



# Breastfeeding

## A good start



NCT wants all parents to have a positive experience of feeding their baby. We provide evidence-based information and one-to-one support for parents to help with a range of feeding decisions.

We hope this booklet will answer your questions about breastfeeding and help you and your baby get off to a good start. You can find lots of information about feeding on our website at [www.nct.org.uk](http://www.nct.org.uk) or you can call our helpline on [0300 330 0700](tel:03003300700), where our trained breastfeeding counsellors will be able to discuss any questions or concerns you have about feeding your baby.



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# Common questions about breastfeeding

Many women who want to breastfeed feel unsure about what it's going to be like or whether they can actually do it. Here are some common questions that new mums have about breastfeeding and some practical information to answer them.

If you do have concerns, or if you are experiencing problems, talking to an NCT breastfeeding counsellor can be really useful. Do give us a call on 0300 330 0700 where a breastfeeding counsellor will be happy to talk through any aspect of feeding your baby.



## How does breastfeeding work?

As your baby grows in the womb, your breasts prepare for their role of making milk for your baby. From about 20 weeks of pregnancy, your breasts will produce colostrum, which is the milk your baby needs in the first few days after birth.

Colostrum is a rich mixture including proteins, vitamins and substances which fight infections. It's usually golden yellow in colour and changes into whitish milk around the third or fourth day after birth. Some pregnant women find that they leak colostrum during pregnancy but not everyone does.

After birth, your baby feeding at your breast will send signals to your breasts to produce milk: the more your baby feeds at the breast, the more milk you will make. This means that feeding your baby frequently, especially in the early weeks, helps to establish and maintain a milk supply that's sufficient for her, whether you have one or more babies.

Breastmilk varies according to your baby's needs. So long as your baby can feed when she wants to, breastmilk changes to be more thirst quenching in hot weather and more satisfying if your baby is hungry.

## Do I need to prepare for breastfeeding?

Although you don't need to prepare your body for breastfeeding, it can be helpful to prepare yourself in other ways. In particular, you might find it helpful to talk to other women who are breastfeeding and listen to their experiences as well as read about it. You can meet women at breastfeeding support groups such as Baby Cafes and NCT events. There are also lots of useful articles in the feeding section of our website: [www.nct.org.uk/parenting/feeding](http://www.nct.org.uk/parenting/feeding). If you sign up for an NCT antenatal course, you will also have a breastfeeding session, which will provide practical information and let you know about local sources of help: [www.nct.org.uk/courses](http://www.nct.org.uk/courses).

## What do I need to breastfeed?

There are a few items that you might find help make breastfeeding easier:

- **Two or three nursing bras** – you're likely to feel more comfortable wearing a bra while breastfeeding. It's best to wait until you are about 36 weeks pregnant before getting yourself measured so that your ribcage has finished expanding. NCT has bra agents who can measure you and help you choose the most suitable bra. You can contact an agent by phoning **0300 330 0700**.
- **A pack of washable breast pads** – these are not essential, but if you find you leak at first (and some women do) breast pads absorb the milk. You can also

use folded up cotton handkerchiefs or disposable breastpads.  
Visit [www.nctshop.co.uk](http://www.nctshop.co.uk).

- **Plenty of loose tops or specially designed breastfeeding tops** – these may make breastfeeding your baby easier.

### **My partner/husband/parent is worried that breastfeeding will be too much for me**

Many parents find caring for a new baby challenging whether they are breastfeeding or using formula milk. It takes time to adjust to a new role. What's important is that you get the support (both practical and emotional) that you need. Do keep talking to your friends and family and let them know how they can help support you with breastfeeding at the beginning by looking after you while you focus on your baby.

### **How soon should I feed my baby after birth?**

Your baby's instincts to breastfeed are particularly strong after birth so, depending on your birth experience, it really helps if your baby can have an early first breastfeed (ideally within the first hour or so). Cuddling your baby on your chest skin-to-skin (that's when your skin and your baby's skin are touching



without clothes, towels or blankets in the way) can help your baby start to breastfeed. The more your baby feeds, the more milk you make. Keeping her close will help you respond quickly to her (see section below on feeding cues). Holding your baby skin-to-skin can be done after a Caesarean birth as well as a vaginal birth. However, if you are not able to have skin-to-skin contact or a breastfeed straight after the birth, you can later. If your baby struggles to attach or you have sore nipples, do ask for help. Some babies don't show the instincts to breastfeed straightaway or can be very sleepy, for example, if they are affected by pain relief drugs used during labour, such as pethidine.

