

The Breastfeeding Clinic



Breastfeeding *Guide*

Dedicated to...

the thousands of babies, parents and grandparents we've met at our clinic over the years ~ you have given us insight into how babies and parents feel and what they need.
~ EN, LH & IP

DISCLAIMER: The information in this book is meant as a guideline only and not as a substitute for medical advice. This book should be used only as a **supplement** (and **not** as **substitute**) to breastfeeding information, support and encouragement given during consultations at The Breastfeeding Clinic. You will receive additional notes when visiting the clinic.

Compiled by: Erica Nesor, Leana Habeck & Ida Pistorius

Design and layout: Erica Nesor

Cover photograph: We are deeply grateful to **Joannette Kruger** of **Kruger Photography** for the exquisite photographs in this book (krugerphotography@yahoo.com, 079-506-4937).

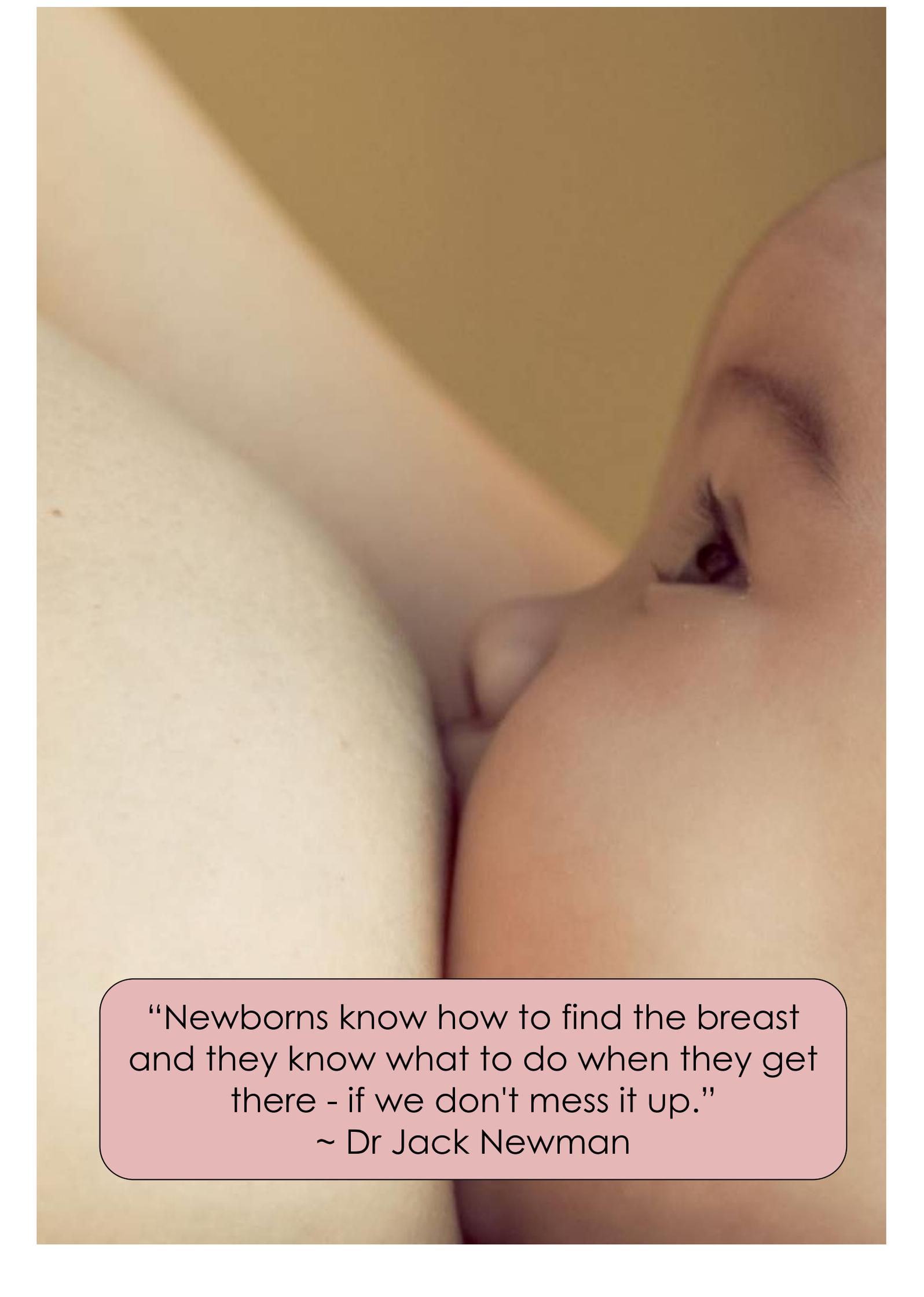
Models: Our heartfelt thanks to **Abigail and baby Annabel Boer** for their grace and loveliness, and for expressing the joy of breastfeeding so beautifully.

All rights reserved. No part of this publication (including separate handouts) may be reproduced by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without prior permission in writing from Erica Nesor, Leana Habeck and Ida Pistorius.

Copyright © 2018 Erica Nesor, Leana Habeck & Ida Pistorius.

Index

Foreword.....	6
The Breastfeeding Clinic.....	8
Optimal Breastfeeding in Hospital	11
Breastfeeding Log.....	13
The First Days.....	14
When you are discharged.....	22
Why do mothers need help?.....	25
A Lactation Consultant can help with.....	28
Importance of Breastfeeding	30
The First Week.....	33
The Second Week.....	38
The Third Week.....	43
The Fourth Week.....	48
One to Two Months.....	54
Two Months.....	59
Three Months.....	64
Four Months.....	68
Six Months and Beyond.....	72
Consultation Fees.....	78
Clinic Times & Venues.....	80



“Newborns know how to find the breast
and they know what to do when they get
there - if we don't mess it up.”

~ Dr Jack Newman

Foreword



Erica & Leana

Breastfeeding my first baby was quite challenging, not because of poor milk supply or sore nipples, but because one important thing was missing: supportive health professionals. My doctor had never breastfed her own children and wasn't interested; at the clinic, a very intimidating nurse reprimanded me for "spoiling" my baby and causing colic by feeding him two hourly. Now, many years later, I am the "nurse" at the clinic. I vowed that I would help every mother who comes to our clinic, to feel confident in her ability to breastfeed. I hope that this book will help

you on your breastfeeding journey.

~ **Erica Nesar**

It is said that raising a baby should be a community effort. This does not mean other people should take over caring for your baby. No, it means while you rest and recover from the birth, others take over the cooking, cleaning and looking after the siblings so you have the time to bond with and breastfeed your new baby. The first two weeks are critical for breast milk production and we do not need all that "helpful" (is it?) advice to confuse us! PLEASE trust your parental instinct. It will tell you to keep your baby close and feed him when he wants to. I hope this guide will come in very handy in the "wee" hours of the morning!

~ **Leana Habeck**

Please note in this guide we may call a baby "he/him", though info will apply to "her/she" as well ;-)



Please remember that we have families
and do not take calls/sms late at night!



The Breastfeeding Clinic

The Breastfeeding Clinic is run by Erica Nesor and Leana Habeck. They have obtained extensive experience in lactation management, working at the Vergelegen and Stellenbosch Mediclinic Breastfeeding Clinics for many years.

Erica Nesor

Lactation Consultant (IBCLC),
Counsellor, CPR Instructor,
author and mother of three.

