Breastfeeding – a healthy start to life
Für einen guten Start ins Leben.

Burgerstein Schwangerschaft & Stillzeit deckt den erhöhten Bedarf der Mutter an Mikronährstoffen während der Schwangerschaft und Stillzeit und unterstützt damit die gesunde Entwicklung des Kindes.

Tut gut.
Burgerstein Vitamine

Erhältlich in Ihrer Apotheke oder Drogerie – Gesundheit braucht Beratung.
Dear reader

You are expecting a baby or have recently given birth. Pregnancy, giving birth and breastfeeding your baby will be completely new chapters in your life. You may well wish to know more about a time when you may find being a woman a very intense experience.

This brochure comes to you from Breastfeeding Promotion Switzerland in cooperation with its partner organizations. It has been written to reassure you that breastfeeding is the most natural thing in the world. Already your body is preparing for it.

Breastfeeding is easy to learn, but can be difficult if some basic notions are ignored. This brochure tells you everything you need to know about nursing your baby so you are well informed.

The appendix has contact details for more information and assistance.

If you breastfeed you give your baby nutrition, warmth, comfort, well-being, protection and security – be sure your child has the best possible start in life.

You will find precious and updated info also on our Website: www.stillfoerderung.ch > FAQ.

Breastfeeding Promotion Switzerland

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Why breastfeed?

Many mothers know that nursing ensures their baby receives the best possible food. Breast milk is healthy and practical. It is available any time, anywhere, in the right composition and at the right temperature. Breast milk changes and adapts naturally to the baby’s needs, both during a single feed (foremilk and hindmilk) and as the child grows. Breast milk consists of eighty-eight percent water plus proteins, fats, carbohydrates, minerals, vitamins and iron. Breast milk is full of the mother’s antibodies to protect the baby from illness. Colostrum, the milk produced just after birth, contains more antibodies than the milk produced when the baby is a little older. Therefore, the colostrum is particularly important for your baby.

Breastfeeding promotes closeness between mother and child and nurtures the child’s affection, giving them closeness and warmth. Breastfeeding benefits the best development of facial and mouth muscles and of the jaw.

Breastfed babies have a lower risk of being overweight. Breastfeeding also prevents the risks of cardiovascular diseases and high blood pressure.

Breastfeeding is good for the mother as well. Hormones released during nursing help the uterus return to its normal size, reducing the risk of bleeding after birth. Breastfeeding generally delays the return to regular periods. It also reduces the risk of contracting breast cancer.

Last, but not least, nursing saves money and reduces the burden on the environment.
Your body is getting ready

In pregnancy, your body automatically prepares to feed your baby. Your breasts change, growing larger, heavier and usually more sensitive. The circular areas around the nipples, called areolas, darken. Growing mammary glands displace some of the fatty tissue.

The let-down reflex

The formation of milk is regulated by a truly impressive mechanism triggered by the baby suckling on the breast. When the baby stimulates the nipple, the mother’s nervous system transmits signals to her brain to trigger the release of two hormones: prolactin stimulates milk production, while oxytocin stimulates the release of milk.

Prolactin activates milk-forming cells in the breast; it can also induce pleasant sensations and helps to strengthen the bond between mother and baby. The baby’s needs regulate the amount of milk produced.

Oxytocin has two purposes. The body secretes this hormone shortly after the infant starts suckling, triggering the release of milk. In the first few days of breastfeeding, oxytocin also helps the uterus to return to its normal size; therefore, the mother also feels the uterine contractions (afterpains).
Preparing to breastfeed while pregnant

Your breasts and nipples require no external preparation for breastfeeding. When the baby is born, it is very important to adopt the correct breastfeeding technique to avoid sore nipples. During pregnancy, you can wash your breasts with soap and water. If you like to use body cream, avoid the nipples and areola. Any type of cream can be used, but care should be taken with ingredients such as retinoids and salicylic acid, although these are only used in creams to clear acne. You decide whether to wear a bra. If you do wear one, it needs to fit well.

