HIS Hôpitaux Iris Sud
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CLE :
UNDERSTANDING THE CHILD’S LANGUAGE

Iris Sud Hospitals
Etterbeek-Ixelles site

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Introduction

Developmental care is a set of strategies in place in the neonatal centre to foster the harmonious development of premature infants.

Babies are exposed to external stimuli that are often too intense and stressful for their neuronal development.

Adapting the care and the environment by involving parents has shown us how beneficial this can be for our little ones.

Environmental strategies allow the babies feel safe by reducing harmful stimuli that include:

- Noise (doors, conversations, alarms, etc.)
- Light (day/night cycle, light intensity)
- Sudden movements

As well as:

- Reduce handling by grouping procedures.
- Limit painful procedures as far as possible.
- Involve the parents and help them to interpret signs of well-being and stress in their child.

Establishing developmental care aims to allow everyone to become capable of detecting and interpreting the appearance of stress or well-being in newborns.

Several studies have shown that these observations reduce the risk of development and/or learning disorders in premature babies.

The physiological system

In this system, we will observe signs at different levels:

- Heart rate
- Breathing rate
- Oxygenation
- Skin colour
- Digestive signs
- Jumpy movements, shaking and trembling (involuntary movements)

> SIGNS OF ORGANISATION AT PHYSIOLOGICAL LEVEL

- **Regular breathing:**
  Breathing is full and regular with no breaks, at an ideal rate of between 40 and 60 movements per minute.
- **Pink colouring** of the face and body without changes in colour.
- **Correct digestion** with appropriate burping, regular elimination and acceptable abdominal bloating.
  Occasional regurgitation or hiccups will decrease as the baby develops.
- **Stable oxygen levels** between 90 and 100%.
- **Heart rate** with little fluctuation in heart rate.

> SIGNS OF DISORGANISATION AT PHYSIOLOGICAL LEVEL

The appearance of these signs of instability is an invitation to vigilance, and shows the fragility of the baby. The more visible signs, the greater the difficulty for the child.

BREATHING

- **Irregular** breathing
- It may be **too slow** (< 40 movements per minute) or **too fast** (> 60 movements per minute).
- We can see breaks, drawing.
- The child may make coughing or sneezing noises.

COLOUR

- Frequent change in skin tone of the face, body and/or extremities.
- **Pale, cyanosis, dark pallor, yellow (jaundice), marbling, greyish, red.**

INVOLUNTARY MOVEMENTS

- **Trembling:** trembling of a part of all of the body.
- **Jump:** brusque and sudden movement with broad spreading of the arms and/or legs.
- **Jerk:** small, brief and sudden muscle contraction.

DIGESTIVE AND RESPIRATORY

- **Regurgitation, nausea.**
- **Gagging:** desire to vomit
- **Burp:** ejecting air
- **Hiccup**
- **Intestinal movements:** intestinal gurgling
- **Moans:** the child makes small noises
- **Sneezing**
- **Sighing**
- **Apnea**

Motor system

These are all the signs that concern:

- Movements
- Postures (positions)
- Muscle tone

ORGANISED MOTOR SYSTEM

- **Balanced muscle tone:**
  The child has a well-rounded flexed position of body and limbs, not too stiff, not too soft.
- **Flexed posture:**
  Baby is capable of obtaining a position with flexed limbs and curled body with no extension.

- **Movements:**
  Movements are coordinated, smooth and harmonious. They are not abrupt. The extremities are brought gently towards the centre of the body.
- **Seeks support from the lower limbs:**
  The child extends his or her legs against a border for stability and to stop movements of extension.

> DISORGANISED MOTOR SYSTEM

MUSCLE TONE

- Hypotonia: baby's body is soft, totally or partially, loss of strength.
- Hypertonia: baby's body is stiff, rigid. Baby may be hyper extended or hyper flexed.

POSTURE

- Extended tongue: baby's tongue protrudes between the lips.
- Falling face: soft mouth.
- Grimace

CONCERNING THE SPECIFIC MOVEMENTS OF THE EXTREMITIES

- Fingers spread out
- Toes spaced out
- Airplane: the arm is extended to the side.
- Salute: the child's arms are completed extended outwards.
- Sitting in the air: the legs are extended in the air.
- Clenched fist

The system of states of wakefulness and sleep

Sleeping states
- Deep sleep
- Light sleep
- Drowsiness

Wakefulness states
- Calm awakening
- Hyper or hypo alert
- Agitation and crying

> AN **ORGANISED** SLEEPING AND WAKING SYSTEM

An organised baby will wake up by moving from deep sleep to light sleep, then become drowsy and then alert.
After a period of time, he or she will slowly and gradually return to sleep. There will be harmonious transitions from one state to another.