- Home & hospital visits
- Breastfeeding & sleep issues
- Various products •
Counselling

Cell: 083-292-5252

(please SMS/Whatsapp if no reply)

Email: ericaneser@gmail.com

Website: babysleep.co.za



Leana Habeck



WhatsApp
or SMS

Lactation Consultant (IBCLC),
Registered Nurse (General,
Psychiatric & Community) &
Midwife, Perinatal Educator and
mother of three.

- Breastfeeding Education & Support
- Home & hospital visits
- Breastfeeding Clinic on Thursdays

Cell: **083-415-4657**

(please SMS/ WhatsApp if no reply)

Email: leana.habeck@gmail.com

Website: www.breastfeedingsa.co.za





Get the right help, right from the start!

Make sure you and your baby are on the right track with a reliable assessment by a Certified Lactation Consultant at the Breastfeeding Clinic.

Get help ASAP if things are not going well

Visit The Breastfeeding Clinic at the recommended times for professional breastfeeding support.

Optimal Breastfeeding in Hospital

Keep your baby with you!

- Keep any **separation** from your baby to a **minimum**
- Hold your baby on your chest as much as possible while you semi-**recline** comfortably. You can do this **skin-to-skin or clothed**. This position helps to activate **reflexes** and **instincts** in both mom & baby.
- This is especially important if you have had a caesarean birth, separation from baby, assisted delivery and/or medicated birth.

Never force a baby onto the breast

- Let your **baby set the pace** in the first hour or two. Keep baby on your chest while you lay back and relax.
- **Pushing** baby's head towards the breast **interferes** with his/her latching **reflexes**, and causes him/her to push his/her head back or flex forward.
- Position your baby lying on his/her tummy on your chest with access to the breast, **nose-to-nipple**, arms either side

of the breast. When his/her face touches your nipple he/she may open wide and latch.

Respond to your baby's early feeding cues

- A feeding cue is a sign from the baby that s/he is getting hungry. When a mother responds to her baby's feeding cues, her milk supply will adapt to her baby's needs. It is best to breastfeed at the first sign of an early feeding cue.
- **Early feeding cues:**
Baby is **awake!** Baby makes **licking**, smacking or sucking movements with mouth. Brings hands up to face. Sucks on **hands**. Makes soft cooing or sighing sounds. **Roots** (opens mouth wide, turns head in search of breast). Makes rapid eye movements. Latching and feeding tend to be **easier** at these times.
- **Late feeding cues:**
Baby is fussy, cries. Waiting until baby is **crying** from hunger, makes **latching difficult**.
- Your baby will probably need to feed **8-12** times in **24 hours**.

Breastfeeding Log

To help you keep track of what is going on in the 1st few days

Circle the closest hour to the **beginning** of each feed.
Circle **W** when baby has a **wet** nappy. Circle **P** when baby has a **poo** nappy

(We want to see LOTS of poo nappies for the 1st month, though weight gain is the "acid"-test that things are going well ;-)

Day 1.....1st 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	1
Poo - black tarry	1

Day 2.....2nd 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	2
Poo - brownish/black tarry	2

Day 3.....3rd 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	3
Poo - greenish (should be getting lighter)	3

Day 4.....4th 24 hours	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	4
Poo - greenish (should be getting lighter)	3

Day 5	Goal
6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5	8-12
Wet	5
Poo - yellow, runny	3+

The First Days

Normal weight loss after birth

Most babies lose weight in the first few days after birth. This is due to loss of excess water. It is generally not more than **7%** of the birth weight and usually occurs before discharge from hospital.

Intake & Output

NB! Human babies breastfeed **OFTEN!**
Average **8-12 feeds in 24 hours!**

Work by Scammon (1927), Saint et al (1984), Kent et al (2006)

Day	24h volume produced	Infant intake	Stomach capacity
1	37ml (7-23ml)	Few drops – 5ml/feed	7ml
2	84ml (44-335ml)	5-15ml/feed	13ml
3	408ml (98- 775ml)	15-30ml/feed	27ml
5	705ml (452- 876ml)	45-60ml/feed	57ml
1-6 months	800ml (478- 1300ml)	30-135ml/feed	Not available

Watch your baby, not your watch! Listen for the “kah” (swallowing) sound!

Red flags if you do not see this

What you want to see:

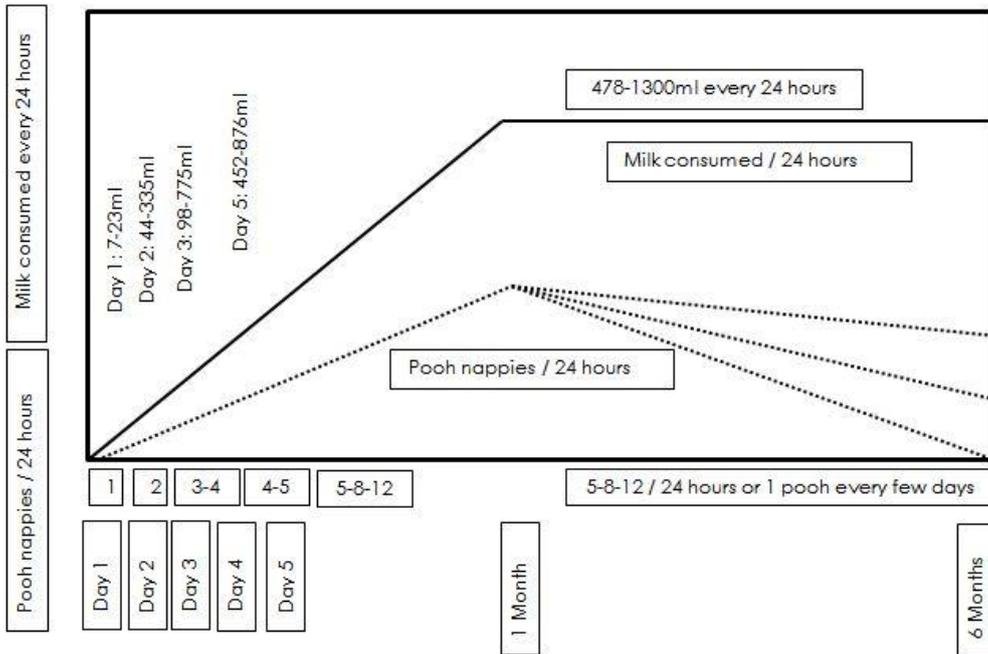
- Baby has regained birth weight with-in 10 days - 2 weeks
- Breastfeeds 8-10-15x / 24 hours (every 2-3 hours day & night – maybe 3-4 hourly at night)
- NO cracked/blistered nipples
- Breasts softer when baby has fed – (will experience this after milk is “in” around day 3-4)
- Baby has 2-5 yellow stool diapers (credit card size)
- Day 2-3 Stool change from black to green and then yellow with seeds or curds by day 5
- 5-6 wet diapers / 24 hours (after Day 4 or about 24 hours after milk is “in”) (3 Tablespoons water – 45ml = wet nappy)



**Please keep in mind that we may not answer messages or calls late at night!
But feel free to send a WhatsApp anytime!**



Pooch nappies vs Breastmilk consumed



Leana Habeck
083 415 4657



CPR “Crash Course”



- CPR steps
- Choking
- Drowning

Earn Vitality
points!

