Off to a good start
All you need to know about breastfeeding your baby
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Anne-Marie

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In this booklet, babies are referred to as ‘he’.
Introduction
how this booklet can help you

Any breast milk, even for a short time, is beneficial for your baby. Breastfeeding is beneficial for you too. More Scottish mothers are choosing to breastfeed, and more of them are continuing to do so after the first days and months following the birth. Having good information about how breastfeeding works helps you get off to a good start, and the right sort of support helps you to keep going.

This booklet will help you if you haven't decided how to feed your baby and need more information, or:

- if you have concerns about breastfeeding – maybe a previous experience with it was difficult, or perhaps you know someone who had problems
- because knowing what lies ahead helps you be prepared
- if you think you might start breastfeeding, but you aren’t sure how long you’ll do it for, or if you think you might want to mix breastfeeding and formula feeding at some stage.
The information in this booklet will help you to understand how to breastfeed and how you and your baby will benefit from the experience. You will learn how you can fit breastfeeding into all aspects of your and your family’s life and how to deal with problems should they arise. You will also discover where to find advice and support whenever you need it.

You may have lots of questions such as ‘Will I be able to do it?’, ‘Will it be sore?’, ‘What about feeding my baby in front of other people?’. It is important to remember that all mums and babies are different and everyone has different experiences.

How you feed your baby is a decision only you can make. If you decide not to breastfeed, or you decide to change to formula feeding, you will get the same support from the health professionals who are caring for you.

Supporting your choice

The UNICEF UK Baby Friendly Initiative aims to support you to make an informed decision about feeding your baby and to start and continue breastfeeding for as long as you wish. This includes a set of standards for hospital and community settings. At present, 91 per cent of babies in Scotland are born in a Baby Friendly Hospital.

If your hospital is Baby Friendly, staff will explain to you how you can breastfeed. They will discuss this with you when you are still pregnant, and also while you are in hospital.

You can find out more on the Baby Friendly website www.babyfriendly.org.uk

‘I had gone to a breastfeeding workshop in the hospital when I was pregnant, and the advice was useful when I was trying to position Mhari and get her latched on.’
Jackie

Feeding is a time to start to build a close and loving relationship with your baby.
Thinking about breastfeeding

why breast milk and breastfeeding is good for your baby and you

You’ll be given the chance to talk about feeding while you’re still pregnant, usually with a midwife, GP or an obstetrician. If you’re unsure about breastfeeding, or if you have questions about how to make it a happy experience for you and your baby, during pregnancy is a good time to ask.
Quite simply, breast milk is the healthiest choice for you and your baby.

So when you decide to breastfeed, you’re giving your baby a wonderful start in life. Studies have compared the health of breastfed babies with that of babies fed on formula milk. There’s now a large amount of research that shows beyond doubt that breastfeeding benefits your baby in many ways, and the benefits last into childhood and beyond.

Over the page, you’ll see just how important your breast milk is for your baby. It’s useful to share this information with others in your family, especially if the idea of breastfeeding is new to them, or if they fed their own children with formula milk.
Talking about breastfeeding

In pregnancy, a midwife or midwives will talk to you about breastfeeding. They’ll answer your questions and explain what to expect. They’ll also discuss these points:

- **the importance of skin-to-skin contact** (see page 13) after your baby is born. This is a lovely way for you to greet and get to know your baby and it:
  - keeps your baby calm, warm and comforted
  - steadies your baby’s heartbeat and breathing
  - helps get feeding underway.

- **keeping your baby with you**, while you are in the maternity unit and, later, when you’re at home. This is known as ‘rooming in’ and it:
  - helps you see when your baby is showing you signs he is ready to feed
  - builds up your confidence in caring for him
  - meets the Cot Death Society’s recommendation that your baby should share your room for at least the first six months.

- **responsive feeding** – following your baby’s lead when it comes to the timing and length of feeds. It:
  - makes sure your milk supply is good
  - allows for frequent feeds, which are normal, and means your breasts are less likely to get engorged.

- **making sure your baby is correctly positioned and attached at the breast**. This:
  - means you won’t get sore
  - helps your baby to thrive.

**Breastfeeding can be used to feed, calm and comfort babies.**

Feeds can be given when babies show feeding cues or when they are crying.
• why it’s important to avoid the use of teats and dummies while you’re establishing breastfeeding, because:
  – your baby needs to learn to suck at the breast; using a teat or a dummy can affect this
  – he needs to suck at the breast as often as he wants, in order to establish the milk supply. Using a dummy may reduce the frequency of breastfeeds and thus decrease the milk supply.

• not giving your baby anything else to eat or drink, other than breast milk for around six months, which:
  – helps your baby get the maximum health benefits from breastfeeding
  – protects against infections, allergies and diabetes.

Breastfeeding: the facts

Babies who are breastfed are less likely to have many illnesses including:

• gastro-intestinal infections (vomiting and diarrhoea)
• chest infections
• urine infections
• ear infections
• wheeze when breathing/asthma
• eczema, where this runs in the family
• diabetes in childhood
• obesity.

In addition, breast milk has a special value for pre-term babies – see page 29.

Breastfeeding has benefits for you, too. Mothers who breastfeed have a lower risk of:

• ovarian cancer
• breast cancer.

Breastfeeding helps you return to your pre-pregnancy weight. During pregnancy, your body lays down fat stores in preparation for feeding; if you breastfeed, you use them up, helping you avoid the long-term health risks associated with being overweight, such as diabetes and heart disease.
Breast milk is always best

Breast milk is very different from formula milk as it contains lots of ingredients that cannot be bought in a packet or a tin. Breast milk is a living fluid providing perfect nutrition, changing according to the baby’s needs and stimulating his budding immune system. Antibodies in breast milk help babies to fight common infections. Formula milk has none of these qualities.

The quality of your breast milk always remains high, even if you are unwell, you smoke or your own diet is not ideal (though of course there are benefits to you if you eat well and don’t smoke). Your breast milk supplies everything your baby needs for food and drink for around six months.

Any breastfeeding, even for a short time, is worthwhile. The World Health Organization (WHO) recommends breastfeeding with no other foods or drinks for around the first six months of your baby’s life; your baby can be fed breast milk for as long as you like after this, alongside whatever else he may eat and drink. The WHO also says there are benefits in continuing to breastfeed your baby for at least two years.

Other benefits?

• Helps to build a close and loving relationship with your baby.

• You see your baby growing and developing as he should.

• You can be proud that it’s all your own work.

• Breast milk is always available, at the right temperature and with just the right ingredients.

• There are no bottles or teats to sterilise.

• It’s free – mothers who breastfeed save money because they don’t have to pay for formula milk, bottles, teats, sterilising equipment, electricity for boiling the water, etc.
How breastfeeding works

once you know, it’s easier!

Your body assumes you’re going to breastfeed, so prepares for it, right from the start of pregnancy. You are able to make all the milk your baby needs – even if you have twins, or more.
In pregnancy

As soon as you become pregnant your breasts start to make milk-producing and milk-storing tissue. There is an increase in the blood supply to your breasts as well. This ‘activity’ inside sometimes makes the breast feel tense, extra sensitive and possibly slightly larger in size.

• From about the sixth or seventh week of pregnancy you may notice small raised ‘spots’ on each areola (the dark area surrounding the nipple). They are called Montgomery’s tubercules, and they secrete an oily substance that keeps your nipples and areolae supple and soft.