- **Deep sleep**
  Baby's breathing is regular, the face is relaxed with the eyes closed and no eye movements. There is no motor activity (occasional jerks).
- **Light sleep**
  Baby's breathing can change from regular to irregular. The eyes are closed or open. The gaze is vague. Small facial movements can be observed, as well as occasional mouth movements (sucking).
- **Drowsiness**
  This is a transition stage, when baby is trying to wake up or fall asleep The breathing is regular or irregular. The eyes may be closed or open. There is an increase in facial movements. There may be some movements.
- **Calm waking**
  Baby's eyes are open and the gaze tends towards interaction. The breathing is stable, there are moderate movements.
- **Restless waking**
  Baby is active and awake, with a lot of movements, but no crying. There are strategies in place to self-regulate (putting the hands to the mouth).

> A **DISORGANISED** SLEEPING AND WAKING SYSTEM

The child can move from sleep to restlessness and vice versa very quickly without a transition stage (drowsiness).

- **Hypoalert**
  The child has little or no awakening period. Baby is calm, with eyes half-closed and a tired gaze. Baby is not ready for interaction.
- **Hyperalert**
  The child is calm, with eyes wide open, often very wide, giving an impression of panic. The gaze is intense and can quickly become agitated.
- **Agitation and crying**
  The child cries and is unable to self-console, baby needs help to calm down. The movements are abrupt and uncontrolled.

The attention - interaction system

This system groups together the signs that make it possible to understand whether or not the child is ready for interactions.

AN **ORGANISED** SYSTEM OF ATTENTION AND INTERACTION

- **Open, relaxed face:** the child's eyebrows are raised and the forehead pushes upwards.
- **"Oh" face:** the child's mouth forms a circle.
- **Smile**
- **Cooing:** the child makes a soft and pleasant sound.
- **Speech movements:** the child's tongue and lips move. Sometimes you get the impression that baby wants to chat and share his or her well-being.

DISORGANISED BEHAVIOUR

- **Complaints**
- **Sneezing**
- **Yawning**
- **Wandering eyes:** the eyes move around aimlessly
- **Avoiding the gaze:** baby's eyes turn away from the face or the object being looked at
- **Furrowed brow:** the child's upper face is contracted.
- **Fixed gaze:** the child's eyes are open, with a glassy gaze, eyes not focussed.

Strategies to put in place for baby to become organised

These are aids put in place by the child and / or the parent/caregiver to support the stimulation in progress. During development and growth, these strategies will be added to.

HAND TO MOUTH

Baby brings his or her hands close to the face. Baby may lick or even suck his or her fingers. Sometimes baby will not succeed, but the effort made to try can be taken into account.

SUCKING

Initially, the child may just make a few small lip movements.
Baby's tongue moves, sucking the tongue, probe, finger, mummy's nipple or a teat.

SEEKING TO SUCK

Baby opens his or her mouth and looks for something to suck by moving the head.

GRASPING HANDS OR FEET

Baby may bring his or her hands close to each other and grip.
Baby may also rest the feet against one another. The knees and hips are bent.

GRIPPING

The child wraps his or her fingers around something: a toy, a finger, a piece of blanket. Once gripped, baby may hold onto the object for a little while.

LOOKING FOR SUPPORT

The child extends the legs and tries to seek support on something. During a nappy change, you can get closer so that baby can touch your body and flex the legs towards it. This is also why we roll a towel / blanket around baby to offer this support.

CURLING UP

The child moves into the foetal position.