1x/month • Stellenbosch • 10h00-12h00
(or small group at home when it suits you)

R170pp + R60 per certificate

Erica Nesor ~ babysleepzone@gmail.com



Breast engorgement (“milk comes in”)

Cause:

Increased blood, oedema and milk in breast when the copious production of breast milk starts on day three or four

Symptoms: Swelling; tight, shiny skin; redness; pain; heat; difficult to latch or remove milk; mild fever

Management:

- **Frequent**, effective milk **removal**
- Apply mild **heat** to the breast for 1-2 minutes just before feed/expressing
- Gentle **massage** gets milk flowing, soften areola (if necessary) before latching
- **Feed** optimally on the 1st side, express the other side if necessary
- **Massage** gently while feeding/expressing
- If breasts are not comfortable after feeding, **express** with pump or by hand
- Do **not** combine vigorous massage **and** heat

- Cold **gel pack**/cabbage leaves after feeds (cabbage leaves on for only ± 20 minutes on and repeat with next feed – use only for 24 hours)

NB: Severe engorgement can lead to reduced milk supply! GET HELP!

Breastfeeding support & education

@ clinic / home / hospital

Leana Habeck

B Cur (Stell) RN, RM, RPN, CHN,
Dip Peri Ed (UJ),
Lactation Consultant (IBCLC),
Trainer of trainers,
Mother of 3



 Cell: **083 415 4657** (please WhatsApp/SMS if no reply)
Email: leana.habeck@gmail.com

Education sessions available on request

PR.NO. 088 000 0026174



Jaundice

A large percentage of babies become jaundiced. Babies are usually very **sleepy** when jaundiced.

Type	Starts	Peaks
Pathological jaundice	first 24 hours – paediatrician will advise treatment	(Levels increase rapidly)
Physiological jaundice (Red Blood Cell breakdown)	48-72 hours after birth	3-5 days
Breastfeeding associated jaundice (starvation)	48-72 hours after birth	3-5 days+
Breast milk jaundice	Starts 5-10 days after birth	Peaks 15 days & can last up to a few weeks

Management:

- **Breastfeed** your baby very **often** (8-12x/24 hours), ensure an effective **latch** and adequate breast milk intake
- Baby may need to be seen by your **doctor** soon after discharge IF:
 - high bilirubin level before leaving hospital
 - early birth (more than 2 weeks before due date)
 - jaundice in 1st 24hours after birth
 - lot of bruising/bleeding under scalp related to birth
 - parent/sibling who had high bilirubin level and received light therapy
- **When to call the doctor:**
 - baby's skin turns **MORE** yellow
 - baby's abdomen, arms, legs are yellow
 - whites of eyes are yellow
 - jaundiced baby is hard to wake, and/or not feeding well

When you are discharged

You will probably be discharged on day 3 or 4. Your milk may not even have “come in” yet!

It is normal...

- to feel **lost**, vulnerable and **unsure** about everything at first when you take your baby home
- to want to **phone** the nurse at the hospital about **small details**
- for your baby to be **unsettled** and want to **feed hourly** the first night at home!



IMPORTANT:

Many people call themselves “lactation consultants” without having done any formal training or passing an exam. Be sure to consult only someone who is fully qualified and has “IBCLC” next to their name!

IMPORTANT: FOLLOW UP VISITS!

- Bring your baby to the Breastfeeding Clinic **within 2-3 days after** you are **discharged** (see last page for details) and **weekly** thereafter until approximately 6 weeks, then every 2nd week and monthly after 12 weeks
- Bring your “**Road to Health**” **booklet** received at discharge

Follow up visits to a qualified lactation consultant can help you meet your breastfeeding goals!

At each visit to our clinic we will:

- **weigh** your baby and **record** your baby's progress
- answer your breastfeeding and related **questions**
- **discuss** any problems you may be experiencing
- help you to formulate a **plan of action** for the coming week



la leche league
international

llli.org

BREASTFEEDING? Considering it?

- ⊙ Breastfeeding is an art and a science
- ⊙ It used to be easy and natural
- ⊙ But today breastfeeding is invisible
- ⊙ We don't know what it looks like anymore – we don't know what is normal
- ⊙ We need to know what is normal and when to seek help if it is not

La Leche League (a non-profit, non-sectarian volunteer organization), offers breastfeeding information, encouragement and support through:

- ✓ Monthly meetings
- ✓ Telephone help from experienced Leaders
- ✓ Lending library for members and books for sale
- ✓ THE WOMANLY ART OF BREASTFEEDING, an essential guide for breastfeeding mothers

Contact Leana on **083 415 4657** or
Amanda on **071 334 6156**

for more information on the next gathering in the
Helderberg area
(meetings once a month).

Visit us at www.llli.org

fb: [groups/lalecheleaguesouthafrica](https://www.facebook.com/groups/lalecheleaguesouthafrica)

Why Do Mothers Need Help?

Breastfeeding is a **perfectly natural function** and women have been doing it for all of human history. So why would anyone need help with such a natural **biological function**?

Unfortunately, modern, Western life has not been very conducive to breastfeeding. Due to the loss of extended family, most young girls do not see much breastfeeding while growing up. However, human mothers have **all the right instincts** to feed their baby, and may only need some encouragement to trust those instincts, and a little bit of guidance along the way.

Most women **initiate** breastfeeding because they understand its importance to their babies and themselves. Sadly, many **give up** earlier than they planned due to **problems** such as sore nipples, inadequate milk production, and infant difficulties with breastfeeding. Most of

these are either **avoidable** or **manageable** when mothers receive the necessary support.

When women receive **incorrect** or **conflicting** information, or are **discouraged** by unsupportive or uninformed health professionals, relatives or friends, it **undermines** their confidence in their ability to breastfeed successfully.

International Board Certified Lactation Consultants (IBCLCs) help mothers overcome breastfeeding difficulties and thereby increase duration of breastfeeding.



An IBCLC

- is a **specialist** in lactation management
- has **clinical expertise** in and specialized **knowledge** of lactation
- provides skilled technical **management** of breastfeeding problems
- has been **certified** by the International Board of Lactation Consultant Examiners (IBLCE).

The IBCLC credential is widely recognised as the **gold standard** in breastfeeding expertise. IBCLCs have passed a rigorous **certification exam** and keep their knowledge and skills up to date through a **compulsory recertification programme**.



A Lactation Consultant can help you with

- **Prenatal** counselling
- **Preventing** and **managing** common difficulties
- **Latching** problems
- Inadequate milk **supply**
- Nipple / breast **pain**
- **Calming** a fussy baby
- **Expression** and storage of breast milk
- Strategies for breastfeeding when **returning to work**
- Breastfeeding in **challenging situations** (breastfeeding multiples, a premature or sick infant, or infants in special medical situations etc.)
- Introducing **family foods** to the breastfed baby
- And much more!

Breastfeeding support

- Weighing of babies at weekly clinic
- Private consultations
- Home/hospital visits by appointment

Other services offered

- Childbirth, **Breastfeeding** & Parenting Course (Leana)
- Infant **First Aid** Course (Erica)
- Baby **Sleep** consultations & books (Erica)
- Baby **Wraps** & Toddler **Carriers**(Erica)

Visit the SSW clinic website:
www.breastfeedingsa.co.za



Importance of Breastfeeding

The clichés that you've probably read 100 times before...

...easy, hassle free, convenient, cheap, always fresh, at the right temperature, nothing to prepare, buy or clean, not having to get up at night... etcetera, etcetera.

What you may NOT know...

Colostrum (milk produced in the first days after birth): is your baby's first vaccination against bacteria and viruses, contains high doses of vitamins, has a laxative effect (helping baby get rid of meconium, which reduces the risk of jaundice), contributes to the establishment of the good bacteria in baby's digestive tract and MORE!