• From the middle of your pregnancy onwards, your breasts make concentrated milk (colostrum), which is a highly valuable, antibody-rich fluid. It is designed to meet your baby’s nutritional needs for the first few days after the birth until the mature milk is produced.

Some women leak a little bit of colostrum in pregnancy – if this happens to you, just wash off any dried colostrum on your nipples with plain water.

After the birth

Every woman makes breast milk at first, whether or not her baby ever comes to the breast.

The delivery of the placenta (afterbirth) sets up a hormonal response in your body, and prolactin, the hormone which stimulates milk production, starts acting on the breasts, ‘telling’ them to make milk.
At some time between day two and day five after the birth, your baby is ready for more milk and your breasts start producing more breast milk in response. You may feel your breasts are fuller and heavier than usual. It’s not just the milk that makes them feel like this; there is a great increase in the amount of blood and fluid going to your breasts at this time. You may be uncomfortable as a result but this usually passes in a day or so (read more on page 34).

**How you continue to make milk**

You continue producing milk only if it is taken from the breast. Normally this happens as a result of the baby feeding at the breast, so when your baby is feeding effectively you make milk in response, in the amount your baby needs in order to thrive.

You can also encourage milk production by expressing your milk (see page 23). You may need to do this if your baby is very sleepy and reluctant to feed in the early days, or if he is unable to breastfeed directly from you, perhaps because he is pre-term or ill.

If you don’t breastfeed, or express, your milk production gradually stops. It’s possible, even so, to start producing milk again if you express, or put your baby to the breast often enough.
Getting started

at birth

positioning and attachment
When your baby is born, the midwife will dry him and give him to you to hold. It is best if you hold him, undressed, directly next to your skin. This is a lovely, calming experience for you and your baby. It is a chance for you to say hello to your baby and to start to build a close loving relationship, regardless of how you decide to feed your baby.

Holding your baby skin-to-skin helps to regulate his temperature and breathing. It will also help your milk supply and encourage breastfeeding. After a period of time, your baby will begin to show signs of being ready to feed (feeding cues) and the midwife will offer to help you with your baby’s first feed. Usually the baby will take longer than 30 minutes to be ready to feed but this varies from baby to baby. Every baby is different. Some will be ready earlier and some will take much longer, particularly if you have had pethidine or diamorphine in labour.

If you are unable to have skin-to-skin contact immediately after birth, you will be encouraged to do this as soon as you are able.

It is essential that skin contact starts as soon as possible and is unhurried and not interrupted, unless you or your baby require medical attention.

The hormone oxytocin that is produced when breastfeeding helps to calm both mums and babies and helps with bonding.
**Positioning and attachment**

While breastfeeding is instinctive for babies, it is a skill new mothers need to learn. Many mothers enjoy the experience, but that doesn’t mean it’s always easy for everyone. Breastfeeding has to be learned, and you and your baby may need some practice to get it right. The way your baby is positioned and attached to your breast can make the difference between a happy and comfortable feed and one which is painful for you and frustrating for your baby. Getting positioning and attachment right is sometimes called ‘latching on’.

**Here’s what to do**

- Hold your baby with his body and head in a straight line. He will be uncomfortable and unable to feed effectively if he is twisted.

- His neck needs to be extended very slightly – not tucked into his chest. Think of the way you tip your own head back a little to drink from a glass.

- He needs to be in close. He will reach for the breast with his nose rather than his chin if he is too far away from you. Depending on your breast and nipple shape and size, his body may be turned towards you or tucked slightly under the breast – your midwife or health visitor will help with this.

- The nipple needs to be pointing to his nose. If you try to put your nipple into his mouth too low down he will not get enough breast tissue in his mouth to ensure an effective feed. If he is ready to feed his mouth opens. You can encourage this by gently stroking his bottom lip with your nipple or a finger.

- When his mouth is wide open, and his tongue is down and forward (almost like a yawn), bring him even closer. Do this swiftly but gently, so he can scoop up the nipple with his tongue and get a good mouthful of your breast. His chin will come to the breast first, and his nose will probably remain free.
What you’ll see and feel: how to know he is correctly attached

- You should be comfortable, though you might feel you need to get used to the new sensation of the baby at your breast.
- More of your areola will be visible above the baby’s mouth than below – ask someone else what they see, though if you have small areolae there may not be a lot to see above or below.
- The baby’s chin is directly on the breast and his bottom lip is curled out.
- His sucking will change from short sucks to longer ones with pauses. His cheeks will remain rounded, not sucked in, and you will hear him gulp.

Remember:

- Your baby shouldn’t have to twist, turn or flex his head
- Support your breast from underneath with your hand if you need to, but be careful not to put your fingers near the nipple or areola – you could prevent your baby attaching well
- It’s ‘baby to breast’ not ‘breast to baby’ – try not to ‘post’ your nipple into your baby’s mouth
- Try not to push your baby’s head onto your breast – this can frighten some babies and put them off the whole idea
- Breastfeeding shouldn’t hurt – this includes pain in your nipples, back or shoulders. If you do feel pain, you may need help to get into a more natural position for feeding.

Using a pillow to support your baby can help with the very early feeds, but you have to find out what works for you. If you want to use a pillow, check that it doesn’t raise your baby up too high, making it harder for him to attach.
When your baby sucks at the breast:

- using his tongue, he scoops your breast into the upper part of his mouth, and draws the nipple to the soft part of the very back of his mouth. His tongue and jaw start to move, pressing on the breast tissue, removing the milk. This shouldn’t be painful for you in any way

- he gets some thirst-quenching milk that’s trickled down the ducts behind the nipple

- the hormone oxytocin is released into your bloodstream and, under its influence, the tiny muscles surrounding the alveoli, which are the milk-storage cells of the breast, contract to push more milk into the ducts. This process is called the ‘let-down reflex’ (see box on the next page for more information)

- the milk goes down the ducts, towards the end of the nipple, and out into the baby’s mouth

- your baby swallows the milk, coordinating his sucking and his swallowing actions.

The feeding process also stimulates the production of the hormone prolactin, which causes the breasts to make more milk to replace the milk taken by the baby.
Making enough milk

Breast milk itself has a component known as an ‘inhibitory factor’. A build-up of this factor within the breasts causes the production of milk to slow down. This might happen if:

- your baby doesn’t feed effectively (perhaps because he isn’t well-attached or well-positioned at the breast)
- you try to limit the length and the number of feeds for some reason
- your baby gets a bottle of formula milk which makes him uninterested in the breast, in which case your body gets the message that less milk is needed and produces less
- you are separated from your baby and don’t start expressing breast milk.

In time, without the frequent stimulation that’s needed to establish breastfeeding, the milk supply dwindles away. You can see this ‘in action’ when a mother chooses not to breastfeed. Her milk will ‘come in’ between days two and five, and then over a period of days (and sometimes a few weeks) it will go, and her breasts will stop making milk.

You don’t need to empty the breasts at each feed – that’s almost impossible anyway. Just ensuring that your breast milk is removed helps ongoing milk production because it removes the inhibitory factor.

Let-down reflex

The reflex is stimulated by the baby feeding at the breast. The hormone oxytocin is released into the bloodstream causing the tiny muscles surrounding the milk-secreting cells to contract, pushing the milk down into the milk ducts and then into the reservoirs behind the nipple.