Maternity hospitals and birthing centres that will assist you as a breastfeeding mother

Breastfeeding is a natural process but easy to disrupt. When choosing where you are going to have your baby, you should consider both the delivery and the assistance that you will receive for the best possible start in breastfeeding. Hospitals and maternity units that promote breastfeeding can apply for recognition by UNICEF and the WHO as “Baby-Friendly Hospitals”. These facilities are committed to observing the ten steps for successful breastfeeding developed under the Baby-Friendly Hospital Initiative (BFHI):

- Pregnant mothers are coached to breastfeed.
- The institution has a rooming-in policy, which means mother and baby share a room around the clock.
- The baby is placed on the mother’s stomach immediately after birth and can remain there undisturbed for at least one or two hours. During this time the mother can breastfeed for the first time.
- The baby is not routinely given water, food supplements and other liquids.
- The use of pacifiers and bottles is avoided as far as possible. Advertising for artificial milk products is not tolerated.
- Breastfeeding is governed by the infant’s rhythm.
- Mothers are shown how to pump milk in case they should need to be separated from their infant for a time.
- Parents are informed where to go for advice about breastfeeding and any problems that may occur when mother and child have been discharged from hospital.
- All the staff involved in caring for mothers and their babies have received written guidelines on encouraging breastfeeding.
- Staff are specially trained to implement the guidelines.
The first few hours

The first few hours after your baby’s birth are a time for both of you to get to know each other and to bond. As soon as your baby has been delivered, he or she will be placed on your breast. Alternatively, you can take your baby in your arms and place him or her on you by yourself. Enjoy this contact with your baby, and if possible with your partner as well. Watch and caress your new baby. Give him or her time to look for your breast and to find it on their own, by lying the baby tummy-down on your upper body, both of you naked (skin to skin) and with you lying on your back. This intuitive breastfeeding method will stimulate your newborn baby’s natural searching reflex. Be patient and trust in your child’s ability to breastfeed. Any medical examinations that need to be carried out can usually be done while the baby is lying on your stomach. Your baby can also remain on your stomach if the surgeon has to stitch an episiotomy or other tear. The baby can be weighed and measured later; neither their height nor weight are going to change in these early hours.

After a Caesarean section and provided your baby is fine, he or she can be placed on your upper body as soon as you are ready. Until then, the baby will be secure and comfortable in your partner’s arms and you can meet your new baby this way.

The first few days

During the first night and the following days, you and your baby will get to know each other better and can practice breastfeeding together. You will be most successful if you spend as much time as possible together – day and night.

What matters in the first few days

• If you have your baby with you all the time, you will learn to interpret his or her signals quicker.
• Your baby should be breastfed as often as he or she wants.
• When giving your breast, touch your baby, wait, let him or her latch on.
• While feeding hold your baby close to your body, making sure that he or she has latched on well.
• Change sides while you are feeding after about 15 to 20 minutes suckling and swallowing at one breast.
• Practise the different breastfeeding positions (see pages 12–15).
• Give your baby your breast only; avoid using pacifiers, bottles and nipple shields. They tend to distract your baby from developing a good suckling technique for feeding at the breast.
• Plenty of physical contact makes breastfeeding easier and promotes bonding.
• Expose your nipples to plenty of air.
In the early days, the first signs of hunger typically include:
• suckling and searching movements
• suckling noises
• baby puts hand to mouth
• faint growling or groaning sounds
Crying can be a late sign of hunger.

Breastfeeding on demand
After your baby has taken his or her first feed, you may both take a rest. In order to stimulate your milk production, you should not wait longer than six hours before you give your baby the breast again, even if you have to wake your baby. From now on, he or she will generally let you know they are hungry, and should be fed as required. The baby stimulates milk production and regulates the amount of milk produced by suckling more or less vigorously. In the first few days, and maybe even later on, your baby will want to be nursed between eight and twelve times over a 24-hour period. While your baby is asleep, you can rest and attend to your own needs. Make sure to take care of yourself.

Newborn babies do not have a clear sleeping and waking pattern. If at night you nurse your baby in subdued light and do not speak, or only very softly, your baby will find it easier to distinguish between night and day.

Each baby has his own character and her own way of feeding. Some are eager to guzzle their mother’s milk. Others take their sweet time and seem to savour each mouthful. Then there are the dreamers – they sometimes forget that they are supposed to be feeding.

Lactation in the first few days
Already in the last months of pregnancy and in the first few days after birth, your breasts will form breast milk. The first milk is particularly important for your baby, because it is rich in antibodies, proteins and minerals. The amount of milk formed increases day by day. On the third or fourth day, it will be produced in abundance. This process is often accompanied by a swelling of the breasts, which can be rather unpleasant and painful for the mother. The best way to prevent a painful feeling is to breastfeed your baby early, frequently and for a sufficient period of time.

First aid in the case of heavy swelling of the mammary gland:
• Nurse as often as possible.
• You can gently massage your breasts before each feed (see page 24).
• If your breasts are so swollen with milk that your baby has trouble latching on to the nipple, massage some of the milk out of the breast until the nipple area becomes soft.
• Cold compresses applied after breastfeeding provide relief.
Breastfeeding positions

A welcoming place makes nursing more pleasurable

For the two of you to become a successful breastfeeding team, your baby should latch onto your breast correctly right from the start. The midwives and nursing staff will help you.

