and store EBM in pre-sterilized bottles in feed-sized amounts of 120 ml each. EBM can be brought home chilled or frozen in a cooler box packed with ice or in pre-frozen ice packs inside an insulated Styrofoam carrier. For frozen milk, ensure that it remains fully frozen by the time the mother reaches home. Frozen milk even if slightly thawed, should not be re-frozen; advise the mother to use the thawed milk first if there are several packs collected.

6. Doctor, Can I breastfeed if I am sick with the flu?

Generally, if the mother falls sick while breastfeeding, it is fine for her to continue breastfeeding. Antibodies produced by the mother are passed on to her baby through breast milk. Illnesses to the baby are usually transmitted through skin contact and secretions from the mouth and nose of the breastfeeding mother. Advise the lactating mother to wash her hands often and try to avoid face-to-face contact.

7. Doctor, If I have small breasts, does it mean that I will produce less milk?

Breast size has nothing to do with breast milk production! Breast size is due to the amount of fat tissue in the breast, not to the amount of milk-producing tissue. Feeding the baby on demand and having regular meals or snacks will ensure that the mother produces the right amount of milk to meet the baby's needs.

8. Doctor, Who can I approach if I have questions regarding breastfeeding?

Be familiar with the following resources on breastfeeding (listed alphabetically):

- Association for Breastfeeding Advocacy, Singapore (ABAS)
Website: <http://abas.org.sg/index.htm>. Email: abas.sec@gmail.com
- Breastfeeding Mothers' Support Group, Singapore (BMSG)
Website: <http://www.breastfeeding.org.sg>. Email: counselling@breastfeeding.org.sg
Counselling Hotline: 63393558. Talks' Line: 63370508
- Joyful Parenting and Breastfeeding. Helpline: 64880286
- La Leche League (Singapore).
Website: <http://lalecheleague.org>
<http://www.llsg.tripod.com>
Helpline: 7000-555-4636 (7000-LLL-INFO)

9. Doctor, I delivered 1-2 days ago and my baby looks yellow. Do I continue to breastfeed?

The baby may be developing early-onset jaundice. A common cause of jaundice in the first few days of life is due to insufficient feeding, which leads to decreased stool output and increased entero-hepatic circulation of bilirubin. This is managed by increasing (not stopping) the frequency of breastfeeding so that there is more opportunity for the gut to move. Other reasons for early-onset jaundice include polycythemia, massive cephalo-hematoma, blood group incompatibility, auto-immune hemolysis and G6PD deficiency.

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Services

Obstetric Services

- Pre-Pregnancy Counselling / Antenatal Classes**
Prenatal Diagnosis and Counselling
- Fetal anomaly ultrasound scan
 - Amniocentesis, chorionic villus sampling, fetal blood sampling
 - Fetal therapy
- Down Syndrome screening, nuchal translucency ultrasound scan, first trimester and second trimester serum screening
- High Risk Pregnancy Clinic**
Gestational Diabetes Mellitus Clinic
Obstetric Day Assessment
- Medical disorders in pregnancy (eg. autoimmune disease and renal disease)
 - Fetal wellbeing assessment
 - Maternal blood pressure monitoring and treatment
- Joint Cardiology-Obstetric Clinic**
- Congenital & valvular heart diseases
 - Ischaemic heart disease & cardiomyopathy
 - Pre-pregnancy counselling for known cardiac disease
- Obstetric Ultrasound Services**
- Early pregnancy scan
 - Fetal anomaly scan
 - Growth scan, Doppler studies
 - Placental evaluation
- Labour and delivery suites with full obstetric anaesthetic support

Gynaecology Services

- General Gynaecology**
Gynaecological Oncology
- Colposcopy & LEEP Clinic
 - Vulva Clinic
 - Cancer surgery
 - Inpatient and outpatient chemotherapy and radiotherapy
- Uro-gynaecology**
- Urinary incontinence and Pelvic Prolapse Clinic
 - Pelvic Floor Disorder Centre
 - Urodynamic assessment
 - Incontinence surgery including tension-free vaginal tape (TVT & TVT-O)
- Reproductive Medicine**
- Centre for Assisted Reproduction (CARE)
 - Intra-uterine insemination, in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), donor programs for oocyte, embryos and sperm
 - Fertility Augmentation Clinic
 - Andrology / Male Infertility Clinic
 - Sexual Dysfunction Clinic
 - Adolescent Gynaecology Clinic
 - Menopause Clinic
 - Ovarian Cryopreservation
- Mental-Health Clinic**
- Postnatal blues & postpartum depression
 - Climacteric psycho-somatic problems
 - Psychiatric conditions in women
- Early Pregnancy Unit (EPU)**
- A one-stop centre for management of early pregnancy problems such as bleeding in early pregnancy (threatened miscarriage) and suspected ectopic pregnancies
 - Early appointments (often on the same day) can be obtained by calling the EPU hotline

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