Hygiene care

POSITIONING THE BABY

In the mother's belly, baby develops in a curled up position. The uterus is all-encompassing support that allows baby to maintain this position and develop flex movements. When a baby is born too soon, there is no more support. Babies will extend their limbs, spread their fingers in search of contact and support to feel secure. Seeking support and curling up demand a lot of energy from premature babies. This is why we offer solutions so that babies can put their energy into growing and digesting:

- **Provide support:** swaddling and nesting
- **Four-hand care:** one person ensures that the baby finds continuous support in curling up and helps him or her to find reassurance (soother, grip), while the other person performs the care.
- **Mobilise the baby** while keeping him or her grouped and aligned
- **Care in lateral position**
- **Take breaks**

CHANGING BABY

There is no systematic nappy changing; respecting your baby's sleep is essential. The goal is to respect baby's waking and sleeping phases as much as possible.
This kind of procedure can be unpleasant. That is why we use some tricks to minimise any stress that changing can cause the baby.

Changing the nappy:

- Place a nest around baby on the changing mat
- Swaddle the upper part of baby's body and free the bottom to be able to change the nappy (or the parent can take care of surrounding baby during the change)
- Favour the lateral position for this because it allows baby to regroup and therefore to feel reassured
- Move closer so that your stomach can be a support for baby's feet
- If baby is trying to suckle, offer a teat or feed first (especially if this kind of procedure is tiring)
- Using a tissue and cream, always clean from front to back (first the genitals and then finish with the buttocks)
- Suggest breaks if your baby gets tired or is too restless

BATHING A PREMATURE BABY

The first time, the caregivers will demonstrate the bath, and afterwards it will be the parents' turn with the help of the caregivers

When is the best time to do it?

- When baby is awake and not too tired
- When baby does not show signs of hunger

FEEDING BABY WILL ALWAYS TAKE PRIORITY.

The steps of the bath:

- Use a heating lamp if one is available
- Favour the lateral position on the changing mat for hygiene care, undressing
- Set up a nest around baby and swaddle when changing or for any hygiene care
- Make sure to be as close as possible to the changing mat so that the baby can rest his or her feet on the stomach of the person standing in front
- Swaddle baby in a cloth to avoid stress
- Place baby in the water leaving the head clear and put the feet against the side of the bathtub so that baby feels reassured
- Gradually soap baby, keeping him or her surrounded and / or supported so that baby does not feel disorganised and therefore stressed

Leaving the bath:

- Leave the wrap in the water and gather around baby as much as possible while leaning over to pick him or her up and wrap baby directly onto you with a towel.
- It is important to reassure and quickly dry baby under the heating lamp (if available) because leaving the bath is not pleasant.

WEIGHT AND WEIGHING OF A PREMATURE BABY

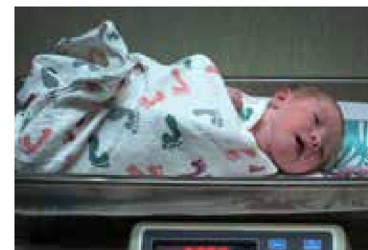
Babies can lose up to 10% of their birth weight in the first few days of life.
E.g.: a baby weighing 1500 gr can lose up to 150 gr.
Weight increase varies from baby to baby.
It will depend on factors such as:

- Switching from an incubator to a heated bed (because baby tries to keep the temperature up)
- Removing a drip
- Fatigue

Do not worry if your baby does not grow every day; the important thing is that baby grows regularly at his or her own pace.

Your baby will be weighed every day to make sure he or she is getting enough calories to keep growing. Weighing is a tiring experience for babies and it can destabilise them, which is why we must do the following as much as possible:

- Use a heating lamp if one is available
- Undress baby (fully) in lateral position
- Wrap baby well in a cloth/towel so that he or she feels supported
- Calibrate the scale with a towel to make the scale softer and warmer
- Move baby in lateral position and place baby on his or her side when weighing



NB: If the baby tries to suckle or cries, you can offer a teat during weighing. Simply deduct the weight of the teat (10 gr).

If possible, perform kangaroo care or a bath after weighing as baby is already undressed. This avoids undressing baby several times during the day and therefore putting too much strain on him or her.

Skin-to-skin or kangaroo care

INTRODUCTION

The parent's torso is the most suitable environment for a premature baby. (warmth, safety, voice, smell and heartbeat of the parent)
With their mother, babies feel the continuity of the uterine experience.
Skin-to-skin (or kangaroo) care allows the parent to experience a unique moment with their baby.
From 35 weeks, and if the condition of the child allows this, secure skin-to-skin contact takes place in the birthing room or in the Caesarean section room).