As soon as you recognize the first signs of hunger in your baby, find a comfortable position. Before breastfeeding, prepare a glass of water or unsweetened ice tea. If required, support your back with a cushion or pillow. Until you are practiced, it can be helpful to undress to the waist when you feed your baby. Be sure to cover your shoulders so you do not catch cold. Talk softly and gently pulling your baby towards you.

Now place your baby in the breastfeeding position that you have chosen. The baby’s stomach close to yours, he or she is lying with ears, shoulders and hips forming a straight line. Use your free hand to raise your breast slightly so that the nipple is facing your baby’s nose. If your baby turns his or her head away, stroke your nipple against their cheek and wait. This will trigger a breastseeking reflex and your baby will turn their head towards the stimulus. Then gently brush the baby’s lips with your nipple. This will trigger the reflex that opens the baby’s mouth. As soon as his or her mouth is open wide, pull your baby onto your breast so that the nipple and a large part of the areola are placed in the centre of their mouth – and your baby will begin to suck with lips visibly turned outwards. Check once more that your baby’s stomach is close to your own.

How to tell if your baby is suckling well:

• Look at your baby. His or her mouth is wide open, with lips turned outwards, nose and chin touching your breast. You can hear the baby swallow or see swallowing movements.
• Your baby begins to relax; his or her fists slowly open.
• Effective suckling is pleasant, not painful. Pain may occur when the child begins to suckle but will usually subside quickly. Some women feel discomfort as the let-down reflex kicks in. This is when stabbing or pins-and-needles sensations may occur. Should the pain persist all the while that you are nursing, something may be wrong. Most likely, your baby has not grasped your nipple properly.
• In the first three to five days after birth, uterine contractions (afterpains) and increased vaginal discharge during breastfeeding are a sign that your baby is feeding effectively.
Look, I have something delicious for you. The baby's mouth is open in search of the nipple; the head makes rapid sideways movements. This is the moment for the mother to quickly pull the baby to her breast. The baby's fists gradually relax.
To start with, you should be familiar with the following three breastfeeding positions:

The cradle or cuddle position is the most common way of breastfeeding. It is straightforward and suitable almost anywhere. Putting a cushion or pillow under your arm will help you relax while you nurse.

The clutch or football position is good for restless babies in the early days. You can easily use your hand to pull your baby’s head to the breast at exactly the right moment when his or her mouth is wide open. This position helps to empty the milk ducts on the outer side of your breast (towards the armpit) (see page 26, engorgement).

The lying-down position is particularly useful after a caesarean section or a perineal tear, or if you need to rest, or during the night. Your baby may fall asleep in this position.

To prevent sore nipples, leave the last drop of milk to dry naturally on your nipple after your baby has finished feeding.

When you change sides or if you experience pain while your baby is suckling, gently insert a finger between your breast and the baby’s mouth to release the vacuum, then allow your baby to continue suckling. While doing so, check your baby’s position making sure he or she is holding on to enough of the areola.
The first few weeks

The mother’s needs

The first few weeks are a time of change for you. Realistic expectations will help you to avoid stress. You and your baby will develop a breastfeeding pattern. Every infant has a different rhythm. Feeding on demand is the key. This means that you will suit your baby’s needs while suiting your own. For example, if your breasts are painful because they contain too much milk, encourage your child to feed. Usually your baby will be more than happy to start suckling.

Life with a new baby completely changes your life. You will experience emotional highs and lows. About 15 per cent of mothers suffer from a postnatal depression. Be sure to seek help early with a specialist or with the “Verein Postnatale Depression Schweiz” (pages 34–35). Try to make time for yourself and enjoy a quiet moment while your baby is asleep. Stress is not good for breastfeeding.

Eat a varied diet. Experiment to find out what is good for you and your baby. Be sure to drink plenty of fluids. For example, keep a large glass of water or unsweetened tea by your side during every feed. Also make sure to get sufficient vitamins and minerals. Eat fresh fruit and vegetables every day.

Hopefully your friends and relatives will be able to help you and make things easier for you during the first few weeks. Meet new people in postnatal exercise classes, baby massage courses and breastfeeding meetings. If you work, try to get as much maternity leave as possible; you and your baby will enjoy every moment of it.