### **Will breastfeeding hurt?**

In the early days, when you and your baby are learning to breastfeed, it can be difficult and, in some cases, breastfeeding can feel sore and painful. Pain is usually caused by the way that your baby is feeding at the breast (this is called attachment). Pages 9 - 14 of this booklet have pictures and information about breastfeeding positions and attachment and pages 15 - 18 describe how to avoid common problems with breastfeeding.

Do ask your midwife or health visitor for help, ring NCT's helpline, or contact a local breastfeeding counsellor if you are having problems. Even if you're experiencing mild nipple discomfort during feeds, it's worth asking for help.

### **How do I know when to feed my baby?**

Your baby will make little signals, sometimes known as feeding cues, such as sucking her fists, licking her lips or wriggling round and opening her mouth searching for your breast. Looking out for and responding to these cues is important because the sooner you can respond to them, the less likely your baby is to cry. Crying is stressful for a baby and a baby feeds best when calm. It's easier to respond to your baby's signals if you keep her close and it's recommended that your baby sleeps in the same room as you at night for at least the first six months.

### **How do I know if I'm feeding her properly?**

Pain is a sign that something is wrong; it is usually caused by the way that your baby is feeding at the breast (the attachment). The way you hold your baby so that she can attach effectively at your breast is called positioning. Take a look at the pictures and information on pages 9 - 14 for information about breastfeeding positions and attachment.

### **What if I don't make enough milk for my baby?**

New mums can worry about whether they are producing enough milk for their baby. Nearly all women have the potential to make plenty of milk for their baby (or babies if they have more than one). The key to making sure you are making

enough milk for your baby is feeding her as often as she needs and making sure that she is feeding effectively. Take a look at pages 9 - 14 for information about starting a breastfeed and pages 15 - 18 about how to avoid possible problems.

### **How long does a breastfeed last?**

Every baby is different so feeds will vary in length. It's best to be guided by your baby's behaviour. Your baby will normally let you know when she has had enough milk by taking herself off the breast. Feeds can vary a lot; sometimes your baby might only need a quick feed and sometimes a much longer one.

As your baby feeds from your breast, the milk changes slightly and becomes more creamy (higher in fat) and filling. Letting your baby finish feeding on one breast before switching to the second helps her put on weight and stay fuller for longer.

### **I'm worried about breastfeeding in front of other people and in public places**

Many women do worry about breastfeeding in public places. Learning to feel comfortable when out and about can help because breastfeeding works best when babies are fed when they show signs that they are hungry.

Most people won't even notice when you breastfeed in public places and many women find it easier to sit quietly and feed their baby than struggle with a baby who is hungry and upset.

During the early weeks, some women find that they want a little more privacy while they gain confidence with breastfeeding. It's entirely up to you. Once you have become more confident with breastfeeding you will be able to find ways to feed your baby wherever and whenever you like.

You can practise with friends, or at a breastfeeding drop-in group. You may find that particular ways of holding the baby work better in different situations. You can drape a scarf or shawl over your shoulder or you can use specially designed breastfeeding tops if that helps you feel more comfortable.

The law is also on your side; under the Equality Act 2010, it is against the law to ask a woman who is breastfeeding to stop or move elsewhere if she is permitted to have her baby in that place. In addition to this, lots of places such as libraries, cafes and museums are welcoming women who are breastfeeding, and some demonstrate this by signing up to a 'Breastfeeding welcome' scheme. Look for the signs and find out more at [www.breastfeedingwelcomescheme.org.uk](http://www.breastfeedingwelcomescheme.org.uk).

## Can I breastfeed and use formula milk?

Yes – many women do. Women decide to mixed feed for a variety of reasons, sometimes for a short period in response to a specific situation and sometimes as a longer-term feeding decision. A breastfeeding counsellor will be able to discuss your particular situation with you. Giving some formula milk is likely to reduce your own milk supply, so if you plan to continue mixed feeding or to return to exclusive breastfeeding, getting help to support your decisions is important. Exclusive breastfeeding means babies have a better chance of being healthy but giving some breastmilk is better for your baby than giving none (see page 20).





