

It's good to find out as much as you can about breastfeeding before the birth. Knowing what to expect will help you feel as confident as possible when you've just given birth and want to breastfeed your baby.



## Before the birth

Antenatal sessions, whether held by the NHS or another organisation, will cover the most important aspects of breastfeeding, like positioning and attachment, expressing milk, common questions and concerns, and how to deal with them. You can find out more from your midwife, from family and friends, and useful helplines and websites.

## Starting to breastfeed

Having skin-to-skin contact with your baby straight after the birth will help to keep your body warm, calm your baby, and help with the first breastfeed. Every pregnant woman makes milk for her baby, which is ready and available at birth. This milk is called colostrum and is sometimes a yellow colour. It's very concentrated, so your baby will only need a small amount at each feed (approximately a teaspoonful). Your baby may want to feed quite frequently, perhaps every hour, but they will begin to have longer feeds less often when your milk comes in, after a few days. The more you breastfeed the more milk you'll produce. The time between feeds will vary, and you and your baby will settle into a pattern, which will change from time to time. Your baby's stomach is only about the size of a walnut, so it's important to feed your baby when they are hungry – they will stop when they have taken as much milk as they need.

## How often will my baby feed?

All babies are different, and it may depend on the type of birth you've had. Your baby may be sleepy at first. Ideally, your baby will feed within the first hour after birth although if not, it is important to maintain skin to skin contact which encourages the baby to find the breast themselves. Signs that they're ready to feed include:

- Rooting (where your baby will turn towards the breast with their mouth open wide)
- Starting to move about as they wake up
- Moving their head around
- Finding something to suck, usually their fingers



## Building up your milk supply

Around two to four days after birth you may notice that your breasts become fuller and warmer. This is often referred to as your milk 'coming in'. Your milk will vary according to your baby's needs. It may look thinner compared with colostrum. Each time your baby feeds, a hormone called prolactin is released which tells your body to make the next feed. Prolactin is especially strong at night, so night feeds are important to encourage your milk supply, especially in the early



For more information, help and support go to [www.choosewellmanchester.org.uk](http://www.choosewellmanchester.org.uk) or visit NHS Choices at [www.nhs.uk](http://www.nhs.uk)

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days. The amount of milk you make will increase or decrease depending on your baby's needs. 'Topping up' with infant formula is not recommended until your milk supply is established (up to around 6 weeks), as it can reduce your milk supply. Using a dummy is also not recommended until your milk supply is established because it masks the signs that a baby is ready to feed, the baby feeds less often and your milk supply reduces.

Feed your baby as often as they want. This is called baby-led feeding (it's also known as 'on-demand'). Let your baby decide when they've had enough. It's not necessary to time the feeds. In the beginning, it can sometimes feel like you are feeding constantly although gradually, you and your baby will get into a pattern of feeding and the time between feeds will increase.

If you share your bed with your baby (or find yourself falling asleep in bed while feeding), please discuss this with your health visitor. The safest place for your baby to sleep is in a cot in your room for the first 6 months of life.

**Warning:** Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal). Do not sleep with your baby if anyone else in the bed is a smoker. Do not put yourself in the position where you could doze off with a baby on a sofa or armchair.

## Weaning

Your baby will be ready to start taking solid foods (often called 'weaning') at around six months old. It is a really important step in your baby's development and can be great fun to explore new flavours and textures together. If you are breastfeeding, giving your baby Breastmilk only up to around six months will give them extra protection against infection, and helps to prevent obesity for as long as you carry on breastfeeding. Whether your baby has breast milk or infant formula, waiting until your baby is developmentally ready saves time as they will be able to swallow more effectively, feed themselves and join in family meals.

Every baby is an individual, but there are three clear signs which, together, show your baby is ready for solid foods alongside breastmilk or infant formula. It is very rare for these signs to appear together before your baby is six months old.

- They can stay in a sitting position and hold their head steady
- They can co-ordinate their eyes, hands and mouth so that they can look at the food, pick it up and put it in their mouth, all by themselves
- They can swallow food. Babies who are not ready will push their food back out, so they get more around their face than they do in their mouths

Some signs that can be mistaken for a baby being ready for solid foods:

- Chewing fists
- Waking in the night when they have previously slept through
- Wanting extra milk feeds

These are normal behaviours and not necessarily a sign of hunger, or a sign of being ready to start solid food. Starting solid foods won't make them any more likely to sleep through the night. Extra milk feeds are usually enough until they're ready for other food.

## When you shouldn't breastfeed

Occasionally, there are clinical reasons for not breastfeeding. For example, if you have HIV or, in rare cases, you're taking certain types of medication that may harm your baby. Under these circumstances when there's no alternative, bottle feeding with infant formula will be recommended. If you're not sure whether you should breastfeed your baby, speak to your midwife or health visitor for information and support.



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## Help and support

Breastfeeding that is working well is not painful, so if you're very uncomfortable or sore, ask for help. Midwives, health visitors and trained volunteers can offer information and practical help with breastfeeding. Talk to your midwife or health visitor about the information and support available in your area. You can also call any of the helplines opposite.



National Breastfeeding Helpline

**0300 100 0212**

NCT Breastfeeding Helpline

**0300 330 0771**

La Leche League Helpline

**0845 120 2918**

Association of Breastfeeding Mothers

**08444 122 949**

## What to do next...



### Choose care at home if...

- There are no reasons why you shouldn't breastfeed. In most cases, you should be able to start breastfeeding at home with no problems
- Your baby is unsettled at the breast and doesn't seem satisfied by feeds. It may be that they're not attached to the breast correctly - check that your baby is in the correct position to attach and feed well
- Your nipples hurt. Take your baby off the breast and start again. To do this you can slide a finger gently into the corner of the baby's mouth until their tongue releases. Putting up with the pain could make things worse



### Choose your GP or GP out-of-hours service if...

- You need someone to work with you to improve positioning and attachment of your baby
- Your nipples start to crack or bleed. Pain is not normal, so ask for help and support
- You have two or more of the following symptoms of mastitis: breast or breasts that feel(s) hot and tender; a red patch of skin that's painful to touch; general feeling of illness, as if you have flu; feeling achy, tired and tearful; you may have an increased temperature. Don't stop breastfeeding, this will make your symptoms worse
- You develop an infection called thrush, which might cause sore, pink nipples. You and your baby may need treatment



### Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with breastfeeding
- A&E is for urgent, life-threatening illness and injury



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