IN PRACTICE, IN THE NEONATAL CENTRE

With the caregiver, the moment will be chosen according to the stability of the baby and the state of wakefulness, keeping feeding the priority, in a quiet, dimly lit room.
Plan to stay in kangaroo mode for a long period of time (minimum 90 minutes to 2 hours) for the time to be beneficial. Forget about your laptop and enter your cocoon.
Mummy or Daddy is bare-chested in a reclining chair.
Baby is installed in a lateral position, tummy to tummy, with the nappy against on the parent's chest. In this way, you can make eye contact with your child. To support the parent and for baby's safety, we offer support bands, a blanket, cushions, or connect the child to monitoring.

THE BENEFITS OF SKIN-TO-SKIN CONTACT FOR BABY

- Facilitates calm sleep
- Facilitates energy stores
- Decreases breathing pauses and heart rate downturns
- Increases oxygenation
- Helps maintain temperature
- Reduces pain
- Reduces agitation and facilitates organisation
- Reduces food reflux

THE BENEFITS OF SKIN-TO-SKIN CONTACT FOR THE PARENT

- Facilitates attachment
- Increases the parent's confidence in their ability to care for baby
- Promotes milk flow
- Promotes observation of the baby's behaviour and the ability to respond to their needs

For these reasons we encourage skin-to-skin contact from birth on a daily basis.
Once at home, continue to observe these moments of sharing with your baby. Keep in mind that you are the best mattress for your child.

Uncomfortable procedures

INTRODUCTION

Premature babies feel pain and express their state of discomfort through body language.

These repeated experiences can have immediate consequences on the stability and health of the child.

Our priority is to reduce this discomfort using the simple but effective means described below.

Medical monitoring and the specific condition of premature babies make these acts necessary. (e.g. gastric tube insertion, blood sample from heel or hand)

In order to support baby's development, we will reflect together about how and when each act is performed.

PREVENTION

- Avoid using plasters.
- Act on the environment by reducing light and noise stimuli.
- Support baby's position by promoting curling up, offering support points, swaddling, using the lateral position (more reassuring), the kangaroo method or breast.
- Proceed with 4 hands: one person who comforts and supports while the other focuses on the act (your presence is once again precious).
- Choose the right time in relation to baby's waking-sleeping rhythm, state of fatigue and hunger.
- Remember to take a break or breaks during the act so that baby can self-regulate before continuing.

NON-MEDICAL TREATMENTS

- Propose non-nutritious sucking, i.e. a teat before and during the treatment.
- The teat can have a drop of breast or artificial milk on it.

MEDICAL TREATMENTS

- «Niltac»: spray to facilitate plaster removal.
- «Babycalmine»: sweet solution. A few drops in combination with suction 2 minutes before the treatment can allow baby to focus on the sweet taste and distract from unpleasant sensations.
- «Emla»: topical pain relief in patch form.
- «Paracetamol»: suppository or intravenous.

Feeding a premature baby

INTRODUCTION

Your premature baby's feeding will depend on the stage of development as well as the state of his or her health.
Each baby will develop feeding skills at their own pace.
Gradually, they will be able to enjoy meal times and interact with you.

SPECIFICITIES OF THE PREMATURE BABY IN RELATION TO FOOD

At first, premature babies have certain fragilities that prevent them from feeding autonomously from the outset.

- They have difficulty maintaining a stable heart rate, breathing, oxygenation and colour, as well as the curled posture.
- They have difficulty suckling and swallowing while breathing regularly.
- Their muscles are less effective at sucking.
- They get tired faster.
- They suck more easily on a teat without milk in their mouth (non-nutritive sucking).
- They have a slower rate of sucking.

GRADUAL INTRODUCTION OF MILK

Until your baby is able to feed on his or her own, baby receives food through a drip or gastric tube (a small flexible tube that runs from the nostril to the stomach).

If baby digests well, the amounts of milk will be gradually increased and, in parallel, the amounts administered by the drip will be decreased.
If your baby is unstable, it may sometimes necessary to administer milk.

- Slowly, using a gravity bolus (gravity sends the milk down the tube).
- Very slowly
  (feeding through a tube using a pump = "continuous feeding").

Most of the time, we prefer to feed babies with a gravity bolus, holding baby in your arms or during skin to skin contact with you.

When the amounts are considered to be sufficient, the drip will be removed. Your baby will gradually wake up and will want to feed.

If you are present, we will try to breast feed or give baby a bottle according to your wishes.

If you are not available when baby is awake, we will give the milk through a syringe or straw.

