



# **BREASTFEEDING AND INFANT NUTRITION**

*Source: Selangor State Health Department*

## MALYSIAN BREASTFEEDING POLICY

All mothers are encouraged to practise exclusive breastfeeding from birth until six months and continue to breastfeed until two years of age. Complementary feeding should begin at 6 months of age.

### BABIES SHOULD BE FED EXCLUSIVELY ON BREAST MILK FROM BIRTH UNTIL THEY REACH SIX MONTHS OF AGE.

Fed exclusively on breast milk only.

Do not need water or additional milk.

Do not need complementary foods.

# 01

## BENEFITS OF BREASTFEEDING TO BABY

### BREAST MILK

Provides ideal nutrition that suits the child's need.

Prevent infant deaths.

Reduction of obesity in later life.

Protect against many infections.

Reduces risk of allergies.

Reduce the risk of as juvenile onset diabetes (in family with a history of these conditions).

May assist in blood pressure regulation.

Readily available, no preparation, suited to the child's needs.

### THE RISKS OF NOT BREASTFEEDING

- Increased incidence of infectious morbidity, including pneumonia, flu, diarrhoea and urinary tract infection.
- Increased incidence of otitis media (ear infection).
- Childhood obesity.
- Leading to lower IQs and worse academic performance.
- For premature infants, not receiving breast milk is associated with an increased risk of necrotizing enterocolitis, a severe gastrointestinal disease involving inflammation of colon.
- Increased incidence of insulin - dependent diabetes mellitus (family has history of diabetes).
- Allergic on skin such as eczema.
- High risk of high blood pressure and heart disease at early age.
- Sudden infant death syndrome.

## 02

### THE IMPORTANCE OF BREASTFEEDING TO THE MOTHER

Women who do not breastfeed may increase risk of:

Breast cancer,  
and some forms of  
ovarian cancer.

Osteoporosis  
in older age.

Retention of fat deposited  
during pregnancy which  
may result in later obesity.

Frequent pregnancies due to lack of child  
- spacing effect of breastfeeding.

Anaemia due to low contraction of the  
uterus and early return of menses.

## 03

### THE IMPORTANCE OF SKIN-TO-SKIN CONTACT IMMEDIATELY AFTER BIRTH

Immediately after delivery, skin-to-skin contact with your baby will be performed for at least 1 hour to ensure:

- Keeps baby warm and calm.
- Promotes bonding, helps breastfeeding get started.
- Assists with metabolic adaption and blood glucose stabilization in the baby.
- Helps the baby learn that the breast is a safe place.
- Enables colonization of the baby's gut with the mother body bacteria gut.
- Allowing baby to find the mother's breast and latch on naturally.

## 04

### THE IMPORTANCE OF EARLY INITIATION OF BREASTFEEDING

Immediately after delivery, skin-to-skin contact with your baby will be performed for at least 1 hour to ensure:

To ensure the success of exclusive breastfeeding.

To ensure baby get enough colostrum.

### COLOSTRUM



- Colostrum is the milk produced from the seventh month of pregnancy until a few days after childbirth.
- Colostrum is often a sticky, thicker and rich yellow in colour.
- It is produced in small quantities and is suitable for the size of your baby's stomach.
- It contains nutrient (protein and vitamin A) that are highly suitable for your baby.

## FUNCTIONS OF COLOSTRUM

- It acts as a protective layer for the baby's intestine against infections.
- It acts as the first immunization against bacteria.
- Helps to develop good bacteria for baby's intestine.
- Helps to clear meconium from the baby's gut, which keep level of jaundice low.

05

## THE IMPORTANCE OF ROOMING – IN 24 HOURS A DAY



- Babies sleep better and cry less
- Mother – baby sleep / awake rhythm would be disrupted if separated.
- Breastfeeding is well established, continues longer and baby gains weight quickly
- Feeding in response to a baby's cues
- Mother becomes confident
- Mother can observe their baby all the time.
- Baby gets fewer infections compared to stay in a nursery
- Promotes bonding between mother and baby.