The reflex ensures that a satisfying feed is available to your baby. Some mothers are aware of the reflex as a ‘drawing’ feeling within the breast; other mothers are barely aware of it. Some mothers may only notice more rapid dripping of milk from the opposite breast once the baby begins to feed.
How do you know breastfeeding is going well?
building your confidence
You and your baby are doing fine if:

• your baby appears content and satisfied after most feeds

• your baby manages to attach to the breast without a fuss at most feeds

• your baby is healthy, and gaining weight satisfactorily

• you feel confident, and your breasts and nipples aren’t sore

• your baby has at least six wet nappies a day

• newborn babies (after the first two to three days, and for at least the first month or so) pass a soft yellow stool at least one to three or more times every day (see the picture for a colour guide). Later, it’s normal for bowel movement frequency to change; some babies may only have a dirty nappy once a week, and as long as everything else is fine, there’s no need for concern. Breastfed-only babies don’t usually become constipated.

COLOUR CHART
Guide for a baby’s stools for the first few days.

Use as a guide only
How do I know how long my baby needs at any single feed?

It really doesn’t matter that you can’t see exactly how much your baby has had at any one feed. In fact some research suggests that this is a good thing as it allows the baby to take just what he wants or needs, helping him to establish his own appetite control. Breastfeeds can be long or short and you cannot overfeed.

Sometimes, it’s easy to tell your baby has had enough. He stops sucking, comes off the breast by himself, and lies in your arms in a deep, contented sleep. At other times, you may not get such clear signs. Some babies appear to have finished, and then they show signs of wanting more. Others stay at the breast, happily sucking, off and on for a long time. In time, you learn when you can take your baby off without him objecting.

You will gradually get better at knowing what your baby wants. Some babies, especially older ones, take what they need at some feeds in just a few minutes.

Long feeds in the evening are very common – many babies need extra comforting and attention in the evenings, but that goes for formula-fed babies as well.

If you are taking your baby off your breast, insert your finger into the corner of his mouth to break the suction first.

One side or both?

Follow what your baby wants when it comes to offering one or both breasts. There are no rules. Some babies want both breasts at each feed, and you can offer the second when your baby seems to take a natural break after the first. If he doesn’t want it, that’s fine; just offer the ‘unused’ breast at the next feed. Some babies like to change from side to side during breastfeeding. After a while you will become very skilled at knowing what your baby is ‘telling’ you.
How breastfeeding changes
after the first days and weeks

The early weeks often mean frequent feeds, with no set pattern, but this is normal and it’s the way breastfeeding becomes established.
After the first days and weeks

At first, you may find your baby comes to the breast very frequently – 10–12 times in 24 hours is normal.

There may be times when you aren’t sure when one feed ends and another begins. A new baby needs to feed often because his stomach is very small – roughly the size of a walnut – and breast milk is easily digested.

But as your baby grows, he will probably need fewer feeds, though there will be occasional days when he wants to feed a lot. Some babies reach the stage of less frequent feeding later than others, but most mothers notice it happening at some point between four and eight weeks.

It’s normal for your breasts to feel softer and smaller after several weeks of successful breastfeeding. This is fine, and doesn’t mean your milk is ‘disappearing’. It means your breast milk production is closely matched to the needs of your baby, without the ‘between feeds’ build-up that’s a feature of the early days and weeks. If your baby wants more milk, he will feed more often and/or for longer, and your body will respond and make more.

Breastfeeding mothers sometimes feel concerned that their babies do not gain weight as fast as formula-fed babies. It is now known that breastfed babies tend to gain weight more quickly in the first few months and then slow down. This is a normal pattern. At 1 year old, breastfed babies are leaner and healthier than formula-fed babies.

‘Gohar is now 4 months old and I feel very proud that I have been able to give him such a good start.’

Mumtaz
Expressing your milk

a useful skill

If you go somewhere without your baby, and he is likely to want to feed while you are away, you can express your breast milk. This means removing it from your breasts so that it can be given by someone else, usually in a bottle. In the early days, you may be advised to use a cup or a spoon, so your baby gets his sucking practice on the breast and not a teat. You might also need to express because your baby is unable to breastfeed direct.
Expressing is a useful skill that makes breast milk available to your baby wherever you are, and it also stimulates your milk supply.

**How is it done?**

You can use hand expression or a pump – or both – to express your milk. Whichever method you use, you may find that practice helps (though some women find expressing easier than they expected).

**Getting the milk to flow**

However you express your milk, the most important thing is encouraging the milk to flow. Start with breast massage to stimulate the let-down reflex (see below).

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**Breast massage**

Try the following different massage techniques to find the one that suits you best.

- Gently stroke from the outside of your breast towards the nipple with the tips of your fingers.

Then, try either of the following.

- Beginning at the outside of your breast, gently massage your breast with circular movements towards the areola and nipple area. Follow this by gentle stroking as above and complete this by standing up and shaking your breasts.

- Use your knuckles to gently massage the outside of your breast towards the nipple – this is particularly useful if you have a duct which has become blocked or if your breasts are slightly engorged (see page 34).
Finding the place you need to press

• You need to find where your milk ducts are in your breasts. Feel for them about a few centimetres behind the nipple – they might feel a bit like peas or peas in a pod and you’ll feel a change of ‘texture’ inside your breasts. The milk ducts are often, but not always, felt where the darker tissue of the nipple area (areola) meets the skin of your breast.

Removing the milk

• Place the flat of your thumb above and first finger below, in a ‘C’ shape over the sinuses. Without sliding your thumb and finger over your skin, gently push your breast back towards the chest wall.

• Bring your thumb and finger together in a press/release movement. Repeat this process, moving your finger and thumb around the breast, building up into a rhythm. You may need to swap hands to express milk from the other side of the breast.
During the first few days, your colostrum comes out in drips. That’s normal – colostrum is produced in small amounts, as that’s all your baby needs. When your milk has ‘come in’, it drips at first and then may come out in streams or spurts – this is what you want. Continue to do this until the flow of milk either stops or slows down to drips again, then move your finger and thumb round your breast to the next set of milk-collecting ducts and start again.

**Tip:** Unlike breastfeeding, when hand expressing you may get more milk by changing from one breast to the other. Each time you stop managing to produce spurts of milk, change to the other breast.

Some women find that they get plenty of milk by following the above methods. However, other women find that their breasts need more stimulation to get the streams or spurts of milk flowing. Either you or your partner massaging your breasts will give this extra stimulation. Back massage may help too. Ask someone to stand behind you with a fist either side of your spine, level with your breasts. Rub the fists up and down, gently and firmly.

**Other suggestions for helping the milk to flow include:**

- heat – try a warm flannel on your breast or have a shower or bath beforehand
- sit somewhere warm and comfortable
- try to relax – perhaps doing some deep breathing, watching TV or listening to some music you like
- try thinking about your baby – a photo or piece of his clothing may help, or even a tape of his sounds.