### **How do I know if my baby is getting enough milk?**

If feeding is comfortable and your baby is generally satisfied after feeds, she is likely to be feeding properly and getting enough milk. Another way to check whether your baby is getting enough milk is the number of wet and dirty nappies she produces, whether she seems alert, and how much weight she is putting on after the first couple of weeks. Have a look at our website for useful information: [www.nct.org.uk/parenting/feeding](http://www.nct.org.uk/parenting/feeding).

## Why or when would I express breastmilk?

Expressing can help in various situations, such as if:

- your baby does not seem to want to feed from you at first,
- you are too sore,
- you want to keep your milk supply up while offering formula milk at certain feeds,
- you want to increase your milk supply,
- your baby is not gaining weight or
- you have to be away from your baby.

Some women prefer to express by hand and others prefer to use a pump. You can feed your baby breastmilk from a cup or bottle; see our website or Expressing and Storing booklet for further information on expressing: [www.nct.org.uk/parenting/feeding](http://www.nct.org.uk/parenting/feeding). You can also discuss expressing with your midwife or an NCT breastfeeding counsellor.

## How long do I breastfeed for?

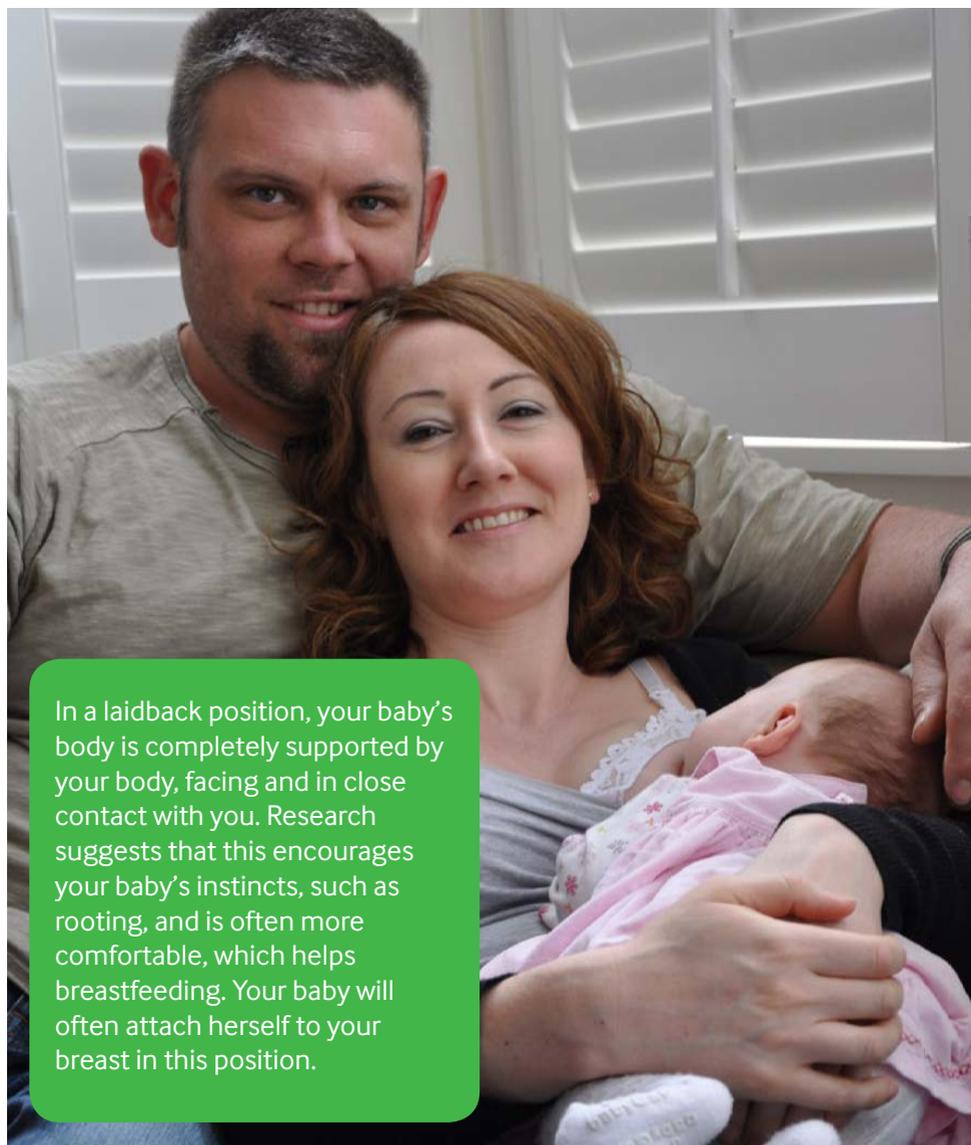
You can breastfeed for as long as you and your baby want to. The World Health Organisation (WHO) and UK Department of Health recommend giving only breastmilk for the first six months and continuing to breastfeed while solid foods are introduced. In fact, the WHO recommends continuing to breastfeed for at least two years because of the better health outcomes.