SIGNS OF DEVELOPING DIETARY COMPETENCE

Here are some signs that show your baby is hungry:

- Bringing a hand to the mouth, sucking hands.
- Sucking greedily on a soother

Source : Leche League

When these signs are observed in your baby, we first offer a few drops of milk on a teat, and the rest of the allocated milk is administered through the feeding tube.

We assess how your baby can remain stable during this time by observing the breathing, colour, oxygenation, sleep and wakefulness, muscle tone, posture and movement. If baby is stable, the first opportunities for feeding are offered.
Gradually and at baby's own pace, your baby will increase the number of feeds, as well as the quantity he or she drinks. We always try to focus on a quality feeding moment, where baby remains stable, rather than trying to attain a predefined amount of milk.
The amount of milk that baby does not drink on his or her own will be administered through the feeding tube.
When your baby starts to drink larger quantities and wakes up more robustly, we try to feed on demand (we will calculate the quantities your baby needs over 12 hours).

OBSERVATION OF BABY'S BEHAVIOUR DURING MEALS

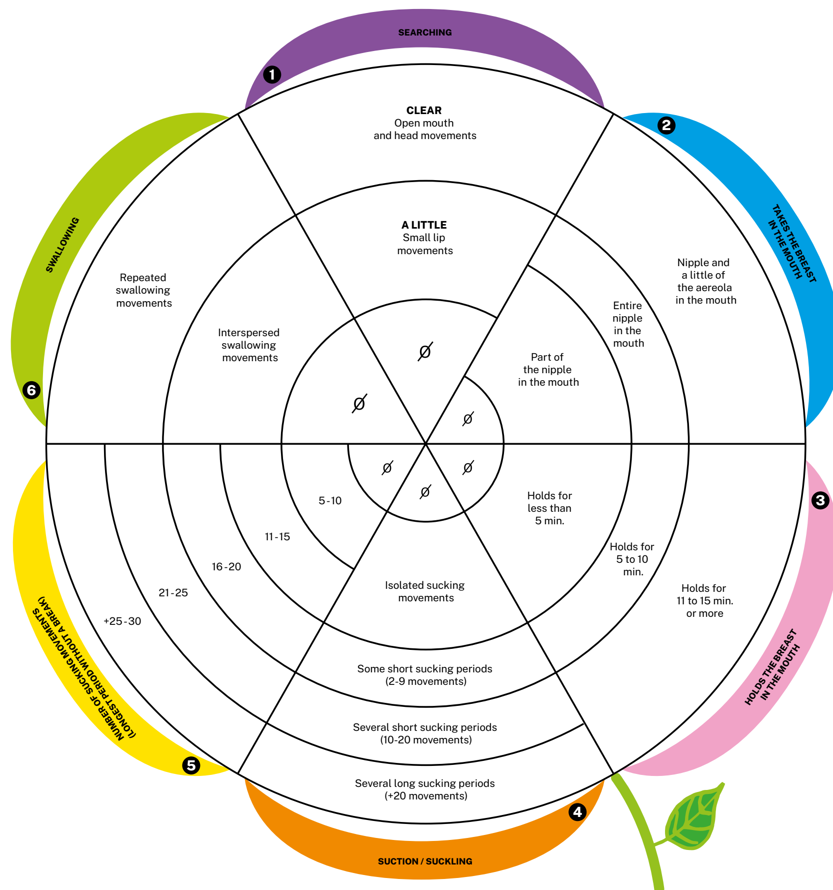
Your baby's behaviour shows us if he or she is ready to start a meal or if it is not a good time.
Here are some signs that show baby needs a break or for the meal to be postponed:

- Increased breathing rate and/or heart rate.
- Decreased oxygenation
- Colour change (pallor, cyanosis)
- Hiccups, vomiting, nausea, coughing

- Extended arms and legs
- Agitated movements
- Loss or variation in body or facial tone
- Arched back
- Extended tongue / open mouth
- Falling asleep or drowsiness
- Malaise, agitation, cries, irritability, frowning

Through observation of your baby and the milk flower chart, you will learn to evaluate how effective baby's feeding can be.

THE MILK FLOWER CHART



Source : La Fleur de lait © Isabelle Petit, childcare worker and Catherine Grattepanche, pediatrician, IBCLC

HELP YOU CAN OFFER BABY DURING FEEDING TIMES

We offer your baby a teat during tube feeding times (SNS). Progressively, a drop of milk will be placed on the teat in order to associate the taste of milk with the filling of the stomach.