**How much to express?**

As a rough guide, a baby under 3 months will take 100–120 ml (3–4 ounces) of expressed breast milk per feed, and a baby over 3 months will take 150–200 ml (5–7 ounces) per feed. But this is very general – after you have done it a few times, you’ll soon become good at knowing what your baby is likely to need. Many mothers will not get this amount of milk all at one time and will collect the milk by expressing a few times.
If your baby is separated from you because he is in a neonatal unit or in hospital, it is important to mimic a baby’s sucking by hand expressing – a breast pump acts in a different manner. Many women find it most effective to combine pump and hand expressing if they are separated from their baby.

**With a pump:** most hospital maternity units have electric pumps for use on the unit, or you can hire or borrow similar models for use at home. You can also buy smaller electric pumps which run on batteries or from the mains.

Hand pumps come in different versions. You can buy them from pharmacies or baby stores and by mail order. Ask other mothers and health professionals for advice on which one is likely to work best for you.

**Keeping your expressed breast milk**

You will find different books give different guidelines about the length of time for which you can safely store expressed breast milk. However, the most up-to-date advice is that milk can be kept in the main part of the fridge (set at 2–4 degrees) for up to five days. Expressed breast milk can also be stored in the freezer compartment of the fridge for up to two weeks or in the freezer for up to six months. Your fridge and freezer need to be clean and the temperature reliable. You can also store and transport expressed breast milk in a cool-bag until you get home – that’s useful if you are expressing at work and don’t have a fridge you can use there.

The recommended storage times for ill or pre-term babies may be less. Check with the staff in the special care baby unit if this applies to you.

**When expressing and storing:**

- always use a sterilised container for the milk
- freeze in small quantities using, for example, ice-cube trays – this way, it’s easier to defrost the milk and also less wasteful if your baby only needs a small amount
- label and date your milk
- thaw by leaving it in the fridge overnight, or by standing the container in a jug of warm water. Keep the jug away from your baby, for safety reasons. Do not use a microwave; it may heat the milk unevenly and scald your baby. There is also evidence that microwaving breast milk destroys some of the beneficial anti-immune factors.
Breastfeeding and your baby in special care

challenges and overcoming them

If you’d never thought about breastfeeding before, having a small or ill baby may change your mind.
Breast milk is even more important to the health of a sick, small or pre-term baby. Babies born early are vulnerable to some potentially very dangerous problems (such as neonatal necrotising enterocolitis, which is a very serious bowel disorder) and breast milk protects against this. Breast milk also ensures better eyesight and brain development in pre-term babies. For these reasons you may be encouraged to give your baby expressed breast milk while he is vulnerable, but this does not mean that you have to breastfeed later if you do not want to.

Staff in the special care baby unit will encourage you to express your milk if your baby is unable to come to the breast at first, or if you really don’t want to put your baby to the breast.

Expressed breast milk can be given to your baby by tube (which goes in his nose or mouth and into his tummy), syringe or cup, and, later, if you don’t want to breastfeed, by bottle.

Very pre-term babies may not be able to breastfeed in the early weeks, as their reflexes don’t start to mature until about 32 weeks’ gestation. From about 36 weeks, most babies can manage to coordinate their sucking and swallowing, though you and your baby may still need help and support to get it right. Your baby’s medical condition, weight and maturity all play a part in his sucking ability.

‘The twins were born five weeks early and were taken straight to the special care unit... the hospital had a good breast pump and I expressed milk every three hours which the staff then gave to the girls through their feeding tube.’

Sarah
Here’s how to get going with breastfeeding small or ill babies:

• express early – as soon as you can, and preferably within six hours of your baby’s birth. Hand expressing is usually better at this stage (see page 24)

• express as often as you can manage – at least eight times in 24 hours is ideal, including at least once in the night

• at first you will express small amounts – every drop is valuable – and then the amount will increase after about two to five days

• talk to the staff about continuing hand expressing, or whether changing to a breast pump would make things easier for you. Double pumping – expressing both breasts together – can save time and increase the amount produced.

Helping your baby to feed

Even the very tiniest babies benefit from skin-to-skin contact, and being held close to your breast (see page 13). Your baby will be aware of your smell, taste and touch, and it helps him practise rooting for the breast, and get positioning and attachment right. It may take many attempts over several days or weeks until he is ready to feed – everyone needs to be patient during this time, and to remember that he’ll do it when he is ready.

Cup feeding

Premature babies and babies who are ill can often cup feed before they can breastfeed; cup feeding can be part of the pathway towards breastfeeding, and staff in most special care baby units will do it or teach you how to do it. It gives your baby a positive feeding experience, and reduces the need for tube feeding.
Getting it right
problems and how to resolve them

Breastfeeding seems natural, but is actually a learned skill. Many mothers and babies enjoy the experience, but that doesn’t mean it’s always easy for everyone. Breastfeeding has to be learnt, and you and your baby may need quite a lot of practice to get it right. If you have good information, support and the confidence you need, you are likely to be able to overcome any difficulties. Ask your health visitor or midwife for help and advice if you are having any problems.
Don’t be daunted by the difficulties you read about here. Almost no one gets them all, and when breastfeeding is well supported, and you have got off to a good start, there’s no reason to expect any of them.

The sleepy baby who is not keen to feed (reluctant feeder)

What you may see and feel
Some babies don’t feed at birth and some feed but are reluctant to awaken very often for feeds or suck very strongly.

When it happens
At any time, but most commonly in the first days after the birth.

Why it happens
Some babies are tired, sore or still too sedated to feed after birth. Healthy babies are born with several days’ supply of fluid and stored fat for food to get them by until they recover and start showing signs of readiness to feed. There is no need to worry about your baby’s blood sugars or fluid intake.

Solving the problem
Lots of skin contact and closeness will be soothing for him and will give him an opportunity to try to feed.

Try massaging his skin, changing his nappy, expressing a little milk for him to taste, and other gentle efforts to waken and interest him in feeding.

Don’t push him by the head or try to force him to feed as this will have the potential long-term effect of completely putting him off and causing breast refusal (see page 39).

The midwife will check in on you both to make sure your baby is well and help you spot the signs that the baby is ready to feed. Sleepy babies sometimes become more jaundiced.

In the meantime, start hand expressing your milk and giving it to the baby by syringe, spoon, dropper or cup. This will make sure you stimulate a good milk supply which the baby will want when he is ready and give him plenty of fluid.
Giving him your colostrum also helps him to pass his first stools quickly, which will reduce the level of early jaundice many babies can get. Don’t worry if you only manage to get a few drops of colostrum at first, this is all he needs. Express at least six to eight times in 24 hours, including at least once at night.

**Sore/cracked nipples**

**What you may see and feel**

You have painfully tender nipples that may or may not be blistered and/or bleeding. Sometimes, the nipples may look pink or red, or even white at the tip. In other cases, there may be nothing to see. The pain is worse when the baby starts to feed, though the nipples themselves may be sore to touch between feeds as well.

**When it happens**

In the first days, sore nipples tend to arise from poor attachment. They get worse if the situation is not corrected. (Soreness caused by thrush can happen at any time, but it’s often later on.)

**Why it happens**

Most sore nipples are caused by the baby not being properly attached. Your nipple skin is easily grazed or cracked as a result of the baby’s gums pinching it, or perhaps the tip of your nipple becomes sore because it hasn’t been in far enough in the baby’s mouth, and has rubbed against the roof of the mouth.
Solving the problem
If the cause is poor attachment, you need to learn how to get your baby on the breast in a way that does no more damage, and your skin will then have a chance to heal. (See pages 14–15 for details of good positioning and attachment.) You may need help from an informed professional or breastfeeding counsellor who can suggest ways to help you correct any difficulties.