06

## THE IMPORTANCE OF FEEDING ON DEMAND OR BABY – LED FEEDING

Breastfed your baby frequently, anytime and as long as desired:

- Baby gets more immune rich colostrum.
- Faster development of milk supply.
- Faster weight gain.
- Less neonatal jaundice.
- Less breast engorgement.
- Mother learns to respond to her baby.
- Less crying - less temptation to supplement.
- Longer breastfeeding duration.



## FEEDING ACCORDING TO ON-DEMAND FEEDING

- Breastfeed on demand frequently according to your baby's hunger cues.
- Breastfeed the baby for as long as the baby wants until they get the hindmilk and release the breast on their own (indicating fullness).
- Breastfeed the baby if the mother's breasts feel full.
- Wake your baby regularly for feeding.

## FEEDING CUES AND SIGNS OF GETTING ENOUGH MILK

- Increases eye movements under closed eyes lids.
- Whining.
- Opening and closing their mouth, licking their lips and searches for the breast.
- Sucking on hands, tongue, clothes or any object that touches their lips.
- Crying.

07

## THE IMPORTANCE OF BREASTFEEDING THE BABY FREQUENTLY TO ENSURE THE BABY GETS ENOUGH MILK

Breastfeed your baby frequently, according to the baby's needs and whenever the baby shows signs of wanting to nurse (baby feeding cues), including during the night. Frequent breastfeeding will stimulate more milk production and ensure the baby receives enough milk.

- Express your milk after breastfeeding if there is still milk remaining.
- Breastfeed one side and pump the other.
- Breastfeed your baby directly from breast on non-working days.

### HOW TO ENSURE SUFFICIENT MILK PRODUCTION

- Before going to work and when you get home, it is best to directly feed your baby.
- Express your milk at work.

**08**

## THE IMPORTANCE OF GOOD POSITIONING AND LATCHING DURING BREAST FEEDING



### MOTHER'S POSITION

You are in a comfortable position with your back, legs and breasts supported as needed.

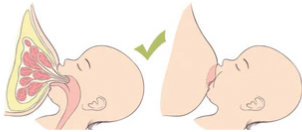


### BABY'S POSITION

1. Body in line.
2. Close to mother's body, facing breast, nose opposite nipple (Baby brought to breast, not breast to baby).
3. Head shoulder supported (whole body supported for premature baby).
4. The baby is facing the breast with their nose aligned with the mother's nipple.

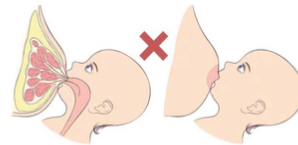
#### SIGNS OF CORRECT LATCH

1. The baby's mouth is wide open.
2. The baby's lower lip is curled outward.
3. The baby's chin is touching the breast.
4. More of the areola is visible above the baby's mouth compared to below it.



#### SIGNS OF INCORRECT LATCH

1. Baby's mouth is not wide open.
2. Baby's chin does not touch the breast.
3. More of the areola is visible below the mouth ( or the same amount above is visible at both the top and bottom).



*Note : Signs of effective sucking include rounded cheeks, slow and deep sucking and audible swallowing sounds.*

**09**

## THE IMPORTANCE OF EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS, GIVING NO OTHER LIQUID OR FOOD.

Exclusive breastfeeding provides all the nutrients and water that a baby needs to grow and develop. Vitamins and mineral supplement can be given if needed, as prescribed by doctor.

Breast milk provides all the nutrients and water your baby needs during the first six months or **180 days**.

Breast milk contains **88%** water, so your baby does not need additional water even in hot weather.

# 10

## THE IMPORTANCE OF CONTINUING BREASTFEEDING.

Provides all the nutrients and water that a baby needs to grow and develop after 6 months

### After 6 months

Children should receive complementary food and continue to breastfed.

Breast milk is crucial as it provides 1/3 to ½ of your baby's energy needs at 12 months of age.

Breastfeeding should be continued until your baby is 2 years old.

# 11

## HOW TO ENSURE EARLY INITIATION OF BREASTFEEDING

- Practice skin - to - skin contact.
- Immediately breastfeed when the baby shows feeding cues.
- Practice rooming-in where the mother and baby are together at all times.
- Avoid the use of pacifiers and artificial nipples.
- Learn proper technique to position and latch the baby correctly. Seek help from healthcare provider if needed.