Babies who are **NOT BREASTFED**, have a **HIGHER RISK** of:

Allergies, bronchiolitis, asthma, pneumonia, ear infections, meningitis, diabetes type 1 & 2 obesity, high cholesterol, diarrhea, urinary tract infections, cavities and orthodontic work, pain during immunizations & other procedures, speech impediments, lymphoma, leukemia, Hodgkin's disease and breast cancer

Breastfeeding promotes/enhances:

Higher **IQ** score, the effectiveness of **vaccines**, better **jaw** development, physical **closeness** and bonding, and it can be **lifesaving** for a premature baby

Importance of Breastfeeding for you:

Helps **shrink** the **uterus** back to its "new normal", **decreases bleeding** after birth, **menstruation** returns much **later**, **extends** the time between **pregnancies**, **return** to your pre-pregnancy **weight** earlier, **decreases** the risk of **breast** and **ovarian cancer**, hip **fractures**, **osteoporosis**, **multiple sclerosis**, hormones help you to

feel **relaxed** and **peaceful**, decrease in health care **costs**, **environmentally** friendly

REMEMBER! No matter how “NEW & IMPROVED” infant formula claims to be, all it can do is to provide nutrition. It **cannot** achieve any of the benefits listed above. Formula can have many unpleasant **side-effects** and **long term health implications** for you and your baby. Make an **informed decision**, and surround yourself with a **support team** to help you if the going gets tough.



Look out for the letters IBCLC and this logo to ensure that you get accurate breastfeeding information and support!



The First Week

Expected weight gain for week 1

Your baby should **stop losing** weight by **day 4**, and start to **gain** weight steadily from **day 4-5**, at a **minimum** of **25g/day**. According to the WHO growth chart, the average is 170-**220g/week**, but may range between 170g and 500g in a week. If you are worried, talk to your lactation consultant.

Approximate milk intake for week 1

Always keep numbers in perspective – they are often not that important! Your milk supply increases dramatically on day 3-4, and on day 5 the average is 705ml/24 hours. Your baby may take around **45-60ml per feed** – but you **don't** have to **worry** about the numbers! A healthy mother can **make** what her baby needs, and a healthy, full term **baby** can **take** what he needs. This amount will **increase gradually** over the next weeks. See chart on page 14.

Wee & poo for week 1

From day 5, your baby will have **three or more poo** nappies and **6-8 wet** nappies a day. The poo will be **yellow** (sunshine / mustard / butternut yellow), runny and may contain little white “pips”. This is perfectly normal!

See your doctor if: your baby has continuous green stools with vomiting, fever, rash, or he seems sick.

Possible causes of green stools: switching breasts before baby has drained the 1st, underfeeding, virus, irritation of bowel, iron in baby’s diet, medication, formula – but often unknown, especially if it happens only now and then.



Length of breastfeeds for week 1

How long is a feed? How long is a rope?? It varies so much, there are no fixed guidelines. Feeds may initially take **quite a while**, due to the time it takes to get **settled** in, get positioned and latch on. Your baby may **drink** and **snooze** on and off. He will have a **unique** way of feeding. Watch and learn! Try not to take your baby off the breast if he is **drinking actively**. If he falls asleep or lets go by himself, you can burp him, change his nappy and **offer** again. Sometimes he will take the second breast, other times not. You and your baby will get the hang of breastfeeding with **practice** and **patience** – remember that it is a **skill** that needs to be **learned**!

TIP: An **EFFECTIVE LATCH** and **SWALLOWING MILK** are more important than the time it takes. Listen for the “ka” (swallowing) sound! And have baby weighed at the Breastfeeding Clinic’s weekly weigh-in day since weight gain is still the “acid test” that things are going well.

Frequency of feeding for week 1

Breast milk, being perfect for your baby, **digests** quite quickly, and your baby's **stomach** capacity is **small**. Therefore he has to **feed often**, day and night. Research shows that babies can breastfeed anything between 6 and 18 times in 24 hours. Most babies will need between **8 and 12** feeds a **day**, roughly 2-3 hourly. BUT these feeds will **not** be **evenly distributed!** Some intervals may be only 1 hour, and others may be 4 hours. Look at the total number in 24 hours and feed your baby on **demand** rather than on **schedule**. If your baby seems to be on the breast "all the time", talk to your lactation consultant.

Sleeping & feeding patterns for week 1

Your baby will probably sleep from one feed to the next, and fall asleep again while feeding. You may find that he **sleeps more** during the **day** than during the night (swapped day and night). This is **normal** and soon sorts itself out. There may be one stretch in every 24 hours that your baby will **not settle between feeds**. Your baby

may be “homesick”, so give lots of skin-to-skin contact, warmth and the soothing sound of your heart by letting him **lie on your chest** while you rest. **Carrying** your baby in a **wrap** can also help.

Also keep in mind...

- A very sleepy baby is **not** necessarily a contented/“good” baby.
- Some birthing/hospital practices and medications **interfere** with your baby’s **natural rhythms**, which could make him more sleepy.
- Sometimes it is necessary to wake your baby not for **his** sake but for **yours** – if your **breasts** become **too full**, it can make **latching** very difficult, **decrease** your milk production and lead to other problems.
- Frequent feeding helps to **establish** your milk production.
- You may decide to wake and **feed** your baby more **often** to fit in as many of the 8-12 feeds during the **day**, giving you **more rest at night**.

The Second Week

Expected weight gain for week 2

Expect your baby to be back to **birth weight** in **10 to 14 days**. For the next few months we calculate weight gain per week. The average weight gain is **170-220g/week**.

Approximate milk intake for week 2

Remember, it is **not necessary to know** the exact amounts! For the first two weeks you may have had much more milk than your baby needed. Expect your supply to start settling. From day 5, research shows that average intake during this week is between **450ml - 880ml in 24 hours**.

Wee & poo for week 2

As for week one, lots of **soft, yellow**, curdy **poo** nappies is a sign that things are going well. Baby will probably have **6-8** thoroughly **wet**, clear urine nappies in 24 hours.

Length of breastfeeds for week 2

Feeding this week might be very different from feedings in the first week! You will probably feel much more **confident** already, and **latching** will most likely get even **easier** as you go. Watch your baby, let him decide when he is done!

Frequency of feeding for week 2

Your baby might feed anything between **6-18 times in 24 hours** with an **average** of **11 feeds in 24 hours** (similar to week 1). Respond to your baby's **feeding cues**. (Do you know how to read baby's cues? Ask your lactation consultant if you are unsure). Remember you are a **unique** mother-baby-breastfeeding pair. Baby asks, you feed, and your milk supply is built.

Nipples still sore??

Consult your lactation consultant ASAP. Nipples should be getting better now, not worse. If this happens at any time, it may indicate a different problem, such as thrush.

Evening fussiness

The first two weeks is called the “**babymoon**” period, a time for you to **recover** from the birth. Now in week two, your baby **wakes up more** and also takes in more information through his **senses**. Because he is unable to control how much info goes in, he might become **over-stimulated** and start to present with evening fussiness. This day has just been too long and too busy. It is our job to **help them nap** when they are tired during the day; **help them calm down** when they become over-stimulated.

Typically from week 2-3 your baby may want to “**cluster feed**” for a few hours **early** in the **evening** (if you are lucky), or late evening till midnight. Baby does not want to be put down, wants to feed constantly, is **fussy** – but usually **sleeps well after** this. This behaviour might continue on and off till 2-3 months.