Some women use creams, sprays and lotions to soothe sore or cracked nipples or skin. However, you and/or your baby may have a sensitivity or allergy to substances in these products. Rubbing the last few drops of breast milk onto the nipple is normally very soothing, but the underlying cause of the soreness (usually problems with positioning and attachment) must also be dealt with.

However, if you have an actual crack in your nipple ask your midwife, health visitor or breastfeeding counsellor what products are recommended for moist wound healing.

Engorgement: the stage beyond normal fullness

What you may see and feel
You have swollen, lumpy, full breasts or the more severe form, engorged breasts, which are tender, shiny, red and very swollen.

When it happens
At any time, but most commonly in the first days after the birth.

Why it happens
When milk production gets underway, at between one and five days after the birth, the breasts contain more than milk as there is an increase in blood supply and fluid. If your baby has been delayed in receiving his first feed, is not attached correctly or feeding often enough, the milk builds up in the breasts and the physical tension that results can be very uncomfortable. Separating mothers and babies, giving water or formula feeds or not letting the baby feed often and long enough can cause this.

When engorgement happens at a later stage, it’s often because your baby has missed a feed – maybe he slept through, or left a longer gap between feeds than usual. It can also happen because you consistently produce more breast milk than your baby actually needs.
Solving the problem

A well-supporting bra or vest can help with the discomfort. You can also use warm or cool compresses. A compress is a sort of homemade pad, which you place against the affected body part. A cool compress (for soothing after or between feeds) can be made from a cloth cooled in the fridge or freezer, or even a bag of frozen peas wrapped in a towel. A warm compress (before feeds) such as a small hot-water bottle, again wrapped in a cloth, may help.

You hold the compress against your breast for as long as it feels comfortable. Some women find a warm shower or warm compress encourages milk to flow, softening the breast just before feeding and making attachment easier. You may also find that raw cabbage leaves, placed over your breasts inside your bra or vest for about 20 minutes, can ease the discomfort.

‘I thought breastfeeding was such a natural process that I wouldn’t even have to think about it. It was a real shock to find out that not only did I have to learn what to do, but that my baby had to as well.’

Carrie-Anne
Early fullness usually goes away by itself in a day or so, as the baby starts to get interested in feeding. Gentle hand expressing (see page 24), just enough to relieve the tension, can help the milk to flow and enable the baby to attach to a very full breast. If he is too full to take any from the second side you can hand express enough from this side to make yourself comfortable.

In very severe cases it may help to express milk from both breasts once or twice, by hand or with a pump, as this seems to restore the balance. Your baby may have real difficulty feeding from the breast if the nipple and areola are very swollen. You can give him your expressed milk by cup until it settles.

If the engorgement happens at a later stage, simply putting your baby to the breast is usually enough to relieve it.

**Blocked ducts and mastitis**

**What you may see and feel**

A pink or red area on the breast, usually with a lump. The breast may be painful and hot, with a red area. You may have flu-like symptoms.

**When it happens**

At any time, but it is more likely to happen 2–3 weeks after the birth.

**Why it happens**

Blocked ducts and mastitis (inflammation/infection of the breast) are linked, but they are not the same condition.

A blocked duct means that milk is unable to flow along a duct (a milk channel) in one part of the breast. The milk builds up in the duct and breast tissue behind the blockage, and that results in a swelling. You can sometimes feel this as a tender lump.

The blockage is caused by a build-up of milk in the breast, for example if the baby is feeding less for any reason. Sometimes, pressure on the breast from clothing or your bra, or even from the baby when he feeds, can cause the blockage.

Mastitis is an inflammation or an infection (rarely) of the breast or breasts. When one or more ducts are blocked, milk may leak out into the surrounding breast tissue, causing an inflammation. The milk in the tissue may become infected, so it is important to clear a blocked duct by massage and frequent feeding.
Solving the problem

Good positioning and attachment help your baby to drain the breast effectively, helping to avoid or deal with blocked ducts. It is very important to carry on breastfeeding at this time. A warm compress before feeding is soothing and may help your milk to flow more easily.

Frequent feeding on the affected side first over the next few feeds should help, and will ensure that your baby has a good feed while also relieving the pressure and any blockage. Massage of the affected area and trying different feeding positions may also help.

You may need bed rest if you feel poorly. Anti-inflammatory tablets or antibiotics may be advised by your doctor. The medication you’ll be given will be safe to take while breastfeeding. Using antibiotics may make it more likely you will get thrush and taking them without emptying the breast will not help. In most cases mastitis does not need antibiotics.

Unresolved mastitis can develop into a breast abscess, though this is rare. If it does not seem to be clearing, contact your GP or the breastfeeding adviser at your local hospital. If an abscess forms it may need to be drained, or aspirated, in hospital. These procedures are quite simple, and aspiration in particular is usually quick.

Mastitis does not mean you have to stop feeding, and you could make the condition worse if you stop. It is almost always possible to continue feeding, even if you have an abscess.
Thrush

What you may see and feel
Your nipples are sore, and may be ‘flaky’ in appearance, look red, or pale, possibly shiny, and feel itchy and burning. The nipples remain sore between feeds. You may also have a sharp, shooting pain in your breast during and/or after feeds. Your baby may or may not have a white coating on his tongue, gums and inner cheeks (but if it isn’t there, it doesn’t mean thrush is not present).

When it happens
A thrush infection can happen at any time, but it seems to be more common after taking antibiotics, or after the early days of breastfeeding. Thrush can happen by itself, or together with sore nipples caused by poor positioning and attachment.

Why it happens
Thrush (candida albicans) is a fungal infection. It can thrive on broken skin and in warm moist conditions and can be passed on between baby and mother. If you have vaginal thrush, you might be more prone to nipple or breast thrush.

Solving the problem
Check your baby’s positioning as this is the most common cause of sore nipples. Thrush needs anti-fungal treatment, prescribed by your doctor. Both you and your baby need to be treated at the same time. If you also have vaginal thrush, your partner should probably be treated as well.

If you have thrush, any breast milk that you express should not be stored, as the thrush infection is present in the milk. As you and your baby should be having treatment at the same time it is fine to carry on breastfeeding. It is also a good idea to put your bra through a very hot or boil wash as this will help kill the thrush and it is advisable not to use breast pads at this time as these could cause reinfection.
Refusing the breast

What you may see and feel
Some babies get cross and frustrated at the breast, and seem to fight, tossing their heads from side to side.

When it happens
At any time. Probably all breastfed babies refuse to suck sometimes.

Why it happens
Illness, tiredness, lack of hunger, lack of energy may all cause a baby to refuse the breast, or to show no interest in it. A baby who has had the experience of a bottle teat, a dummy or a nipple shield may also refuse the breast, or else not suck efficiently and effectively.

If your baby has had an uncomfortable experience at the breast – perhaps his head has been ‘pushed on’, particularly in the early days – he may resist it at the next feed.

Babies who are full up with formula milk, water or any other fluids, or (in the case of an older baby) solids, are less likely to want the breast.