### TECHNIQUES TO PROMOTE MILK FLOW

**Massage the back of the mother's body to stimulate milk flow.**



### Besides breast milk (supplements) to babies in the first six months.

Breastfeed your baby frequently on demand and when the baby shows signs of wanting to feed ( baby feeding cues), including nighttime feedings. Frequent breastfeeding will result in more milk production, ensuring the baby get enough milk. Giving water or supplements to babies can lead to:



- 01 Your baby is breastfeeding less.
- 02 Decreased milk production.
- 03 Reduced protective effects of breast milk.
- 04 Increased risk of diarrhea and other infections.
- 05 Exposure to allergens that can cause eczema and asthma in babies.
- 06 Increased risk of obesity.

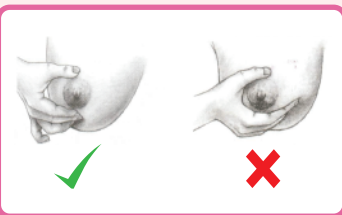
## HANDLING EXPRESSED BREAST MILK



The aim of expressing is for the mother to:

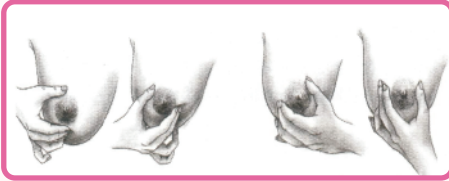
- Maintain milk production.
- Relieve breast engorgement and blocked ducts to help the baby breastfeed.
- Softening of the areola so the baby can latch properly.

## HAND EXPRESSION TECHNIQUE



- Locate the duct position near the areola.
- Place the thumb on the duct and the index finger in the opposite direction. Support the breast with other fingers
- Gently press the breast with the thumb and index finger towards the chest.

- Press the thumb and index finger simultaneously to compress the milk duct located between them to allow milk to flow out.
- Repeat the pressing and releasing action until all milk is expressed.
- When all milk is expressed, move the thumb and other fingers in a circular motion around the areola to express milk from all milk ducts in the breast.



Right method of expressing milk



Wrong method of expressing milk

## STORING EXPRESSED BREAST MILK

### Guidelines:

- Wash hands when handling.
- Use suitable containers.
  - Glass/ plastic containers with lid.
  - Clean/sterile condition (wash with soap and rinse with hot water).
- Store milk in amounts needed for one feeding (2oz to 5oz) or as per the baby's requirement.
- Label the storage container with the baby's name and date if multiple containers are stored.
- Use the milk that has been expressed earlier.



### Refrigerator (Single Door)



Freezer compartment:  
**2 weeks**

Chiller compartment  
(2°C - 4°C) : **<8 days**

### Refrigerator (Double Door)



Freezer compartment  
(-20°C): **3 months**

Chiller compartment  
(2°C - 4°C) : **<8 days**

### Deep Freezer



**6 months**

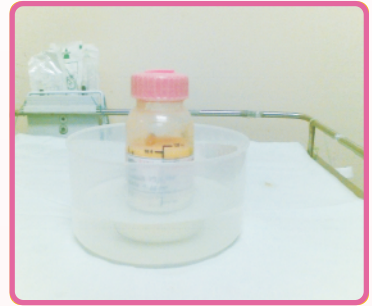
### Room Temperature



Temperature 25°C - 37°C : **4 hours**  
Temperature 15°C - 25°C : **8 hours**

## THAWING EXPRESSED BREAST MILK

- Frozen breast milk can be thawed by placing it overnight in the refrigerator's chill compartment.
- Thawed milk should be used within 24 hours and should not be refrozen.
- Alternatively frozen breast milk can be thawed by placing the storage container in a bowl of warm water.
- Do not heat breast milk in a microwave or directly on the stove.
- Thaw breast milk in the amount needed for one feeding only. Leftover breast milk should not be reused.
- Milk fat may separate during thawing. Gently swirl the storage container to mix the fat back into the milk.