Dad also has a role to play

It would be ideal if your partner (or your best friend or mother) could be with you during the first two weeks after you come home with your baby. He can change the baby, take him or her out for walks, or leave you free to go out with a friend. Your partner can do practical things for you, like do the shopping and cooking. The initial period after the birth is also important for him in establishing a good father-child relationship. This gives both mother and father time to become parents. The father’s moods may swing between pride and jealousy. He is bound to cope better with such feelings if he is involved in caring for the child right from the start.
Is my baby getting enough milk?

A healthy baby that is exclusively breastfed and drinks enough needs no other food during the first six months. In the summer, when it is hot and your baby is thirsty, he or she will feed more often and for shorter periods. This will provide them with more foremilk, the type of breast milk that relieves thirst.

The amount a baby drinks varies from day to day. You may suddenly feel that you do not have enough milk. If your baby needs more milk because he or she is hungrier, they will feed more often (about every two hours), stimulating the production of more milk. You will return to a normal breastfeeding pattern after about two days.

In the first six months, breast milk contains everything your child needs (exception: vitamin D).

Signs that your baby is getting enough breast milk:
- Your baby has five to six wet nappies every day and during the first six weeks several daily bowel movements.
- After a feed your baby is usually satisfied.
- Your baby looks healthy; he or she has a good colour, supple skin and is appropriately alert and active for their age.

This is assuming that your baby is fed breast milk only, and nothing else.

Crying – how babies communicate

We always respond emotionally when a child cries. Pay attention to your child each time he or she cries, because this is the only way your baby has of letting you know that something is wrong. Crying does not always mean that your baby is hungry; maybe he or she just needs comforting, attention, or reassurance that you are nearby.

Ways you or your partner can comfort your baby:
- Often skin-to-skin contact will help. Place your baby on the bare upper body for example.
- Babies love closeness and movement. Keep your baby close to your body in a baby carrier. Take turns carrying your baby.
- Massaging your baby followed by a bath can distract him or her from their unhappiness.
- Sometimes just singing softly will help.
- If nothing seems to help, or you are about to lose control, put your baby in their cot and find time to rest.

Never be afraid to seek expert help (paediatrician, parental guidance centre, emergency helpline, see pages 34–35).

Never hit or shake your baby. This can lead to dangerous head traumas or even death.
Changes in your body

It takes some time for the abdomen to retract after pregnancy. Your stomach will begin to look a lot flatter within a few months. You can help the process by breastfeeding your baby, eating a balanced diet, being physically active and doing postnatal exercises. Within one year, you should try to regain your normal body weight. Breastfeeding can help this process.

Postnatal exercises contain specific exercises for tightening the abdomen and the pelvic floor.

Simple exercises for the pelvic floor:
• Pull your pelvic floor muscles together (as if you were gripping a tampon, or trying to stop the flow of urine), maintain this tension for ten seconds, and then relax. Repeat about ten times, twice a day.

Simple exercises for the stomach:
• Draw your stomach in, maintain tension and release again. Repeat about twenty times.
• You can start doing gentle abdominal exercises about six weeks after birth. Do the exercises lying on your back and always with your legs bent at the knees and your feet on the floor.

Gentle sport will stimulate your metabolism and circulation, and make you feel good.

You can remain active while you are breastfeeding if you observe the following points:
• Start with long walks (at least 30 minutes a day).
• Gradually make your walks longer.
• You may start endurance sports about six to eight weeks after your baby is born.
• The following are recommended: power walking, gentle jogging, inline skating, cycling, swimming.
• Wear a sports bra. Ideally, you should breastfeed your baby before you take exercise, because it is more pleasant to move around with empty breasts.
• Drink plenty of water or unsweetened tea.
• Avoid sports that place an extreme burden on the chest muscles.
### Out and about

If you want to go out, simply take your baby along. You will always have fresh food with you. It is easier to breastfeed away from home if you wear comfortable clothes. Find a quiet place to nurse and make sure it is appropriate for your child. For example, avoid very noisy or smoky places.

Breastfeeding in public is allowed everywhere. If you would like a protected spot, on mamamap.ch you can find an App for smartphones with information on public breastfeeding places.

You may occasionally feel like going out on your own. Leave your baby with a trusted person. Even if you are away for more than two or three hours, your baby will not have to go without your breast milk if, before going out, you pump or express some of your milk into a sterilized container with a lid. The carer can give your baby this milk as required using a cup or spoon (or a bottle if the baby has settled into a good breastfeeding routine). You can keep containers of breast milk in the fridge. Do not re-freeze unused milk once it has been thawed.