Skin spots: Was it something I ate?

YES. NOOOOO, sorry, just kidding!! How nice would it have been if fussiness and spots were due to what we ate – because then we could control fussiness and spots by what we eat!

Fussy phases for week 2

Many babies have an episode of frequency days at **10 to 14 days**. Baby might have a **change** in **sleeping** pattern, increased **appetite**, seem irritated and **fussy** for no apparent reason, lasting **± 24 to 48 hours** – he may want to feed every 2 hours – FEED HIM! He is also building your milk supply during this time – DO NOT start giving him bottles! Contact your lactation consultant if you have any feeding concerns.

Sleeping & feeding patterns for week 2

Baby can stay awake happily for an **hour** (on average) and then needs to nap again. The length of the **longest** sleep stretch (day or night) may be **3 ½ hours!**

Breasts feeling SOFTER than they did before?

This is **normal**! Engorgement is **not** part of normal breastfeeding. As the milk supply settles, the breasts will feel soft most of the time.



The Third Week

Expected weight gain for week 3

Your baby will probably continue to gain weight at \pm 170-**220g/week**. If you are worried about weight gain, discuss the issue with your lactation consultant.

Approximate milk intake for week 3

The **volume** of your baby's feeds will still be **increasing** gradually for another week or so. You may not even be aware of this, though! Remember that babies **do not drink the same amount at every feed**. It may be anywhere between 450ml-880ml in 24 hours, if it was measured.

Wee & poo for week 3

One or **more** yellow, runny poos a day, as well as 6-8 wet nappies.

BREAST MILK DONATION SAVES LIVES!

Can you spare 50ml a day? A bit more...?

Tel: Office 021 659 5599

Cell: 082 895 8004

www.milk-matters.org

Containers are provided

Pick-up & drop-off at Breastfeeding Clinic



Frequency of feeding for week 3

Not much change from last week: **8-12 feeds a day**. Intervals between feeds may stay this way for several weeks, but the feeds themselves may get shorter soon, which means you might look forward to having more time to play with your baby!

Cramps: Was it something I ate?

Probably not! The role of mum's diet has been exaggerated and many mums are given a list of "forbidden foods". The percentage of babies who are truly sensitive to specific foods is pretty small, which means 9 out of 10 mums can eat a **healthy, balanced diet** and **nothing is forbidden**. Use common sense and eat **moderate** portions of everything you like. There is no need to eliminate any healthy foods from your diet. And you **may** eat chocolate! 😊

Between **2 and 3 weeks**, a noticeable **developmental change** takes place. The "babymoon" is over, babies **feed more** often, are **awake** for a little **longer**, and **cry more**. Many parents interpret this as

cramps and dread that their baby will become a “colicky baby”. This may be true for 20-25% of babies. However, **most babies** will have a fussy time somewhere in the day or night, during which they may **cry on an off** for an hour or more. If your baby cries for more than 3 hours a day in total, talk to your lactation consultant for ideas on how deal with this. There are lots of ways of reducing the crying.

Vomiting & reflux: should I be worried?

During this time, some babies start to “spit up”. This is just a part of life with a baby, and is often more of a **laundry** problem than a **medical** problem. As long as the weight gain is good and your baby is happy, you don't need to worry about it.

What helps?

- Keep baby at an angle/**upright** for 20 minutes after a feed
- Change nappy at an angle and **role** baby to his side rather than picking him up by the ankles to lift his bum for nappy changes

- Be **gentle** when **burping** your baby, keep his back straight
- Give **frequent small feeds** instead of large feeds far apart
- **Avoid bouncing** your baby
- **Feed again** if your baby is hungry after vomiting

See your doctor if: your baby projectile vomits several times a day, has inadequate weight gain, is extremely fussy or cries a lot, or vomiting is accompanied by diarrhoea & fever.

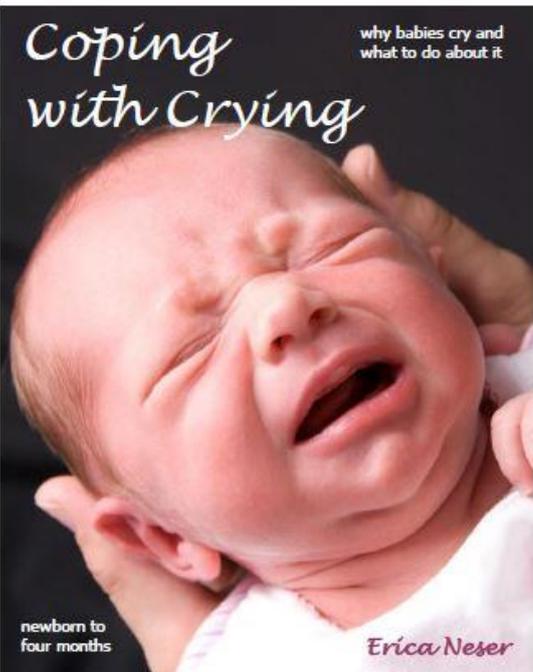
Fussy phases for week 3

Some babies go through another episode of extra-frequent feeding between **3-4 weeks**. You may see a **change** in **sleeping** pattern, increased **appetite**, baby seems irritated or **fussy** for no apparent reason, lasting \pm **24 to 48 hours**. Remember that your milk supply is still being established and **frequent feeding helps** this process. If your baby needs feeding every two hours, do it, and don't become stressed about it. See **every feed** you give during the **day** as **one less** that you have to give at **night**.

Contact your lactation consultant if you have any feeding concerns.

Sleeping & feeding patterns for week 3

If baby's day and night are still swapped round you may want to wake him more often to feed during the day and leave him to sleep longer at night. Wake your baby if your **breasts** get **too full**. Expect to be feeding up to **three times at night**. Try to catch a power nap when baby sleeps during the day.



Coping with Crying why babies cry and what to do about it
newborn to four months Erica Nesper

Coping with Crying

- causes of infant crying
- avoiding crying spells
- dealing with colicky periods
- straightforward easy to read
- practical tips

available at www.babysleep.co.za
only R40



The Fourth Week

Expected weight gain for week 4

If all is going well, your baby will keep growing steadily and gain weight at approximately 170-**220g/week**. Baby boys may gain even more in the next month than they did until now, while baby girls generally keep ticking over at the same rate.

Approximate milk intake for week 4

The volume of your baby's feeds will now start **stabilising** at \pm **800ml-1200ml in 24 hours**. The daily amount your baby drinks stays roughly the same for the next 5 months, regardless of his weight. Remember that the amount per feed **varies greatly** between babies, and also from one feed to the next!

Wee & poo for week 4

One or more yellow, runny **poos** a day, as well as **6-8 wet** nappies.

Frequency of feeding for week 4

8-12 feeds a day. You get the idea by now, and have probably made peace with the fact that breastfed **babies feed very often...** unless there are people who are putting pressure on you with old school advice of “feed only every four hours”. To put things into perspective: human babies are actually made to feed **3-4 times** an **hour!** (This is how they feed “in nature”. Now 8-12 times a day doesn’t sound so bad, does it?). Have you noticed that **feeds** are a lot **quicker** these days, compared to the first week? That is because babies are **twice** as **efficient** in emptying the breast!