Mums and babies continue to benefit however long they breastfeed for and you can continue to breastfeed if you go back to work. There will be many factors – practical, physical, social and emotional – involved in your decision to carry on breastfeeding, mixed feed or stop altogether. Talking things through with a breastfeeding counsellor can help: [0300 330 0700](tel:03003300700).

Many maternity units are working towards Baby Friendly status, which means they do more to encourage and support breastfeeding. For more information about what to expect, visit [www.unicef.org.uk/BabyFriendly/Parents/](http://www.unicef.org.uk/BabyFriendly/Parents/). Your midwife can tell you if the maternity units in your area have 'Baby Friendly' accreditation.

# Feeding positions and attachment

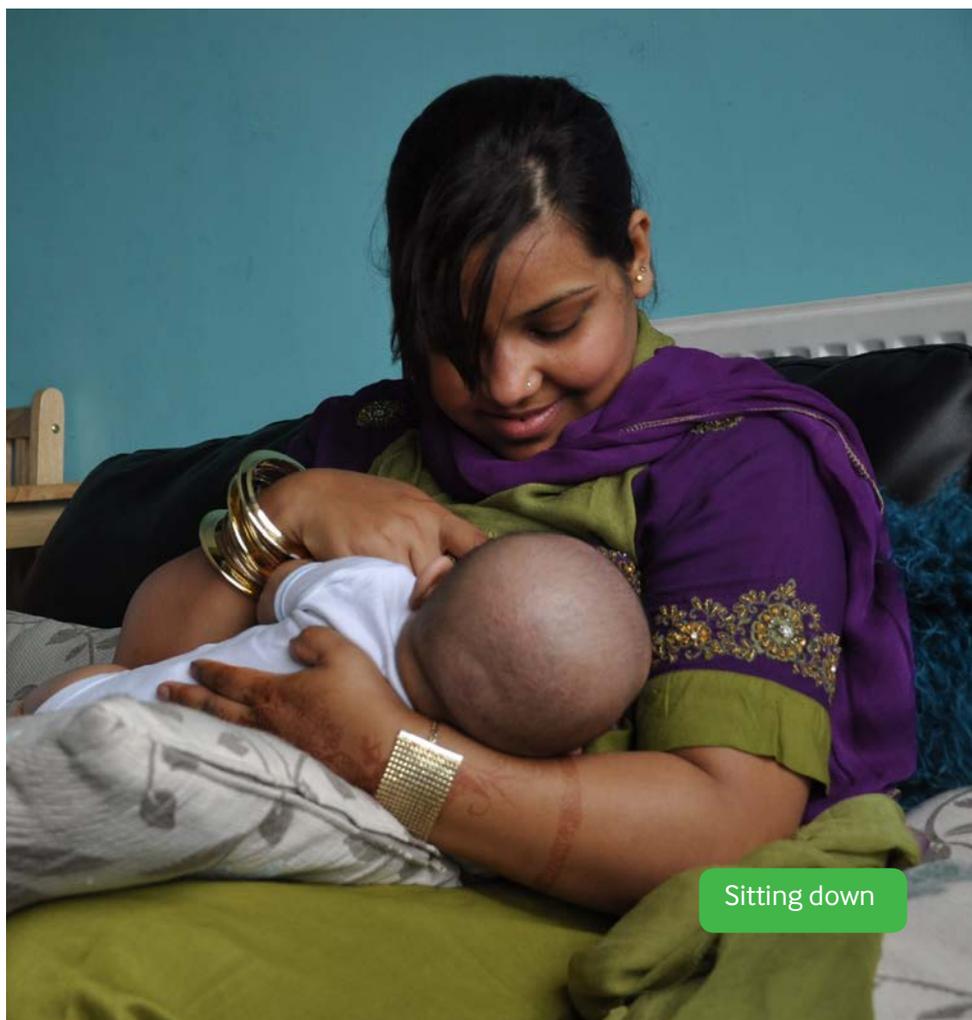
You can breastfeed your baby in lots of positions so try different ones and see what feels comfortable for you.