### Breastfeeding and work

If you go out to work, during the first year of your babies life, you are entitled to take breaks during working hours to nurse your baby. These breaks can also be used to pump milk. Your employer is responsible to organise a room where you are undisturbed while pumping your milk, and a refrigerator to store it. Talk to your employer early on. You will find the checklists on these themes here: www.stillfoerderung.ch > Breastfeeding at work.

For further information, please contact the SECO (State Secretariat for Economic Affairs, see page 35).

### Conservation of pumped breast milk:

- **At room temperature (16 to 29 °C):** it will keep for 3 to 4 hours, even from 6 to 8 hours under very clean conditions
- **In the fridge (≤4 °C):** 72 hours, 5 days under very clean conditions
- **In the freezer (≤–17 °C):** 6 months
Method of manually expressing breast milk

Place your hands flat on your breast and massage the mammary gland with light movements [Figure 1 and 2]. Then stimulate the let-down reflex by stroking the breast from the chest to the nipple and back again [Figure 3]. Place your thumb and forefinger over the nipple, using your other fingers to raise the breast slightly. Press your thumb and forefinger horizontally towards your chest and roll them down the nipple using a rhythmic motion [Figure 4 and 5]. Move your fingers around the breast so that it is emptied evenly. (Method according to Plata Rueda and Marmet)
Problems with breastfeeding

If you have any problems, it is a good idea to consult a specialist as soon as possible (for addresses see pages 34–35). Your statutory health insurance provider will pay for home visits from your midwife plus three breastfeeding consultations with a midwife or IBCLC lactation consultant (nurse, midwife or doctor with a special qualification in breastfeeding). Ask your health insurance provider about additional benefits that may be available.

Sore nipples

Sore or cracked nipples are a common problem in the first few weeks and, regrettably, they are often the reason why women stop nursing far too soon. It is normal for your nipples to be sensitive right at the start, but pain and persistent soreness are not. The most common cause – and the one that is easiest to remedy – is incorrect latching. Nipple soreness may also be due to the baby having a tight frenulum (the connecting membrane that supports the tongue) or to the mother having flat or inverted nipples. Before you decide to stop nursing, try the following measures and consult a specialist.

What you can do about sore nipples:

- Keep breastfeeding.
- Ensure good hand hygiene; only touch the nipples with clean hands.
- Ask a specialist to help you check that your breastfeeding position is correct (see pages 12–15).
- Breastfeed more often but for shorter periods.
- Put your baby to the breast at the first signs of hunger, before he or she becomes restless and begins to cry because they are too hungry.
- It can be a good idea to stimulate the let-down reflex before you feed your baby by massaging your breasts; this can reduce the pain when the infant latches on.
- You should switch between different breastfeeding positions (cradle, clutch and lying down) to make feeding easier on your nipples.
- Before you remove your baby from your breast, always use your finger to release the vacuum.
- Allow some milk to dry on your nipples after you have finished feeding.
- Use nursing pads only if required and change them frequently.
- If the pain is severe, you can express milk manually for 24 hours or pump it, preferably with a soft funnel or insert on the pump.
- Nipple shields are only recommended in exceptional cases. Ask a specialist for more information.
**Thrush (Candida)**

If your nipples are itching and burning and you are experiencing a stabbing pain that does not subside after a few minutes of breastfeeding, you may have thrush. This is a fungal infection that often appears in the form of white patches in babies’ mouths or on their tongues. It is often accompanied by a fungal infection of the skin under the nappy. Keep nursing if possible. While this fungus is unpleasant, it is also harmless. Mother and baby need to be treated at the same time. Contact a healthcare professional. Wash your hands with soap and water before and after nursing, and before and after changing your baby’s nappy. If your baby uses a pacifier, boil it for ten minutes every day.

**Breast engorgement**

If you notice sensitive areas on your breasts, which may also be hot and red, or if you feel lumps, this may be a sign of engorgement, or blocked milk ducts.

- Place a warm washcloth on your breasts for about ten minutes before you nurse.
- Massage your breasts with a circular motion.
- Latch your baby correctly in a feeding position that has his or her lower jaw facing the painful side. This is the best way to empty blocked milk ducts.
- Breastfeed more often, about every two hours, and give your baby the affected breast first.
- After nursing, place a cool compress on your breast for 15 to 20 minutes to prevent the inflammation from spreading.
- Avoid tight clothing and make sure that your baby leaves no pressure marks on your breasts when he or she is in their carrier.
- Get plenty of rest and avoid stress; ask someone to help you with housework.
- Seek advice if your condition does not improve within 24 hours (see pages 34–35).