Fussy phases for week 4

There are some **storm clouds** on the horizon. Don’t panic, it’s not a tsunami approaching, it’s just a **developmental leap** – the first of **eight** such leaps. And, as parents, our job is to hold our children’s hands whenever they have to take a big step forward. While these leaps are not

always that much fun for us, they are very **important milestones!**

Sleeping & feeding patterns for week 4

By now you have probably adjusted more or less to life with a baby. We no longer say things like, “I need eight hours sleep a night”. Instead we say, “I got four hours of uninterrupted sleep last night - I feel great!” At one month, your baby will no doubt still be **feeding regularly** around the clock. There will be **several shorter naps** and **one longer** one, or many **cat naps**. If you're lucky, your baby may feed more during the day than at night. If your baby is gaining weight well and is happy and healthy, you don't have to wake him for feeds at night, you can let him self-wake – keep the **night feeds quiet** and calm, learn to feed in bed and rest assured that your baby is doing what human babies are supposed to do.

Should I give my baby water between feeds?

Short answer: **No**. Long answer: **Nooooooooo**. If you were living in the bush, you would not have 1) clean water or 2) a way of giving it to a small baby. Mothers of the last two or three generations have been told that babies must have water. This is mainly because **formula feeding** was the **norm** in those days, and yes, formula fed babies often need extra water to help their kidneys cope with the formula, and in an attempt to prevent constipation caused by formula.

The fact is: if you are **breastfeeding on cue** (or “on demand”), you **do not need to give any water**. Even when it is **hot!** Your baby may need to **feed** a little **more often**, just as you need to drink more when it is very hot. If you try to stick to a very **rigid schedule**, you may be **tempted** to give water – so just relax and breastfeed. Giving water involves a **bottle**, which comes with its own set of **risks**. If you are unsure about the risks of giving bottles to a

breastfed baby, please ask for the special handout on this topic.

PS: no rooibos tea now either!

how babies & toddlers really sleep

(and how you can survive)

If you've started to look and feel like a zombie and despair when you hear about your best friend's baby who "sleeps through" every night, while you get up ten times for yours – then this is for you.



**Gentle approach:
NO crying-it-out!**

A fun and informative book discussing

- **where** real babies sleep
- **how** they sleep (and *don't* sleep)
- **why** they wake (again and again)
- and how you can steal some **extra sleep**

**** Individual and email consultations also offered****
ericaneser@gmail.com **babysleep.co.za**

THINKING OF SLEEP TRAINING*...?

IT'S UNNATURAL

Introduced by Holt in 1895, it is based on the Western idea that babies are naughty, manipulative and in need of **corrective treatment**. Mothers were warned that **holding and responding** to babies will **spoil** them.¹

IT DOESN'T WORK LONG TERM

Research has shown that there is generally **no lasting effect**. It often needs to be **repeated** but is not effective in the long term.⁵ Parents may end up feeling that they have failed.

IT'S NOT GOOD FOR BABY'S BODY

Increase in **stress hormones**, heart rate and blood pressure; gastric distension and vomiting. Early **stress is toxic** for life-long health.³

IT'S NOT GOOD FOR BABY'S BRAIN

It **triggers** the brain's **stress response** system. When babies get distressed the stress hormone **cortisol** is released, which in excess can **damage** synapses and neuronal interconnections.²

THERE ARE OTHER OPTIONS!

Contact me to learn more:

Erica Nesor

Lactation Consultant

ericaneser@gmail.com

www.babysleep.co.za

083-292-5252



IT CAN CAUSE PSYCHOLOGICAL HARM

Long-lasting damage to babies' nervous system makes them vulnerable to **stress** and **panic disorders** in adulthood.⁴ Parent responsiveness is related to **secure attachment, intelligence, empathy, self-regulation, social competence** and **lack of aggression** and **depression**.¹

1. Narvaez, D. (2011). Dangers of "Crying It Out". *Psychology Today*.
2. Schore, A.N. (2001). The effects of early relational trauma on right brain development. *Infant Mental Health Journal*.
3. http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/foundations-of-lifelong-health/
4. <http://news.harvard.edu/gazette/1998/04.09/ChildrenNeedTou.html>
5. <http://evolutionaryparenting.com/how-effective-is-controlled-crying/>

* Also known as: cry-it-out, controlled comforting, controlled crying, self-soothing

One to Two Months

Expected weight gain for months 1-2

Babies who have been gaining up to **400g/week**, might start to **slow down** a bit now. As long as your baby is happy, healthy and feeding well, this should not be cause for concern. According to the new WHO charts, average weight gain for the month is: **1000g for girls** and **1200g for boys** (in other words, **220-270g/week!**).

Approximate milk intake for months 1-2

Average milk intake is 480-1200ml in 24 hours. Average intake per feed can be anything between **30-135ml**.

Wee & poo for months 1-2

Baby **might poo less per day** or **might** start to stretch **days between poos**. Stools will still be soft, even if a few days have passed since the last one. Poo nappies at night may decrease.

Length of breastfeeds for months 1-2

Some babies become **very efficient** at emptying the breast, while others are in no hurry. It is hard to say whether feeds will be as short as 10 minutes or continue to last 40 minutes! This will also **vary** from one feed to the next and from one day to the next.

Frequency of feeding for months 1-2

As baby's stomach capacity increases he is able to take in more milk per feed. But feeds might continue to be as few as 7, to as many as 18 a day.

Fussy phases for months 1-2

Today's headline: All babies go through **8 developmental leaps** during their first 60 weeks (give or take a week or 2). These start roughly at week 5 (calculated from baby's **due** date). Baby might be more **Clingy, Cranky and Crying** than usual. For more details, ask for the Fussy Phases Handout at clinic.



The Breastfeeding Clinic © 2018

Sleeping & feeding: the core night starts to emerge

A baby's **day/night cycle** begins to **emerge** by week 5-6, as sleep becomes more concentrated during the night and **wakefulness increases** during the day. The core night is usually from **early evening to middle of the night**, so there may be **one** slightly **longer stretch** between feeds, followed by feeds at 2-3 hour intervals for the rest of the night.

Week 6: The crying peaks

Crying **peaks** around 6 to 8 weeks, and **evening crying** is common. The crying then decreases gradually, with 3 months being a real turning point. There **is** light at the end of the tunnel!

Remember to ask your lactation consultant about **coping strategies** for parents.

How are YOU feeling?

Feelings of **worry** and self-doubt are **normal** when your baby cries. A new mother who is home **alone** all day, responsible for her baby non-stop and **cut off** from other adults, is vulnerable to becoming **depressed**. She may feel overwhelmed, irritable, anxious, exhausted, scared, helpless, angry or emotionally detached from her baby. She may have trouble responding to her baby.

If you think that you may be suffering from postnatal **depression**, discuss your feelings with your lactation consultant. You may be encouraged to contact your doctor or the PNDSA helpline on 082 882 0072. You can also visit www.pndsa.org.za for more information.

Two Months

Expected weight gain for months 2-3

By now you will probably not be counting each gram anymore, having seen that your baby is thriving. If your baby is having problems with weight gain, please discuss it with your lactation consultant. With the monthly weigh-in at the Breastfeeding Clinic we will chart baby's weight on the Road-to-Health growth curve in the middle of the booklet, this will give you a good indication of how things are going.

Approximate milk intake for months 2-3

Most breastfeeding mums have no idea how much their baby is drinking per feed, let alone per day. You **don't really need to know!** If your baby is healthy, feeding well, gaining weight as expected, has adequate wee and poo nappies, then you **know** that he is getting enough milk. For the scientific minds among us: research tells us that the **average** is approximately **800ml-1200ml in 24 hours.**

Keep in mind, as with any average, that many babies will be drinking a lot **more or less** than this amount, and the volume will **vary** from one feed to the next.



