Commentary

Breastfeeding Practice Procedures for the Health Care of Newborn

James Dashbazar^{*}

Department of Obstetrics and Gynaecology, University of Ghana Medical School, Accra, Ghana

DESCRIPTION

Breast milk is a common newborn meal. While the number of mothers who breastfeed is increasing, many lactating mothers supplement their milk with pumping and/or formula. Breastfeeding, often known as chest feeding, provides various advantages for both the nursing mother and the kid. Antibodies found in breast milk can protect infants from sickness. It can also lower the risk of breast and ovarian cancer in lactating mothers. Breastfeeding is a skill that takes time to master, despite the fact that it is a natural action. It gets easier with practice as both the mother and the baby figure out which breastfeeding strategies work best for them. The optimal breastfeeding positions allow a baby to latch on to the breast easily and pleasantly, limit the danger of nipple injuries and pain, and do not strain the muscles. As a baby grows and a woman gains confidence, the optimum breastfeeding position may alter. There isn't a particular stance that works for everyone.

There are many different positions for infant feeding

Cradle hold: When most people think about nursing, they envision themselves in this posture. In a tummy-to-mummy position, we sit upright with the infant on their side, head and neck resting on the forearm and body against the stomach. It's a common posture, but it's not always comfortable with a newborn because it doesn't provide as much support as other positions. A pillow or cushion behind us, as well as a breastfeeding pillow over the lap, propping up the infant or arms, may provide greater support and reduce back and shoulder discomfort. If we use a breastfeeding cushion, make sure it doesn't raise the baby too high the breasts should be at their natural position. To avoid painful nipples and a strained latch, raise the resting height.

Dangle feeding: The baby should be resting on their back while we crouch over them on all fours and dangle the nipple in their mouth in this breastfeeding posture. Some mothers report that doing this for brief periods of time helps if they have mastitis and don't want their breasts squished or handled; others suggest that

gravity helps open plugged milk ducts, despite the lack of scientific evidence. We can dangling feed while sitting, kneeling over the kid on a bed or sofa, or almost lying down with the arms propped up. To avoid straining the backs or shoulders, we may need to support by using cushions and pillows. We don't recommend dangle feeding as a breastfeeding posture. It may not be something we want to do on a regular basis, but it may be useful if we need to change things up.

Nursing in a sling: Breastfeeding the infant in a sling might be useful whether we are out and about, looking after older children, or even doing light housework. It may require some skill. It's also useful if the kid enjoy being set down or needs to be fed regularly. When we are out, we should tie a sarong around the neck and drape it over the carrier to act as a cover. They would nurse like this until they passed out." This strategy works best if the kid is a seasoned breast feeder who can hold his or her head up on his or her own. Breastfeeding can be done in a variety of slings, such as stretchy wraps, ring slings, and front carriers. Whatever option we choose, make sure we can view the infant at all times. Their face is not forced against their chest, and their chin is not pressed against their chest.

Dancer hand nursing position: Try this hold to support both the baby's head and the breast if they struggle to stay latched on or have low muscle tone perhaps because they were born prematurely, have a condition like Down's syndrome, or have a sickness or disability. Begin by placing the hand beneath the breast, fingers on one side and thumb on the other. Then, directly in front of the breast, move the hand forward so that the thumb and index finger create a 'U' shape. The breast underneath should be supported by the three remaining fingers. As they feed, rest the baby's jaw on the thumb and index finger, with their chin at the bottom of the 'U,' and thumb gently holding one of their cheeks, and the index finger gently holding the other. This grip provides sufficient of support for the kid while also giving us control over their position and a clear view of their latch.

Correspondence to: James dashbazar, Department of Obstetrics and Gynaecology, University of Ghana Medical School, Accra, Ghana, China, E-mail: Jamesdashbazar@calsu.us

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