Babies who are teething, or who have thrush in the mouth, may find it uncomfortable to feed. Certain drugs, including alcohol, may affect the taste of the milk. Older babies may refuse the breast if you smell or taste differently for some reason, for example if you use a cream for sore nipples or a different perfume. Some mothers say their babies refuse the breast for a day or so before a menstrual period – it seems to change the taste of the milk.
Solving the problem

Sometimes patience is all you need. Your baby may come to the breast in a few hours without any difficulty at all. Hold your baby next to you, skin-to-skin, as much as you can, so that you can respond straight away when he shows any signs of wanting to feed, and so that he learns that your breast is a comforting and soothing place to be.

If formula or expressed breast milk is being given, think about giving it in a spoon or from a small cup instead of from a bottle. Try not to use teats or dummies, and if you are using a nipple shield*, you may need help to attach the baby without it. Perhaps you can remove the shield and latch the baby on to the breast after the baby’s had a few sucks with the shield.

Older babies may refuse the breast after a few minutes because they have taken just what they need in that time. Trying to get them back on the breast produces frustration and tears. It’s usually better for you to accept that the baby is no longer hungry, and to offer the breast as usual when the baby clearly shows he wants it.

* research shows that nipple shields can create difficulties by slowing down the flow of milk, and by encouraging the baby to suck in a way which is unlike breastfeeding. They are usually best avoided, or only used in the very short term. Teats and dummies are also not advisable in the early days of breastfeeding as they interfere with demand feeding and greatly reduce milk supply. They can also confuse a baby who is still learning to feed at the breast.
Poor weight gain

Slow weight gain can be normal for some babies, but for others it can be a sign that the baby isn’t getting enough milk to grow. The variation in weight gain is huge but most breastfed babies from 2 weeks of age gain:

- 0–4 months  125–200 g per week
- 4–6 months  50–150 g per week
- 6–12 months 25–75 g per week

What you may see and feel

If your baby isn’t getting enough milk, he may be unhappy and frustrated at the breast. Alternatively, he may be listless, sleep a lot, and seem uninterested in feeding for a long time – it sounds contradictory, but sometimes the quiet baby may be wrongly thought of as ‘good’ because he’s undemanding. But he may not demand very much because he’s saving his energy.

He may have fewer wet nappies than normal (nappies will feel light even when he does pass urine). Contact a midwife, health visitor or doctor urgently. He may pass dark or dry stools infrequently. Infrequent stools can be normal after the first month or so, but most babies have a dirty nappy several times a day in the first weeks and within the first three to four days babies should have soft, runny stools.

Over a period of time, his growth may give cause for concern. Young babies normally lose some weight in the early days as they use their fluid and fuel stores, but a baby who is not getting enough milk will lose more, continue to lose weight, or be slow to regain his birth weight.
When it happens
Sometimes, you may be mistaken in thinking you haven’t got enough milk. But this can and does happen at any time – either because breastfeeding has not got off to a good start, or because problems haven’t been solved.

Why it happens
If your baby isn’t well attached he may not stimulate a good supply. If you time the feeds, or try to fit them into a schedule (like feeding for a certain number of minutes a side every three or four hours), you may upset the ‘demand and supply’ process that produces the amount of milk the baby needs. The more often milk is removed from the breast, the more milk is produced. Or, removing the baby from the breast before he’s finished may mean he doesn’t get enough milk. Giving your baby bottles of formula milk or other fluids, or introducing solid foods too early, may also interfere with a good milk supply.

Solving the problem
Make sure your baby is well-positioned and correctly attached (see page 16), and feed as often and for as long as he wants. Offer both sides at every feed – he may only take one, but offer him the second anyway. Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all he needs when, in reality, he is just resting before wanting to feed some more.

If your baby likes to sleep a lot, wake him up more often so that you can feed him more. If he is listless and uninterested in feeding he may be unwell, so it is best to contact your doctor, midwife or health visitor. Sometimes, for a short period of time, you may be advised to express milk in order to increase milk production and get the baby back on track.
Breastfeeding and your life
fitting it in, making it easy

When you’re thinking about whether to breastfeed, or whether to continue once you’ve begun, you may find other people’s attitudes and feelings play a part in your decision. In the end, what you do is up to you and your baby – but your friends and family, and your own personal circumstances, are likely to influence you.
‘I was embarrassed feeding in front of anyone at first, and used to go into another room. But as I got more confident, it started to bother me less. I don’t think anyone even realises you are feeding. It looks as though he is having a cuddle or a wee snooze.’ Hazel

What about:

...breastfeeding in front of others?

Some mothers can feed happily enough when family or friends are around but feel awkward when they are in a public place; others find it’s the other way round. Once you feel confident you can breastfeed so that others are not even aware of it. If you wear clothing that pulls up, you’ll find there is hardly anything on view at all.

Remember that your confidence is likely to grow as you and your baby get more used to breastfeeding. Also, your baby’s feeds will become less frequent, so you can plan outings between feeds.

Scotland has a law giving mothers the right to breastfeed in public places. The Breastfeeding (Scotland) Act makes it an offence to stop a baby being breastfed in places such as shopping centres, bars and cafés. So now you can be confident that the law supports your decision to breastfeed.

...getting support from family, friends or a partner?

Your relatives may be in favour of bottle feeding, or perhaps they know very little about breastfeeding as they haven’t done it themselves. It will help if you can explain about the health benefits of breastfeeding, which they may not know about, and remind them that all health professionals encourage it. Perhaps they would like to read this booklet, or talk with the midwife or health visitor themselves.

The support of your family is so helpful to you that it’s worth making sure they know why you have chosen to breastfeed.
Your partner may be uncomfortable about you breastfeeding, or feel unhappy about you feeding in front of other people. It’s known that partners’ attitudes to breastfeeding are crucial to success – if your partner is not keen, for whatever reason, it will be a lot more difficult for you to carry on. It may help to remind him that there are many other aspects of your baby’s care he can be involved in – cuddling, holding, bathing, playing, massaging – and that the time when your baby is receiving nothing but your milk is very short (around six months).

Fathers can show babies that love doesn’t have to come as a package with food – they can develop their own unique relationship, and that’s valuable for you and the baby. Your partner may worry that he can’t help if you are breastfeeding – reassure him, and let him know you and your baby need him for other essential things.

...feeling ‘tied’ to the baby?

As you’re the only one who can feed the baby, you might feel you have less freedom to go out, to socialise or to share the care of your baby.

There are ways of coping with this, nevertheless. You will find your baby’s needs are more predictable as he gets older, and he can be encouraged to be more flexible too, so he can feed at a time that suits you. You can also express milk for someone else to give to your baby (see pages 24–27). Or, you may want to give the occasional bottle of formula milk, but bear in mind the benefits of exclusive breastfeeding, and the possible impact of using teats and dummies (see page 7). See pages 47–49 for combining breastfeeding and working.

‘Breastfeeding was something I hadn’t thought about. I didn’t really know much about it. My wife was keen to give it a go although at times I felt it was quite hard for her. In the early days the baby seemed to want to feed all evening and that was tiring for both of us! But it was magic seeing him fall asleep, full up, content with that wee half smile on his face! I didn’t feel left out. She needed me there and when I look back now it was such a short but very special time in our lives. It’s a great start you can both give your baby.’