In a laidback position, your baby's body is completely supported by your body, facing and in close contact with you. Research suggests that this encourages your baby's instincts, such as rooting, and is often more comfortable, which helps breastfeeding. Your baby will often attach herself to your breast in this position.

If you are using a sitting or side lying-down position, the following points are useful:

- Bring your baby to your breast or let her attach herself rather than leaning towards her.
- Tuck her in closely to you.
- Check that her ear, shoulder and hip are all in a line – not twisted round.
- Make sure she's facing your nipple – it's easier for her if she doesn't have to turn her head.



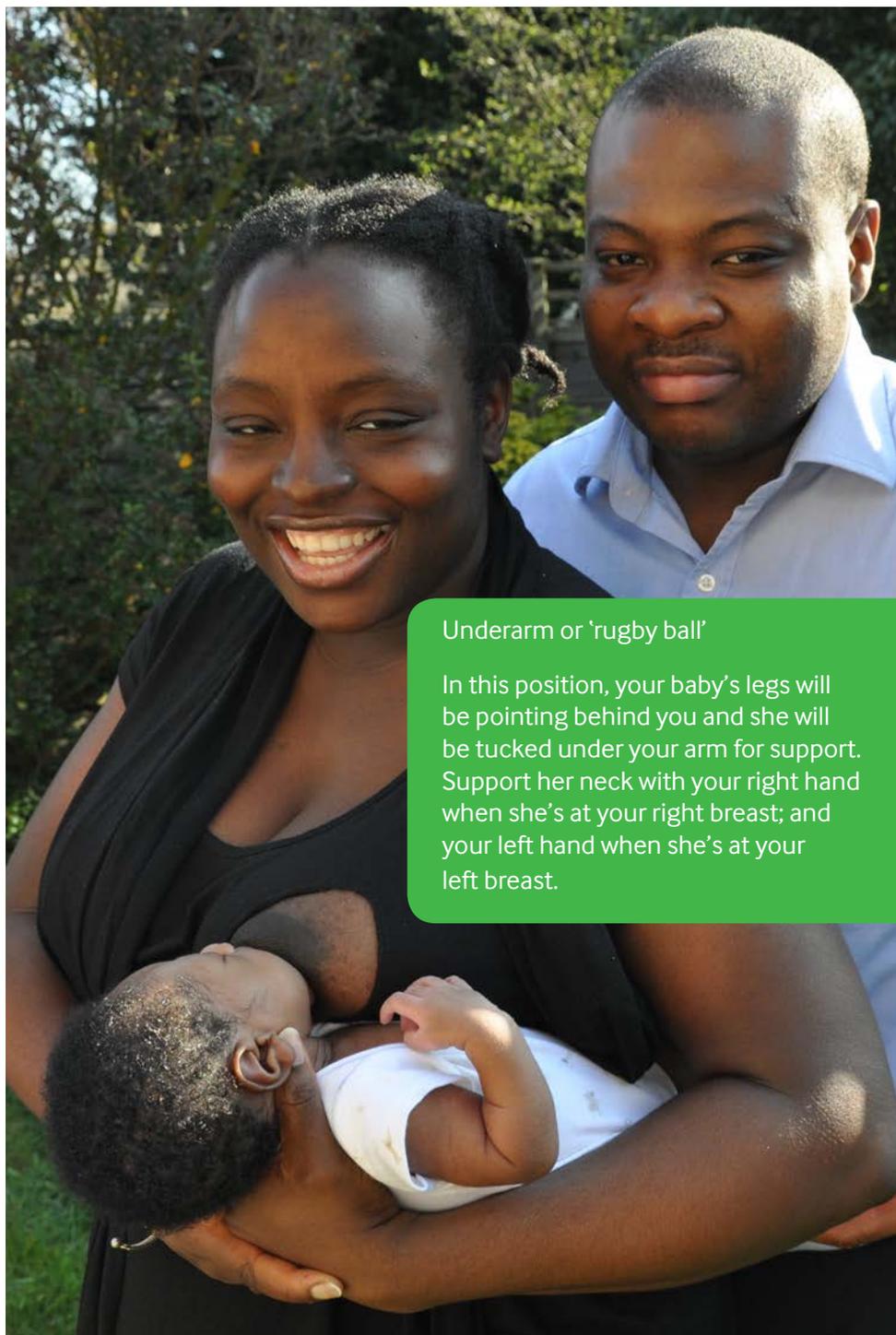
Sitting down



Lying down

Here are some points to look out for to make sure attachment and position is correct:

- Your baby is tucked in as close to you as possible.
- Her head is tilted back and chin pressed against your breast, rather than tucked down.
- Before she takes your breast, her mouth is wide open.
- Her nose is not pressed into your breast.
- You see deep jaw movements.
- Some of the areola (the coloured part around your nipple) is showing, and there is more above the top lip than below the bottom lip.
- You hear sounds of your baby swallowing milk.
- You might have a feeling of being 'firmly gripped'.



### Underarm or 'rugby ball'

In this position, your baby's legs will be pointing behind you and she will be tucked under your arm for support. Support her neck with your right hand when she's at your right breast; and your left hand when she's at your left breast.

## Attaching to the breast

Attachment, or 'latching on', is so important to breastfeeding. If your baby is comfortable and well-attached she will be able to drink your milk effectively and it won't be painful for you. Sometimes babies follow their instincts and attach themselves, especially in 'laid back' positions where they are on top (see page 9).

When your baby starts sucking, you may feel a tingling in your breasts, though not all women do. This is known as the 'let-down' reflex. It's a sign that the hormone oxytocin is helping to release milk for your baby. This hormone also causes your uterus to contract, which can feel painful during feeds for the first few days after the birth.



1

If your baby is not already rooting for your breast, you can touch her lips with your nipple. Wait for her to open her mouth wide enough to take in both your nipple and plenty of breast.



2

As soon as your baby's jaw drops and her mouth is opening really wide, draw her whole body closer so that she gets a good mouthful of breast.