We encourage moments of closeness during meals and we give priority to food over other forms of care so as not to tire your baby.
If we observe some signs of fragility, we offer baby breaks.
We reduce the flow of milk if baby has difficulty coordinating breathing/sucking.
We prefer a low-noise and low-light environment during feeding.
We help baby to maintain a curled-up bodily posture.

We reiterate skin-to-skin contact.

With your assistance, we are gradually trying to adapt to your baby's rhythm rather than a pre-established schedule.

BREASTFEEDING

Breastfeeding a premature baby is advised and preferred if the mother wishes to do so.

Breastfeeding a premature baby is advised and preferred if the mother wishes to do so.
While waiting for baby to be ready to breastfeed, mums are supported by the nursing team to express their milk. The breast pump can be electric or manual. It allows your milk to be collected and offered to your baby as soon as possible. The breast pump will be used 6 to 8 times a day to ensure that the breastfeeding routine is properly established. By expressing your milk, you maintain production. When baby is able to do so, he or she can easily take the place of the breast pump. Until baby can latch onto the breast, your milk will be given using different alternative techniques.

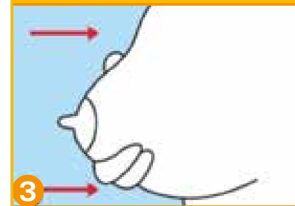
THE BENEFITS OF BREASTFEEDING

The composition of breast milk changes according to the age and needs of the baby. It is appropriate for the premature birth of your baby.
Baby's body will find it easier to digest and absorb your milk. It contains little waste.
Baby spends less energy on digestion.
Breast milk contains antibodies that help protect your baby from certain infections.
It allows your baby to discover a variety of different tastes and flavours because part of what you eat goes into your milk.
It is more economical and there is nothing to prepare.
It is preserved without losing its nutritional qualities.
It strengthens your mutual emotional attachment and may reduce the risk of postnatal depression.
Colostrum is the first milk, it is usually more yellow and thick. The first few drops are very precious because it is rich in antibodies and mineral salts.
We will give it to your baby as soon as possible. Your milk will go on to become smoother and whiter.

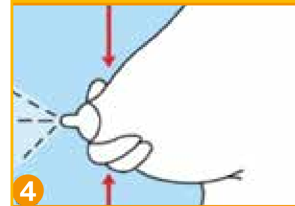
BREAST MASSAGE FOR MANUAL EXPRESSION

Aereola massage: with three or four fingers, perform cirular movements from the outer part of the breast towards the aereola.

Keeping the hands flat, gradually move from the outside towards the aereola, to the nipple.
Repeat the operation all around the circumference of the breast.



Manually express milk: place your thumb (above), the index and middle finger (below), 2 to 3 cm from the aereola to form a C shape.
Squeeze gently, while pressing horizontally towards the chest.



Bringing the fingers gently closer together without moving them along the skin (may cause pain). Repeat this movement until the milk flow stops, then place your fingers all around the breast and start again.

Manual expression and a breast pump are two important and complementary methods.
Manual expression is more effective than the breast pump for the first two days. The breast pump will initially only be used for good regular stimulation, whereas manual expression will be used to collect colostrum for your baby. Once the milk comes in, the breast pump will be more suitable because it is more productive.
Guidance on the development of sucking is performed using the milk flower chart.
We support you as you start lactating by monitoring the quantities collected every 24 hours during the first week.

SOME TIPS TO INCREASE MILK PRODUCTION

- Express your milk regularly and frequently (6 to 8 times per 24h).
- Rest and drink copiously.
- Focus on your baby as much as you can.
- Keep a photo or pyjama with the smell of your baby near you. This will stimulate milk production.
- Collect your milk just after a skin-to-skin session.
- Drink fennel-based herbal tea.

If possible, your baby is given fresh breast milk.
Additional amounts of milk are kept in the fridge or frozen for later use.