*Expressed breast milk should not be stored above 37°C*

## FEEDING THAWED EXPRESSED MILK



Thawed breast milk should be warmed by placing the container in warm water or a bottle warmer and used within 1 hour after warming.



A cup is used to feed baby.



Warmed breast milk should not be stored back or reheated.



Use a spoon to feed the baby if the amount is small.

## PREPARING FOR BREASTFEEDING WHEN RETURNING TO WORK

During maternity leave, fully breastfeed your baby. Follow a pumping and milk storage schedule like the one below:

Start following this schedule at least 4 weeks after the baby is born.

| Time                               | Day                   |                       |                       |                       |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    | 1-3                   | 4-6                   | 7-9                   | 10-13                 |
| Breakfast<br>7:30am - 9:00am       | Expressed breast milk | Expressed breast milk | Expressed breast milk | Expressed breast milk |
| Morning Snack<br>10:00am - 11:30am | Breast milk           | Expressed breast milk | Expressed breast milk | Expressed breast milk |
| Lunch<br>12:00pm - 1:30pm          | Breast milk           | Breast milk           | Expressed breast milk | Expressed breast milk |
| Afternoon Snack<br>3:30pm - 4:30pm | Breast milk           | Breast milk           | Breast milk           | Expressed breast milk |

## 13

### IMPLEMENTATION OF MOTHER-FRIENDLY CARE PRACTICES DURING CHILDBIRTH

If your birth is at a hospital recognised as a Baby-Friendly Hospital, the following Mother-Friendly Care services may be offered to you (***Depending on the conditions in the hospital's delivery room***):

You are allowed to have your husband or a female companion who can provide emotional and physical support throughout the childbirth process.

You are allowed to have light snacks or beverages of your choice during labor. (if you are at low risk)

You are encouraged to move around and walk during labor and choose birthing positions, unless complications occur.

You are encouraged to consider non-pharmacological pain relief methods unless complications arise or at your own discretion.

Invasive procedure to expedite labour such as artificial rupture of membranes, episiotomy, caesarean section or assisted instrumental delivery will not be used unless you experience complications.

## IMPORTANCE OF HIV TESTING

Know your health status through HIV testing at nearest clinic or hospital so that you can discuss the treatment and feeding options for your baby.

If you are confirmed HIV positive:-

Please attend counselling sessions at nearby government health clinics or hospitals.

## HIV AND INFANT FEEDING

Understand the following information regarding HIV and INFANT FEEDING:

Not all babies born to HIV-Positive mothers will acquire HIV.


Approximately 20% of babies born to HIV-positive mothers may get HIV through breastfeeding

Breastfeeding is NOT ALLOWED for all babies born to HIV-positive mothers in Malaysia to reduce the risk of transmission.

Mixed feeding (both breast milk and formula feeding) should be avoided as it poses risks of HIV transmission, diarrhea and other infections.

## BTMC BREASTFEEDING SUPPORT GROUP

If you encounter any issues or seek advise regarding breastfeeding, please contact or visit the nearest government hospital or health clinic. Our BTMC Breastfeeding Support Group is always ready to assist you.

 **012-628 3275**  
(24 Hours WhatsApp Group)



Other individual breastfeeding support groups:

**I Breastfeeding We Parenting**  
016-248 4250

**Bibi Home**  
017-332 0879



Other experienced individuals you can contact:

**Ms Ivy Chong**  
017-332 0879

**Ms Uma**  
016-306 2723

**Ms Nur Nabilah**  
014-738 0041

**Ms Manikha**  
016-248 4250

**Ms Umi Kalsum**  
013-647 5514

**Ms Radha Krishny**  
012-404 3390

**Ms Sarita**  
019-280 0975

**Ms Rosie**  
010-549 1961

**Ms Nor Amira**  
017-395 7101

**Ms Yoges**  
012-935 6260

**Ms Nur Afifah**  
011-1193 4291

### Bukit Tinggi Medical Centre

Owned by Bukit Tinggi Hospital Sdn. Bhd. Registration No. 199501011596 (340797-H)  
Lot 83211, Persiaran Batu Nilam, Bandar Bukit Tinggi 1, 41200 Klang, Selangor, Malaysia.

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