3

Your nipple will enter the top of your baby's mouth, not the middle. That way, she will be able to feed effectively.



4

It may take several attempts to get the attachment good enough. Your nipple needs to be at the back of her mouth so that it is not squashed.

The following are signs that your baby could be attached better:

- Your baby's cheeks are sucked in.
- Your baby's nose is pressed into the breast.
- Her lips look as if she is sucking on a straw.
- You hear clicking noises or lip smacking.
- You feel pain while your baby is feeding, or pain persists after the feed.

Some women experience a fleeting but often intense pain at the start of a feed in the first few days or weeks. You could try some relaxation exercises, or get someone to massage your shoulders to help you relax. If you see, hear or feel anything that doesn't seem right, you can gently insert your little finger into your baby's mouth to break the suction and let her come off, then let her attach again. If it persists, do talk to a breastfeeding counsellor on 0300 330 0700.

# Overcoming breastfeeding problems

Many women who breastfeed find it is an enjoyable and satisfying experience and feel proud of being able to nourish their baby themselves. Caring for a new baby is tiring though and most young babies need to feed frequently. Feeding problems are most likely to occur in the early weeks. The good news is that there is plenty of help available and many women who have had difficulties with breastfeeding found that getting help early on made a big difference.

During the first few weeks, women who are breastfeeding generally find it becomes much more straightforward, convenient and satisfying. If you are finding it tough in the early weeks, it can be helpful to think of breastfeeding as an investment in terms of the health benefits for you and your baby (see page 20).

Your family and friends can really help too if they are encouraging, support you in practical ways through the early weeks, and respect your decisions about feeding.

Women who have had breastfeeding problems often say that they wish they had asked for help earlier. If you do have any questions or worries don't delay talking it through with your midwife or an NCT breastfeeding counsellor on 0300 330 0700.

The most common problems with breastfeeding are usually caused by the attachment not being good enough or your baby not feeding enough. Getting help with learning how to position and attach your baby effectively at your breast early on will really help, as well as keeping your baby close and responding to her feeding cues (see page 4 and pages 9 - 14).