**Mastitis**

Should you have mastitis, you will not only have painful breasts but also a high temperature and flu-like symptoms. Immediately contact your lactation consultant or parent advisor, your midwife or your doctor. Mastitis is a serious condition.

However, it is important to nurse often (about every two hours). Bed rest, warm compresses over the inflamed area before nursing and cold compresses after feeding all speed recovery. Mastitis is no reason to stop breastfeeding your baby. It is generally possible to continue breastfeeding even when you are on antibiotic treatment.
Too much milk – too little milk

Some mothers have problems because they produce too much milk. The problem often disappears after the first few weeks of nursing. If you have so much milk that your child is full after the first breast, you can express or pump milk from the other breast until it feels less tense (see page 24). It may be of help to wear a well-fitting bra. As long as your baby receives breast milk only, you need not worry that he or she is getting too much. Your baby will only drink as much as they need.

Many mothers occasionally feel that they do not have enough milk. As mentioned before, the amount your baby drinks every day can vary. The production of breast milk works according to the "supply and demand" principle. The more often and efficiently your baby takes milk from your breast, the more milk you will produce. The decisive factor is not the time your baby stays at your breast but the frequency of feeding times and the actual amount of milk it consumes.

Consult a specialist early on.

Medication, alcohol, caffeine, nicotine and drugs

Should you need medication during the nursing period, inform your doctor that you are breastfeeding your child.

Alcohol passes into breast milk and changes its taste. Unlike during pregnancy, during the nursing period it is ok to have a small glass of wine or beer on a special occasion.

Most breastfed babies can cope with their mothers drinking moderate amounts of coffee. However, some babies are irritable and stay awake for long periods if their mothers drink a lot of coffee.

Nicotine has a negative effect on prolactin. It can cause restlessness, vomiting, diarrhoea and frequent respiratory infections in breastfed babies. It increases the risk of the infant developing allergic disorders. Make sure that your baby grows up in a smoke-free environment. If you or your partner smoke, do not do it near your baby. Do not smoke inside the home.

Drugs are doubly bad for babies. Harmful drugs pass into babies’ bodies through the mother’s milk. The baby may also not be looked after properly if the carer is taking drugs.

You will find further info here: www.stillfoerderung.ch > FAQ.
Children with special needs

Was your baby born prematurely, is he or she sick or disabled? You can still breastfeed. In such situations it is particularly important for the baby to be close to you. Most maternity wards allow mothers to place their new baby on their upper body to have skin contact. This intense physical contact is extremely important. Your baby will enjoy your warmth and will become familiar with your smell. It is also a really good motivator for yourself. Talk and sing to your baby as often as possible because this will calm them. If your baby is too weak to suck, start pumping within the first 24 hours to provide the best possible stimulation for milk production. Obtain advice from a lactation consultant or a midwife, who will be able to provide support during this difficult time. Spend as much time as possible with your baby.

Also watch the film “Breastfeeding the premature baby”: www.stillfoerderung.ch/premature
Baby grows into toddler

Food for toddlers

It is desirable to breastfeed at least up to the sixth month of life. The individually adapted introduction of supplementary food should begin not before the end of the fourth month of life, and at the latest at the beginning of the seventh month. After six months, the nutritional needs of the baby will no longer be covered with breast milk alone.

At this stage of their life, most infants have a greater interest in what their parents are eating. Your child would also like to try food and demonstrates this with its glowing eyes, drumming with its feet or outstretched arms. At mealtimes, you can now start by offering your breast first and then a little supplementary food.

After introducing the supplementary foodstuff, you can continue breastfeeding as long as both you and your child want to do so.

Your child will now begin to drink water, for example, out of a training beaker and later out of a cup. It is important not to give your child sweetened drinks.

Children susceptible to allergies

Even where there is an increased risk of allergies, supplementary food can be introduced starting from the fifth to sixth month of life. It is not necessary to avoid certain foods in order to prevent allergies. These can be introduced in line with the general dietary guidelines.