Wee & poo for months 2-3

Your baby will probably only have a couple of bowel movements during the day and is **less** likely to **poo** at **night**. He may **skip** having a dirty nappy for a few **days**. He may become uncomfortably **bloated** and may be **fussy** for a while until his tummy has worked. The poo will still be a **soft** toothpaste texture and on the **yellow** side of the spectrum.

Frequency of feeding for months 2-3

Your baby may start **skipping** a **feed**, hopefully during the night, which means the **number** of feeds in 24 hours **may decrease**. Alternatively, your baby may still take the same number of feeds but fit them all into daytime. This does **not** mean that you have too little **milk**. Feeds will probably be super **quick**, even as short as 5 minutes! He will be **curious** about his environment and may become too **distracted** to feed for long. **Offer** the breast more **regularly** and feed on **demand** to ensure he gets plenty of opportunities to fill up. Night feeds will

most likely be relatively easy because there are not as many distractions, and your milk production is higher when you have/are rested.

Fussy phases for months 2-3

Your baby may experience a **fussy** period at around **8-9 weeks** and again around **12 weeks**. If so, grin and bear it and remember it will be over soon. One day you might suddenly realise there has been **no crying** at all, and when you look at the calendar, you'll see it's your baby's three month "**birthday**"!

Sleeping & feeding: the core night starts to stretch*

This may well be a good time for sleep. You'll probably find that your baby goes to bed a little **earlier** than before, and sleeps soundly for the **first half** of the night. We have seen at the breastfeeding clinic over the past 10 years that the average breastfed baby might sleep a bit longer at night from two months onwards. Having said that, remember that we do **not**

expect a baby this young to “**sleep through**” at all! (Sleeping through is considered a solid 5 hours sleep stretch).

* Terms and conditions apply

Are you already feeling anxious about going back to work?

Many mothers think that they have to stop breastfeeding when they go back to work. Not necessarily! There are many ways to **continue** giving your baby the benefits of **breastfeeding** for many more months or even years. Please discuss the matter with your lactation consultant approximately **one month before** you have to return to work. We have a special **handout** just for you.

FIND US!

Search for “Breastfeeding Clinic”

Click on “like”

The Facebook logo, consisting of the word "facebook" in a white, lowercase, sans-serif font, set against a dark blue rectangular background.

Three Months

Expected weight gain for months 3-4

Your baby should gain approximately **600g** in the coming **month**, according to the new WHO charts. This means an average of **110-140g** per **week**. If your baby has one “slow” week, don’t panic, but do weigh again the next week to see that things are back on track. Your lactation consultant can assess the situation and talk you through your concerns.

Approximate milk intake for months 3-4

A breastfed baby between 1 – 6 months drinks an average of **800ml – 1200ml per 24 hours regardless** of their **age** or **weight**. To **calculate** approximately how much your baby drinks in one feed count how many times baby feeds in 24 hours; for example: $800\text{ml} \div 8$ (number of feeds in 24 hours) and $1200\text{ml} \div 8 = \pm 100\text{ml}-150\text{ml}$ per feed.

Teething? Or is it *gumming*?

Early **drooling** is usually **not** a sign of teething. At around 3-4 months, a baby's **saliva increases**, but his **lip tone** might not be strong enough to hold it in his mouth. Babies go through an **oral phase** where they put everything they get hold of in their mouth. This is simply a **developmental** phase, and **all** babies go through it, **irrespective** of when the teeth appear. Teething usually starts around **6-7 months**.

Fussy phases for months 3-4

Your baby will most probably experience a “sunny” period around three months. **Crying** gets **less**, babies are very **interactive** at this time, smile at you often and are generally a joy to be around.

Sleeping & feeding for months 3-4

If you observe your baby's behaviour carefully and respond to his cues, you will probably notice his own **rhythm** emerging. Babies this age can stay awake for around 1½ to two hours at a time, and will usually have 2-3 **shorter naps** and **one longer** one during the day. He will still be

feeding often during the day, but most feeds are **quick** at this stage. The **less** they **feed** during the **day**, the **more** they will want to **feed** at **night!**

You may see that there is one **longer stretch** between feeds at night, especially during the **first half** of the night. We do **not** expect babies this small to sleep **the whole night without milk** – they still need night feeds for several more months.

Are people putting pressure on you to give your baby cereal?

If so, just answer politely that you have discussed the matter with your lactation consultant or your baby's doctor and you've been advised to **wait a bit**. Next month you will receive more information on starting solids.

Starting to worry about going back to work?

As working mums ourselves, we understand this only too well. What we do know; is that **worrying** about **routine**, precise **amounts** of milk that baby has to

drink and how you will ever manage to drop baby off and **be at work on time**, doesn't help too much! Try to **relax** and remind yourself that things will **fall into place** once you are there.

There are many **ways to continue** breastfeeding for many more months or even years. Please discuss the matter with your lactation consultant approximately **one month before** you have to return to work. We have a **special handout** just for you.

Counselling for parents

Trained counsellor with special interest in:

- birth experience
- breastfeeding challenges
- sleep problems (babies and toddlers)
- coping with a high need baby
- ante/post-partum depression & anxiety
- relationship challenges for new parents
- adapting to parenthood
- preparing for the arrival of a new sibling
- infertility
- miscarriage / stillbirth / death of an infant



Erica Nesor

BA Psych (UP)

Advanced Counselling
(UNISA)

ericaneser@gmail.com

083-292-5252

Four Months

Expected weight gain for months 4-6

Your baby will probably **double** his **birth weight** between **4-6 months**.

Approximate milk intake months 4-6

As at one month, average milk intake 800-1200ml in 24 hours. Average intake per feed **30-135ml**. Surprise, surprise: 6-18 feeds (average 8-12) in 24 hours!

Fussy phases for months 4-6

Another **fussy phase** happens around 4 months. Expect a **change** in sleeping pattern, increased appetite, baby seeming irritated, **fussy** for no apparent reason, lasting **±24 – 48 hours**. Another **developmental leap** occurs anytime from **week 15 –19** (calculated from **due** date), according to Hetty van de Rijt and Frans Plooij.

(www.thewonderweeks.com).

Sleeping & feeding for months 4-6

Two steps forward and one step back... Just when we think we're getting the hang of things, they change! Many babies start **waking more often** during the **night** around this time. There are **many reasons** that this may be happening, but most people **assume** it's because they need **solid foods**. This may **not** be the case, as several studies have shown. (Please see flip side for more information on starting solids).

Kent (2006) found that **two thirds** of infants between 1 and 6 months **breastfed during the night**, receiving around 20% of their nutritional needs at night! Your baby may still have **one long stretch** during the night, and night feeds are usually pretty quick. In the "old days," mothers were told that babies do not need to be fed at night after three or four months. We now know that **this is not true**. We do **not expect** babies this young to be sleeping through yet – so be patient and remember it is a **season** in your life, and it will pass.

Time for solids?

Complementary feeding is the process of introducing solid foods while **breastfeeding**. The target age range for complementary feeding is generally taken to be 6 – 24 months of age, and breastfeeding is encouraged to 2 years **and beyond** (World Health Organization). Including complementary foods in the diet signifies a **social** and **developmental stage** for the infant, as well as meeting her increasing **nutritional needs**.