Here is some information about the most common breastfeeding problems and how to deal with them:

## **Painful nipples**

This is most probably caused by your baby not having quite a big enough mouthful of breast so that your nipple is rubbed by the baby's mouth every time she feeds. The nipple will look pinched when your baby comes off the breast and

if this continues the sore area can get cracked and bleed. It is therefore important to get help quickly and learn how to adjust your attachment so that your baby takes a large mouthful of breast (take a look at the pictures on pages 13 - 14). It can help to have a health professional or a breastfeeding counsellor watch you feed so that you can work out together how to improve the situation.

Expressing a little milk after a feed and spreading it gently over your nipple may help soreness while you are learning (see page 8 for more about expressing). Some women say that using ultra-pure lanolin ointment can help soothe cracked nipples. The most important thing is to get help early on so you can stop the damage occurring.

### Tongue tie

Some babies have a tongue tie and this may interfere with breastfeeding. Under the tongue is a cord-like piece of skin called the frenulum, which can restrict the tongue's movement. This means a baby with tongue tie might struggle to get enough milk to satisfy her hunger. There is a small procedure available to divide a tongue tie but only some areas have a local service for this. Contact your midwife or a breastfeeding counsellor if you think your baby has a tongue tie that may be affecting breastfeeding.

### Thrush

Another cause of painful nipples is thrush (a fungal infection). Nipples may look more pink or lose colour if you have dark skin, or look shiny or puffy. The nipples can be extremely painful with the pain persisting after your baby has finished feeding. Normally the baby also has thrush in her mouth, visible as white patches even just before a feed. It's important to check that the baby is well-attached as the pain due to attachment that's not quite right can be mistaken for the pain of thrush. Thrush rarely occurs in the early weeks of breastfeeding but if you are in doubt talk to your midwife or GP. It is recommended that both mum and baby are treated with the anti-fungal medication.

### Over-full, hard breasts

As milk production really starts to get going - when your baby is about three or four days old – you may find that your breasts become heavy and full. Occasionally, breasts can become so full at this stage that they become hard (think of a melon) making it difficult for milk to flow properly and your baby to take a large mouthful of breast. This is known as being 'engorged' and the most likely cause is that your baby has not been feeding effectively or often enough. Leaving your breasts full with lots of milk in them will cause signals to be sent to your body to slow down milk production, which will affect your milk supply in the long term so try to keep feeding, or expressing and then feeding, and check that

your baby is feeding well. There are a few things you can do to help with this:

- Get the milk flowing - putting warm flannels on your breasts helps the milk to flow, or you might prefer to have a bath or shower before you feed and you might need to do some hand expressing (see NCT's Express and Store booklet available from NCT shop). This will hopefully soften your breasts enabling your baby to feed more easily.
- Get help so that your baby is able to feed more effectively – try seeing a breastfeeding counsellor so she can see how your baby is attached and help make feeding more comfortable for you.
- Feed more often – even if, just for now, this means waking your baby.

### Small, tender lump in the breast

This could be a blocked duct. Massage and warmth normally help the milk to flow and unblock the duct. Your baby is more likely to help the lump to clear if she feeds from the sore breast first and is positioned so that her lower jaw is nearer the lump. You can massage your breast and express milk after a feed if it still feels sore and lumpy.

### Red, inflamed areas on breast and/or a flu-like feeling

These (as well as shivering and fever) are signs of mastitis, an inflammation of the breast. It happens when breastmilk leaks into surrounding breast tissue. The most common reason for mastitis is that the baby has not been feeding effectively and therefore a part of the breast has not been drained properly. It is therefore important to get help with making sure your baby is feeding well.

If a woman has been breastfeeding for a while, mastitis can be caused by a tight bra or missing a feed so bear this in mind if you think you might have the condition. Resting in bed also helps if you feel unwell. Mastitis is not often caused by an infection and continuing to feed, starting on the sore side first, will help drain any blockages. Cold compresses can also help to reduce the swelling.

Your midwife can recommend a painkiller but if you don't feel better in 12-24 hours, or if symptoms get worse, you will need to see your GP urgently. The doctor may discuss prescribing anti-inflammatory drugs or antibiotics (only needed if there is an infection) and will make sure the prescribed drug is safe to take when breastfeeding.