Andrew
...meeting other mothers?
Many mothers find it helpful to meet others who are also breastfeeding. There are breastfeeding support groups in all parts of Scotland, which offer friendship and mutual support. You can usually join these groups while you are pregnant. Support groups give information and reassurance, as well as the chance to make new friends. Your midwife or health visitor will know the groups meeting near you, or ask your local maternity hospital (see pages 54–57 for information about support groups, etc.).

...coping with night feeds?
Your baby should sleep in a cot in the same room as you for the first six months, as this helps to reduce the risk of cot death. While you are breastfeeding you may want to bring your baby to bed with you to feed and settle – this can make coping with night feeds easier, as you and the baby are disturbed less than if you have to get up and sit in a chair to feed. Once you’ve finished feeding however, it’s safest to put your baby back in the cot before you go to sleep, especially in the first three months. There is a link between sharing a bed and cot death particularly if you or your partner:

- are smokers (no matter where or when you smoke)
- have recently drunk any alcohol
- have taken medication or drugs that make you sleep more heavily
- are very tired.

If you do bring your baby into bed for feeding or settling, you should ensure that your baby is not in danger of becoming trapped, suffocating or overheating.

It is extremely unsafe for anyone to sleep with a baby on a sofa or armchair.

If you would like further information on this issue see Reduce the risk of cot death produced by the Scottish Government or contact The Scottish Cot Death Trust (see page 57). The leaflet Caring for your Baby at Night also provides useful guidance. It is produced by UNICEF and is endorsed by the Foundation for the Study of Infant Deaths, the Royal College of Midwives and CPHVA. Ask your midwife or health visitor for a copy. (See page 57 for weblinks).

‘My health visitor told me about a breastfeeding support group at the health centre. I didn’t want to go at first... but eventually I went along after a bad week and found there were lots of other babies at the same stage as Mathew, and some were unsettled as well. We just sat and chatted.’
Verena
Going back to work?

you and your options

Any breastfeeding, even for a short time, is worthwhile, so, if you want to breastfeed, don’t let the fact that you’re returning to work put you off. Breastfeeding can be combined with a working life.
Talk to your midwife, health visitor or breastfeeding counsellor about the options.

• You can express breast milk and store it in a fridge or freezer, so that it can be given to your baby in a bottle or a cup while you’re at work (see pages 24–27). If you want to make sure your baby only has breast milk, you will probably need to express at work. You may be able to arrange to feed your baby during the working day, if he can be cared for nearby.

• You can breastfeed your baby when you are with him, and your baby’s carer can give him formula milk when you are away. Your breast milk supply should remain sufficient, as long as you wait until your breastfeeding is well-established.

If your breastfed baby refuses a bottle, try asking someone else to give it. Sometimes, breastfed babies get confused and cross if their mother offers a bottle. It may also help if you aren’t there when the bottles are given.

A baby who really can’t get the hang of bottle feeding can be given expressed breast milk (EBM) or formula milk in a spoon or cup. Tilt the cup to the lips and let the baby lap or slurp it up – don’t pour it in. Your health visitor or midwife can show you.

The body is quite adaptable, and mothers usually find they can breastfeed fully at weekends, or, if they work part-time, they can feed fully on their days at home and partially on their days at work.

At first your breasts may feel full and a little uncomfortable on the days you feed less often. You may have to express a little to remove some of the milk in the beginning, to prevent discomfort, especially if you are missing more than one or two feeds. Cold compresses, or cabbage leaves inside your bra can help (see page 35).

‘(The childcare) is only just across the road. It’s nice to see her and its really much more pleasurable to feed her than express.’
Maria
Breastfeeding and your employer

Your place of work may have a breastfeeding policy, aimed at supporting your breastfeeding after you return to work. Your employer is obliged to make it possible for you to continue breastfeeding at work. It is advised that you let your employer know in writing before returning to work that you are going to continue to breastfeed. There should be a clean, warm and private room where you can express milk, as well as a dedicated fridge (where available) for storing breast milk. If this is difficult, a well-insulated cool bag is an alternative. Check that your childminder or your nursery knows the correct way to store your breast milk and is supportive of you continuing to breastfeed.

‘I went back full-time when Ciaran was 5 and a half months. I had three breaks for expressing, at about 11, at lunchtime and in the afternoon. In the morning I was always very full and I would express from both sides at once. It took about 20 to 30 minutes. The other times I just expressed one breast, so that took 10–15 minutes.’ Heather

A separate guide, *Breastfeeding and Returning to Work* (NHS Health Scotland 2013) – is available from your midwife or health visitor.
Your questions about breastfeeding

here are the answers!
The vast majority of women have enough milk, but if breastfeeds are timed or limited, or if the positioning’s not right, then building up a good supply may be difficult. Your mother may have been told to feed to a schedule (mothers were, at one time), and that can be harmful for breastfeeding; she may not have had help to ensure a good position.

There’s no reason to think you will face the same problems, especially if you get any help you need to get breastfeeding off to a good start.

Simply make sure you eat according to hunger, and drink according to thirst. Eat a variety of foods, including lots of fruit and vegetables, bread, cereals and potatoes, and limit your intake of fatty and sugary foods. Most women feel hungry and thirsty during breastfeeding. This probably reflects the demands made on the body.

While you are breastfeeding you should take supplements containing 10 micrograms of Vitamin D each day. If you are eligible for Healthy Start you are entitled to free vitamins. For more information visit: www.healthystart.nhs.uk

For advice on what to eat while breastfeeding visit the Food Standards Agency website: www.eatwell.gov.uk/agesandstages/baby
If you or your partner smoke, breast milk is still the healthier option for you and your baby and will give your baby protection. However, nicotine from cigarettes does reach the breast milk and has been shown to reduce the milk supply and can make you more prone to mastitis.

When you drink, small amounts of alcohol pass into your breast milk. For this reason it is important to limit the amount of alcohol you drink to no more than 1–2 units once or twice a week. Drinking more than this can affect your baby and cause him to have problems feeding, sleeping and digesting. If you are going to have a drink try to have it after the last feed of the day so it doesn’t affect your baby. Or express some milk before you have a drink and feed this to your baby later.

Jaundice is very common in newborn babies, particularly sleepy babies who are reluctant to feed, and some babies need phototherapy. Feed your baby as soon as you can after birth and as often as he wants.

If he is sleepy and does not want to feed, try to waken him and feed him more often or express and cup feed him some extra breast milk. Jaundiced babies may need more breast milk to replace fluids lost with phototherapy and even if he does not need treatment, extra breast milk will help to clear the jaundice.

What should I do if I smoke, and can I drink alcohol while I’m breastfeeding?

My baby was jaundiced and very sleepy. He didn’t seem interested in feeding. He needed phototherapy (to go under a very bright light). What can I do if this happens with my next baby?
Drugs can affect breastfeeding. Make sure you tell your doctor you are breastfeeding if he/she prescribes medication. However, the quality of your breast milk should not be affected if you are given antidepressant medication for postnatal depression.

If you use illegal drugs, you can be referred for specialist help in pregnancy and afterwards. If you are a regular user, and you’re told there is a risk your baby might suffer withdrawal symptoms when he is born, it can sometimes be really helpful to your baby if you breastfeed. Ask to speak to health professionals with experience in supporting mums who use drugs, and you will be able to make a choice based on good information.

Always do this gradually, unless you are switching to the bottle in the first days of life. Substitute one breastfeed every few days with a bottle feed, or, if your baby is old enough, you can use a cup.