The general recommendation is that babies **start eating family foods at around 6 months**. Some babies may be ready a bit earlier and others a bit later. Parents are encouraged to follow their **baby's individual signals** for readiness.

These include the baby's ability to:

- stay in a **sitting** position and hold her **head steady**
- **co-ordinate** eyes, hand and mouth
- **look at** food, **grab** it and **put** it **in** her **mouth** by herself

- **swallow** food (babies who are not ready will push their food back out, so they get more around the mouth than in it.) (Cattaneo, 2012).

Parents are encouraged to:

- eat a **healthy** diet and to give their baby the **same food as the family** (as opposed to only special pureed “baby foods”)
- allow babies to **feed themselves** with their **hands** (as opposed to only spoon-feeding)
- allow babies to **determine the amount** they eat
- make meals **fun** and not just focus on getting the baby to eat, but to include baby in the **social aspect** of eating

Raw cow’s milk is a poor source of iron and should **not** be used as the **main drink** before 12 months, although **small volumes** may be **added** in cooking.

If you are unsure about when and how to start introducing solids, please consult your lactation consultant – we have a special **handout** on the topic. If your baby suffers from food allergies, we may refer you to a paediatric dietician.

Six Months and Beyond...

Weight gain

From 6 months onwards, weight gain **slows down** even more: average **350-400g** per **month**, and by 12 months it is about 200g/month.

Milk intake

As baby starts to take in more solids, you might notice a **decrease** in the **intake** of breast **milk** (\pm 700ml/24 hours). Feeds might become shorter or further apart, or might continue to be eight feeds in 24 hours!

Separation anxiety

Separation anxiety is a normal **developmental** stage when babies become upset when separated from their primary caregiver. It is a sign of the strong **bond** between you and your baby. Babies and toddlers do not understand the concept of time and do not know *when* and *if* you will return. This phase can start at 6 months, peaks at roughly 12 months

and starts to decline at the age of three years.

Breastfeeding tips for separation anxiety:

- Let your babysitter come over for several days in a row so that your baby **gets to know** her.
- **Feed** your baby just **before** leaving.
- Give hugs and kisses, say good-bye and **go**. Don't keep coming back. It makes it worse for baby (and for you).
- If you are worried about milk intake while you are away, please discuss the matter with your lactation consultant. There are many ways of feeding a baby that do not jeopardise breastfeeding.
- Separation/return and hide-and-seek **games**, short practice separations and favourite toys or blankets can help.
- Keep in mind that separation is **more upsetting** if your baby is **tired, hungry** or **sick**. Whenever possible, try to time separations when he is fed, awake and well.

Teething

Generally speaking, the lower front teeth erupt when your baby reaches **six to seven months**. By his first birthday he may have six teeth... or none at all! The teeth will cut when the time is ripe. When and how quickly the teeth appear have nothing to do with the baby's health, mental or physical development.

Teething **does not cause** high **temperature** and **diarrhoea** – if your baby shows these symptoms, call his doctor.

Some babies experience gum discomfort while suckling. He might start to breastfeed, but then pull off and cry and not want to nurse anymore. **This is not an indication that your baby wants to wean himself.** Other babies feed frequently because it is soothing.

Your baby can suck/chew these to relieve pain before nursing:

- A refrigerated teething ring
- Ice cube wrapped in cloth, rubbed onto his gums.

- Crushed ice in a clean baby sock with the top tied off
- A wet facecloth that has been refrigerated

Avoid using **topical anaesthetics directly before** breastfeeding, as it numbs your baby's mouth and can make breastfeeding very difficult for him.

General measures to help your baby to breastfeed:

- A paediatric pain reliever 30-45 minutes before feeding (ask your doctor before giving any medication to a baby)

Teething babies occasionally bite while feeding, but you do not need to wean your baby simply because of this. Ask your lactation consultant for the **handout on breastfeeding a biting baby**.

Sleep

A study done by Weerd (2003) found that **42%** of babies over 6 months (some who have already slept through the night), **continue to wake** and need attention during the night.

Breastfeeding after 12 months

- Nutrition: Breast milk continues to provide substantial amounts of key nutrients well beyond the first year of life, especially **protein, fat, and most vitamins**: In the second year (12-23 months); 448 ml of breast milk provides: 29% of **energy** requirements, 43% of **protein**, 36% of **calcium**, 75% of **vitamin A**, 76% of **folate**, 94% of **vitamin B₁₂**, 60% of **vitamin C** requirements. (Dewey, 2001)
- Immune system: Nursing toddlers are **sick less often** and have **fewer allergies**
- Emotions: Nursing toddlers are generally **smart** and **socially well adjusted**.

For mothers:

- reduces risk of **breast, ovarian, uterine** and **endometrial cancer**.
- protects against **osteoporosis**
- reduces the risk of **rheumatoid arthritis**
- can decrease **insulin requirements** in diabetic women

Home / Hospital Visits

How is breastfeeding going?

- Sore, cracked or blistered nipples?
- Painful latch?
- Baby not latching? Or not feeding?
- Baby still losing weight?

Phone a **QUALIFIED Lactation Consultant!**

Correct the problem
before it becomes permanent.

- we will come to you in hospital (R500 for 90 minutes)
- or to your home (R500 for 90 minutes)
- or you come see us (R200-R300)

QUALIFIED Lactation Consultants:

Erica 083-292-5252 (Stellenbosch & Somerset West)

Leana 083-415-4657 (Somerset West)

Clinic Consultation Fees

Weigh & Go

Small donation

Somerset West: Thursdays 9-12:00

Stellenbosch: Fridays 10-11:30

Private Consultations

R200 to R300

fees are charged according to the length of the consultation

Home Visits

Office hours

R500 for 90 minutes

(depending on length of consult)

After hours/weekend

R600 for 90 minutes

(depending on length of consult)

Please note that we cannot give free telephonic advice.

**No card facility – cash payment please.
EFT can be arranged if necessary.**

BREASTFEEDING CLINIC

SUPPORT • REASSURANCE • INFORMATION • EDUCATION • PASSION

Breastfeeding Clinic drop-in Thursday

9:00 - 12:00

@

22 Dirkie Uys Street in Somerset West



- get help with baby's weight check & charting
- get your breastfeeding quick-question answered
- for a more intricate situation a private consultation may be needed
- small donation welcome
- first come, first served ;-)



Leana 083 415 4657



Hosted by

mother
hood

Times & Venues

Somerset West

**Thursdays
9h00—12h00**

**22 Dirkie Uys Street
Somerset West**

(Between Andries Pretorius
& Main Rd
HOOT for gate to open!!)

Stellenbosch

**Fridays
10-11h30**

**10 Ackermann Rd,
Krigeville, Stellenbosch**

FROM R44: into Van Reede Str,
LEFT @ Koch, over 3 speed bumps,
RIGHT @ Ackermann.

FROM CHECKERS cnr Dorp Str: into
Piet Retief, pass Kwikspar & Paul
Roos, RIGHT @ Ackermann.

**Please BOOK an APPOINTMENT
preferably 1-2 days in advance**



**TEXT for
appointment**

WhatsApp us the following information

1. your **name**
2. your preferred **date & time**
3. **which clinic** (SSWest/STBosch)
4. Please tell us if this is your **1st visit**

**No card
facility –
CASH
payments**

Send your WhatsApp to:

SSW: Leana **083 415 4657** / Erica **083 292 5252**

STB: Erica **083 292 5252**