Physical activity for your child

At about six months old, your baby will begin to move around, developing motor skills on his or her own. Each child’s maturation process is different; each child develops differently. The pattern of movement also varies from one child to the next. You can do the following things to help your child and promote his or her development through play:

• Give your baby plenty of floor space (on a play mat, exercise mat, rug etc.) so that he or she can move around freely.
• Position your baby alternately on the stomach and on the back.
• Place toys within easy reach.
• Occasionally get down to the same level as your baby, sitting next to them on the floor.
• Use baby bouncers, car seats and baby seats only if necessary and only for brief periods. Babies should not remain in a passive seating position for too long.
**Overview: Introducing foods to babies**

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<td>cooking oils and fats</td>
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<td>dairy products: small quantities of yogurt and unskimmed milk (for pap)</td>
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<td>yogurt, unskimmed milk, cheese</td>
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© Schweizerische Gesellschaft für Ernährung SGE (Swiss Society for Nutrition SSN)
Schweizerische Gesellschaft für Pädiatrie SGP (Swiss Society of Paediatrics SSP), 2011
**How long should I breastfeed?**

The recommendation of the World Health Organization (WHO) states that worldwide all infants should be fed on breast milk exclusively for six months, and can then be breastfed up to the age of two or over, even after the introduction of supplementary foodstuffs. The Swiss Society of Paediatrics (SSP – SGP) endorses the WHO recommendations but intentionally formulates its own recommendations in an open, flexible way. It recommends that the individually adapted introduction of supplementary foodstuffs should not begin before the end of the fourth month of life and at the latest at the beginning of the seventh month, and to continue breastfeeding after introducing supplementary foodstuffs for as long as mother and child wish.

Gently stop actively offering your child the breast, but do not refuse if he or she wants to nurse. This will gradually reduce the amount of time that your child spends breastfeeding. It is the beginning of a new stage in your lives; your baby is becoming a toddler.

If you have been thinking about stopping, make sure that you are quite certain. This will avoid feelings of regret later on. Stop nursing gradually, perhaps with the help of a bottle that you can offer your baby instead of the breast. During this time, offer him or her a lot of physical contact to compensate for not breastfeeding. If you are uncertain about anything or encounter any problems, contact a specialist (see pages 34–35).

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**If you are not breastfeeding**

Breast milk is the best thing you can give your baby, but a child can also thrive with formula products in a bottle. The formulas now available correspond with the need of the infant. However, no formula contains the antibodies in breast milk. Depending on how it is prepared, formula may also not be germfree.

Chose a quiet place to feed your baby. Hold your baby in your arms for the feeding. While your child drinks, you can maintain eye contact and talk to him.

The same deep relationship between mother and child can also develop even if the baby is bottle-fed.
Where to get help

Breastfeeding is the most natural thing in the world. But it is still a skill that every mother has to learn. If you have problems you do not know how to resolve, seek advice from a specialist (see below). In Switzerland all mothers are entitled to three breastfeeding consultations paid for by their health insurance provider.

Consultants of La Leche League Schweiz will offer free breastfeeding consultations.

The following places can provide you with addresses of specialists near you:

**IBCLC lactation consultants**
Berufsverband Schweizerischer Stillberaterinnen IBCLC (BSS)
Postfach 686, 3000 Bern 25
Phone 041 671 01 73, Fax 041 671 01 71
E-Mail: office@stillen.ch, www.stillen.ch

**La Leche League breastfeeding leaders and meetings**
La Leche League Schweiz, Postfach 197, 8053 Zürich
Phone/Fax 044 940 10 12
E-Mail: info@stillberatung.ch, www.stillberatung.ch

**Midwives**
Schweizerischer Hebammenverband, Geschäftsstelle
Rosenweg 25 C, Postfach, 3000 Bern 23
Phone 031 332 63 40, Fax 031 332 76 19
E-Mail: info@hebamme.ch, www.hebamme.ch

**Advice for mothers and fathers**
Schweizerischer Verband der Mütterberaterinnen SVM
Elisabethenstrasse 16, Postfach 8426, 8036 Zürich
Phone 044 382 30 33, Fax 044 382 30 35
E-Mail: svm@bluewin.ch, www.muetterberatung.ch

**Your doctor**

**Emergency helpline for parents**
0848 35 45 55 (24 hour help and consultation)

**Useful books**

**Das Handbuch für die stillende Mutter:** La Leche League Schweiz, Postfach 197, 8053 Zürich

**Stillen:** Márta Guóth-Gumberger, Elizabeth Hormann, GU Ratgeber Kinder, 3. Auflage, Gräfe und Unzer Verlag, München

**Stillen, Job und Family:** Gale Pryer / Kathleen Huggins, La Leche League Schweiz, Postfach 197, 8053 Zürich

**Stillen ohne Zwang:** Sibylle Lüpold / rüffer & rub Sachbuchverlag, Zürich

**Kinderernährung gesund und praktisch:** Marianne Botta Diener, Beobachter Ratgeber, Zürich

**PEKiP: Babys spielerisch fördern:** GU Ratgeber, Gräfe und Unzer Verlag, München

**Beckenbodentraining – Entdeckungsreise zur weiblichen Mitte:** Yvonne Keller, Judith Krucker, Marita Seleger, 5. Auflage