If your baby is over a year or 18 months, you may have to distract his attention at times when he wants to breastfeed.

Yes – even triplets! You will need more help with other jobs, as feeding twins can take more time. You make twice as much milk for twins because your breast milk supply gets twice the stimulation.

Drugs can affect breastfeeding. Make sure you tell your doctor you are breastfeeding if he/she prescribes medication.

However, the quality of your breast milk should not be affected if you are given antidepressant medication for postnatal depression.

If you use illegal drugs, you can be referred for specialist help in pregnancy and afterwards. If you are a regular user, and you’re told there is a risk your baby might suffer withdrawal symptoms when he is born, it can sometimes be really helpful to your baby if you breastfeed. Ask to speak to health professionals with experience in supporting mums who use drugs, and you will be able to make a choice based on good information.

How do I wean my baby from the breast?

Can I breastfeed twins?

Can I breastfeed if I use drugs?
Further information, support and sources of help

Your midwife and health visitor can help support you with breastfeeding. They will also provide you with information on additional support services in your local area.
Scotland has a network of about 150 breastfeeding support groups. They offer friendship, advice and a cup of tea or coffee!

They’re especially helpful if you have a concern about breastfeeding, or if you don’t feel you know many mothers who are breastfeeding.

Your maternity hospital, your midwife or your health visitor should know where your nearest group is.

Ask your health professional about peer supporters as well. Peer supporters are mothers who have breastfed and have undergone training that enables them to offer friendship and support to other mothers in their area. There are many peer supporters in Scotland.

**On the web**

The following websites are likely to be reliable and up-to-date, and offer information about breastfeeding:

- [www.feedgoodfactor.org.uk](http://www.feedgoodfactor.org.uk)
  Scottish Government website with practical information on breastfeeding in Scotland, including local peer support groups and mums’ stories.

- [www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)
  Provides information to parents from preconception to age 1 and has breastfeeding information.

**Ready Steady Baby! goes mobile**

Ready Steady Baby! is now available as a free smartphone app. So it’s even easier for you and your partner to find out about pregnancy, birth, feeding choices and early parenthood from the NHS.
Talk to other parents

Try BreastfeedingUK for a friendly welcome to an online chat group hosted by the Association of Breastfeeding Mothers. To join, visit:
http://abm.me.uk/about-the-abm/chat/

UK-wide support groups

The National Childbirth Trust
Alexandra House
Oldham Terrace
Acton
London W3 6NH

Enquiry line 0300 33 00 770
Breastfeeding line 0300 33 00 771
www.nct.org.uk

La Leche League Great Britain
LLL (GB)
PO Box 29
West Bridgford
Nottingham NG2 7NP

Helpline 0300 330 5453
www.laleche.org.uk

Their helpline provides local numbers for breastfeeding help and support.

The Breastfeeding Network
PO Box 11126
Paisley PA2 8YB

BfN Supporterline 0300 100 0210
BfN Supporterline in Bengali/Sylheti: 0300 456 2421
Available for Bengali and Sylheti speakers.

Breastfeeding support in Tamil, Telugu and Hindi: 0300 330 5469
Available for Tamil, Telugu and Hindi speakers.

www.breastfeedingnetwork.org.uk
enquiries@breastfeedingnetwork.org.uk

Supporterline can also put you in touch with groups or supporters local to you.

Association of Breastfeeding Mothers
PO Box 207
Bridgwater
Somerset TA6 7YT

Helpline 0300 330 5453
www.abm.me.uk

Groups and individual support.
Other organisations

UNICEF UK Baby Friendly Initiative
30a Great Sutton Street
London EC1V 0DU

National Breastfeeding Helpline:
0300 100 0212
www.babyfriendly.org.uk
bfi@unicef.org.uk

Visit the website for information on safe bed-sharing with your baby, and for details of the Baby Friendly Initiative which aims to ensure that breastfeeding mothers in hospital and outside get the right sort of support.

The Scottish Cot Death Trust
Royal Hospital for Sick Children
Yorkhill
Glasgow G3 8SJ
0141 357 3946
www.scottishcotdeathtrust.org

For further information on bed-sharing and safe sleeping for babies.

The Lullaby Trust
11 Belgrave Road
London SW1V 1RB
www.lullabytrust.org.uk
Bereavement support: 0808 802 6868
Information and advice: 0808 802 6869

The Lullaby Trust provides specialist support for bereaved families and anyone affected by a sudden infant death.

Healthy Start
www.healthystart.nhs.uk

For information on free vouchers that you can swap for milk, fresh fruit and vegetables, and vitamins.

Maternity Action
52–54 Featherstone Street
London EC1Y 8RT
Information line 0845 600 8533
www.maternityaction.org.uk

Information about employment and welfare rights and benefits, for workers and employers.

NHS Health Scotland cannot guarantee the quality of information on websites run by other organisations. Inclusion does not necessarily imply endorsement by NHS Health Scotland.
Here’s a handy glossary of terms you’ll come across in this booklet and in other discussions about feeding.
Alveoli: tiny structures in the breast which actually make and store the milk.

Areola (plural, areolae): the coloured skin surrounding your nipple. Strictly speaking, the nipple is only the end bit. Different women have different-sized areolae, which is why it is misleading to say the baby ‘should have’ all the areola in his mouth when feeding.

Baby Friendly Initiative: UNICEF/WHO programme which aims to ensure that health professionals and the places where they work follow practices which support a woman’s choice to breastfeed.

Blocked ducts: a duct in the breast can become clogged and prevent a free flow of milk (see page 36).

Colostrum: the first fluid produced in the breasts, in later pregnancy and for the first days after birth.

Engorgement: swelling of the breast, because of extra milk, blood and lymph (see page 34).

Exclusive breastfeeding: breastfeeding only with no other fluids or foods given to the baby.

Expressing: removing the breast milk by hand or pump.

Inhibitory factor: a substance in the milk which prevents milk being produced; if a lot of milk is left in the breast for a long time, the inhibitory factor has more time to work, and therefore milk production slows down.

Latched on: when a baby is ‘latched on’ he is well-positioned and attached.

Let-down reflex: under oxytocin, the let-down reflex happens inside the breast, and makes tiny muscle cells surrounding the alveoli push the milk out into the ducts (see page 17).

Mastitis: inflammation of the breast (see page 36).

Mixed feeding: this used to mean solids alongside breast milk/formula milk. Now it usually means feeding with formula milk and breast milk.

Oxytocin: the hormone which produces the let-down reflex (see above).

Placenta: the afterbirth. Once the placenta is delivered, the breasts receive the hormonal trigger to produce breast milk.

Positioning and attachment: getting this right (see page 14) ensures you do not have any pain and your baby has a good feed.

Prolactin: the milk-making hormone, produced at the start of breastfeeding. Prolactin levels are high at first, and then fall as breastfeeding becomes well established.
This booklet cannot cover all aspects of breastfeeding, so if you need more information your midwife, health visitor, breastfeeding counsellor or doctor will be able to advise you. However, it should help to make you feel more confident about breastfeeding and able to enjoy this experience with your baby.

This DVD, supplied by NHS Health Scotland, will give you all the information you need about breastfeeding. It is provided by maternity hospitals free of charge to all pregnant women in Scotland. Ask your midwife for a copy.
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