### Baby won't take the breast

This is frustrating and upsetting but it does help to stay calm and only offer the breast when baby is calm. You can try the following:

- If your baby won't take the breast from the beginning, keep cuddling skin-to-skin and offering your breast gently. You can express a few drops of breastmilk by hand and let your baby taste it on your nipple; open your own mouth wide as she watches you to show her how.
- If your baby refuses the breast after feeding well for weeks, you could try distraction techniques, such as feeding her when you're standing up or in the bath, when she's half-asleep, or when the lights are dim.
- If your baby still doesn't want to breastfeed, you will need to express milk to keep up your milk supply and provide breastmilk for your baby.

**If your baby is still reluctant to feed, do seek help.**

### Baby feeds very frequently

Babies vary a great deal in how often they want to feed and will need to feed frequently – usually at least 8-12 times a day at first. This is unlikely to be regular; they may have a cluster of several feeds or sometimes a long feed lasting several hours and then have a longer period of sleep at times. As your baby grows, you will get to know her patterns. If your baby seems to need feeding all the time and doesn't ever seem to have had enough, this could be due to attachment that needs to be improved or to a delay in your milk supply building up, if you haven't had a good start to breastfeeding.

However, if frequent feeding is a new pattern, your baby might be building up your supply of milk and should settle again in a day or so. This is often referred to as a growth spurt or appetite spurt. Or she may simply be the kind of baby who draws enormous comfort from being at the breast. Relax and enjoy it if you can.



# One feed at a time

As a new mum, there will be lots of things to get used to as you get to know your new baby and adjust to life as a parent. You will no doubt feel exhausted at times and also worry about whether you are doing the 'right' thing or whether your baby is OK. You're not alone. There are lots of other parents experiencing the same feelings, anxieties, highs and lows as you. Talking really helps so find out what's happening in your local area for new parents or join your local NCT branch: [www.nct.org.uk/branches](http://www.nct.org.uk/branches).



# Reasons to be proud of breastfeeding

## *For your baby:*

- Breastfed babies are less likely to have infections such as stomach bugs and chest infections. This is because breastmilk contains antibodies to fight germs so your baby will be better protected. The hormones and enzymes in breastmilk also help your baby's development.
- Babies who are breastfed are less likely to become overweight or develop diabetes as children.
- If your family has allergies, your baby is less likely to get eczema or asthma if you breastfeed.
- Breastmilk is also especially beneficial for premature babies, helping their development and giving them a lower risk of necrotising enterocolitis (a potentially fatal bowel disorder that premature babies can suffer from).

## *For you:*

- Breastfeeding helps reduce the risk of developing breast cancer and some types of ovarian cancer.
- In later life, women who have breastfed have a lower risk of diabetes.
- Breastfeeding helps your womb return to its normal size after birth.
- Breastfeeding does not have a negative impact on the environment.
- The hormones that flow when women breastfeed help them to relax and feel closer to their baby.

# Further reading and resources

You might find the following information and websites useful:

[www.nct.org.uk/parenting/feeding](http://www.nct.org.uk/parenting/feeding)

[www.nct.org.uk/branches](http://www.nct.org.uk/branches)

## **NHS Choices:**

[www.nhs.uk/Planners/breastfeeding/Pages/breastfeeding.aspx](http://www.nhs.uk/Planners/breastfeeding/Pages/breastfeeding.aspx)

NHS leaflet 'Off to the Best Start' (available from your midwife or at [www.nhs.uk/start4life/Documents/PDFs/off-to-the-best-start.pdf](http://www.nhs.uk/start4life/Documents/PDFs/off-to-the-best-start.pdf))

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

From Bump to Breastfeeding DVD: [www.bestbeginnings.org.uk/fbtb](http://www.bestbeginnings.org.uk/fbtb)

NCT shop has a range of resources and equipment for feeding your baby at [www.nctshop.co.uk](http://www.nctshop.co.uk).

**NCT Helpline: 0300 330 0700**  
**[www.nct.org.uk](http://www.nct.org.uk)**

Registered Company Name: National Childbirth Trust  
Registered address: Alexandra House, Oldham Terrace,  
Acton, London W3 6NH  
Registered Company No: 2370573  
Registered Charity No (England and Wales): 801395  
Registered Charity No (Scotland): SC041592

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