ALTERNATIVE METHODS OF GIVING BREAST MILK WHILE WAITING FOR YOUR BABY TO BE SELF-SUFFICIENT AT THE BREAST

If you are breastfeeding, we avoid giving baby feeding bottles. In this case, we will use alternative methods such as:

- **Giving the milk via a lactation aid**
  To ensure the transition to autonomous breastfeeding, we propose the lactation aid technique. It is a technique that does not disturb suckling and allows the child to learn how to breast feed. Nevertheless, support is necessary during the first uses and extended support is essential.
- **Giving your milk through a syringe or straw**
  Using a feeding tube with one end stuck on the finger and the other end immersed in the milk.
- **Dispensing milk through the probe**
  Gravity bolus or continuous feeding.

If you need to stop breastfeeding early, everything you can give your baby is already a precious gift.
Whatever way your baby is fed, we will guide you in observing your baby's behaviour to promote a special quality moment.

Madonna position

Rugby ball position

Position lying on one side

THE PRESENCE OF PARENTS

If you are breastfeeding, your presence will be needed more and more frequently as your baby increases feeds. But regardless of the chosen feeding method (breastfeeding or bottle), it is advisable that you remain at baby's side during the 24/48 hours before they go home and as much as you can during your stay.

There is the option to install a bed next to your baby or we can offer you the nursery room (see the leaflet: We can accommodate you).

It is important that for at least 24 hours you have the opportunity to fully care for your baby, managing alone without the help of the caregivers and to ask any last questions. This will allow you to make a smooth transition from the hospital to the home. We also understand that for family or personal reasons, this period of mothering is not always possible.

To support you in breastfeeding your baby, we call on our lactation consultants. You will find their contact details below along with other information sheets.

Isabelle Pirson, Hana Laftit et Martina Binova
IBCLC midwives and lactation consultants
+32 490/493 262

To conclude, we hope that these explanations will help answer any questions you have about your baby's development.
Feel free to come and talk to us if you have other questions.
We are all at your disposal.

Bibliographie

Here are some books and websites you can read or visit:

- « L'allaitement », Dr M. Thirion
- « Allaitement maternel et prématurité », Dr C. Coussement
- Infor-allaitement, www.infor-allaitement.be
- La Leche League, www.lalecheleague.org
- Association of Lactation Consultants IBCLC, www.consultation-allaitement-maternel.be

Some useful contacts

MIDWIVES

Several midwives can visit you at home. These home consultations are reimbursed by your insurance company. 5 to 7 euros will be at your expense to directly pay the midwife who comes to your home.
Please be sure to have 2 stickers from your insurance.

- **Antenal and Baby :** 0470/47.43.22 - www.antenatalandbaby.org
- **Arbre de Vie :** 0485/07.16.95 - www.arbre-de-vie.eu
- **Au Fil de la naissance :** 0478/32.68.38 - www.maisondelanaissance.be
- **Baby Nova :** 0476/60.18.78 - www.babynova.be
- **Bolle Buik :** 016/79.30.69 - www.bollebuik.be
- **Périn'être :** 0492/95.24.26 - www.perinetre.com
- **SAFEMS :** 0484/07.81.72 - www.sagefemme-safems.be
- **Timoun :** 010/28.01.64 - www.timoun.be
- **Naissance Heureuse :** 0486/82.66.01

ORGANISATIONS FOR BREASTFEEDING MOTHERS

- **Allaitement-info :** 071/31.61.16 - www.allaitement-infos.be
- **Infor-allaitement :** 02/242.99.33 - www.infor-allaitement.be
- **La leche league Belgique :** www.lalecheleague.be
- **Association des consultantes en lactation IBCLC :** www.consultation-allaitement-maternel.be

INTERESTING WEBSITES

- www.sage-femme.be
- www.one.be
- www.alternatives.be
- www.allaitementmaternel.be
- www.allaitement-jumeaux.be
- www.bctbelgium.org

HIS IZZ Hôpitaux Iris Sud
Iris Ziekenhuizen Zuid

Références utiles sur le site Etterbeek-Ixelles

- Centre néonatal : 02/641.46.47
- Garde pédiatrique : 02/641.41.12
- Consultations pédiatriques : 02/641.46.23
- Urgences pédiatriques : 02/641.41.12
- RDV consultantes en lactation : 02/432.81.20
- RDV psychologues : 0499/86.86.30
- RDV ostéopathes : 02/432.81.56
- Sage-femme coordinatrice périnatalité : Tamara Dedecker : tdedecker@his-izz.be

Photos and illustrations ref.

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www.istockphoto.com

Decembre 2023