**Neuland – Sachcomic zum Thema Stillen und Wochenbett:** Kati Rickenbach/Verena Marchand, Careum Verlag, Zürich
Web sites with more information

www.stillfoerderung.ch
Information about breastfeeding

www.mamamap.ch
App for smartphone to find public places for nursing

www.swissmom.ch
Information about pregnancy, birth, babies and children

www.nutrinfo.ch
Free of charge advice about nutrition (Phone 031 385 00 08)

www.swiss-paediatrics.org
Valuable information about health

www.pekip.ch
Exercise for infants (PPIP, Prague Parent-Infant Program)

www.gesundheitsfoerderung.ch
Tips on nutrition and exercise for toddlers, adolescents and adults

www.hepa.ch
Information and tips on exercise

www.seco.admin.ch
Brochure “Maternity – Protection for employees”

www.unicef.ch
List of baby-friendly hospitals

www.postnatale-depression.ch
Information and help
Breastfeeding Promotion Switzerland was established in 2000 as a non-profit organisation to promote breastfeeding in Switzerland. The goal is to coordinate and improve the availability of independent information related to the benefits of breastfeeding to the public (e.g. a brochure in 11 languages, a picture story, an app for finding public places to breastfeed).

It is an independent, national centre of excellence for topics relating to pregnancy, birth and infants. Breastfeeding Promotion Switzerland works to achieve optimal social and legal conditions for breastfeeding.

Support comes from public health organisations and institutions, which act in an advisory role to parents on the care of their infants:

- Berufsverband Schweizerischer Stillberaterinnen IBCLC (BSS)
- Bundesamt für Gesundheit (BAG)
- Bundesamt für Lebensmittelsicherheit und Veterinärwesen (BLV)
- Gesundheitsförderung Schweiz
- La Leche League Schweiz (LLLCH)
- Public Health Schweiz
- Schweizer Berufsverband der Pflegefachfrauen und Pflegefachmänner (SBK)
- Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe (SGGG)
- Schweizerische Gesellschaft für Pädiatrie (SGP)
- Schweizerischer Hebammenverband (SHV)
- Schweizerischer Verband diplomierter ErnährungsberaterInnen (SVDE)
- Schweizerischer Verband der Mütterberaterinnen (SVM)
- Schweizerisches Komitee für UNICEF
- Schweizerisches Rotes Kreuz (SRK)
- Verbindung der Schweizer Ärztinnen und Ärzte (FMH)
Neuland
Sachcomic zum Thema Stillen und Wochenbett

Aufbruch in ein Leben mit Baby

«Eine praktische und sachkundige Hilfe für stillende Mütter.»
Dr. med. Nicole Pellaud, Präsidentin Schweizerische Gesellschaft für Pädiatrie

«Dieser Comic ist eine gelungene Art, das Thema Stillen mal neu und zeitgemäss zu verpacken. Wirklich empfehlenswert.»
Sabrina Ramsauer, Präsidentin Berufsverband Schweizerischer Stillberaterinnen IBCLC

«Das ideale Informationsmedium für die junge Familie.»
Dr. Franziska Krähenmann, Gynäkologin, Stillberaterin IBCLC, Universitätsspital Zürich

«Wissenswertes und Praktisches rund ums Stillen wird hier auf anschauliche und humorvolle Art nähergebracht.»
Norina Wihler, Präsidentin La Leche League Schweiz

«Eine wertvolle und obendrein vergnügliche Hilfe für stillende Mütter und junge Väter. Die humorvoll erzählte Geschichte ist alltagsnah, einfühlsam und sachkundig.»
Barbara Stocker Kalberer, Hebamme MSc, Präsidentin Schweizerischer Hebammenverband

«Auch beim dritten Kind für mich eine sehr informative und spannende Lektüre. Die Geschichte erzählt genau, wie es ist.»
Yvonne Wolfer, dreifache Mutter

Weitere Informationen sowie Bilder und Leseproben unter www.stillförderung.ch
Neuland
Sachcomic zum Thema Stillen und Wochenbett

«Neuland» umfasst den 112-seitigen Comic von Kati Rickenbach und eine 50-seitige Informationsbroschüre zum Thema Stillen. Das Werk erscheint im Careum Verlag und ist im Buchhandel erhältlich oder kann unter contact@stillfoerderung.ch, www.stillfoerderung.ch oder mit der Bestellkarte bestellt werden.

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Breastfeeding – a healthy start to life