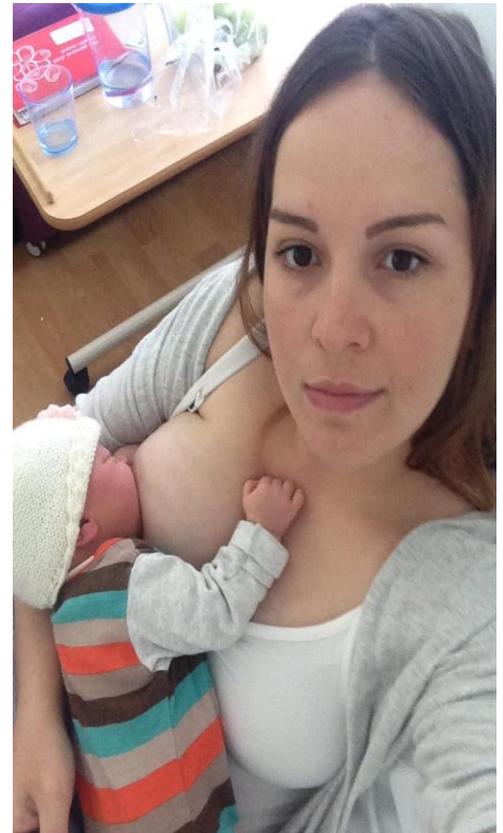


Breastfeeding - Frequently Asked Questions

When do I first make milk?

You make colostrum from around 24 weeks of pregnancy, although you may not see any evidence of this until your baby is born. Colostrum is ready for you to give to your baby at the birth in very small amounts. For most mothers, mature milk will “come in” between days 2 and 5. You will probably notice increased breast fullness at this time. Some mothers may experience their milk coming in later than others, this could be if she is a first time mother; pain medication during labour; cesarean section birth; traumatic birth or a mothers own health to name a few.



My baby is feeding very frequently, is that ok?

A new baby will feed very frequently as its tummy is very small. 8 to 12 times in 24 hours is normal. They can also have a period of time during the 24 hours when they ‘cluster feed’. You may not be sure where one feed ends and another begins! Despite constant feeding your breasts will never be “empty” and the more your baby feeds the more milk you make. As your baby grows he or she will start to feed less often, with the exception of growth spurts, when they are likely to feed even more. For more information on cluster feeding and growth spurts:

<https://www.nhs.uk/start4life/baby/breastfeeding/your-questions-answered/>

Size and volume of a newborn's stomach



Did you know? This picture shows the approximate size of your baby's stomach and how much milk it can hold at each feed.



How do I know my baby is getting enough milk?

You can tell if your baby is getting enough milk by the following:

1. Your baby is content after most feeds; all babies have periods when they are unsettled.
2. Your baby is healthy and gaining weight.
3. Your breasts and nipples are not sore.
4. Your baby has at least 6 wet nappies a day
5. Baby has plenty stools, see chart below:

Age	Dirty nappies per 24 hours
1-2 days	greenish-black tarry meconium
3-5 days	at least 3 greenish transitional poos
5+ days	at least 3-5 yellow, unformed poos, the size of a 2p coin or larger
6 weeks +	possibly less frequent but larger poos

Image credit: La Leche Ligue GB

More feeding equals more milk. In the early days of breastfeeding it is important to feed your baby on demand, not to a schedule. As he grows, feeds tend to space out but those

early, frequent feeds will ensure you have a good milk supply for the whole breastfeeding period.

My nipples are sore what can I do?

In the first few days women frequently have tender nipples at the beginning of a feed. If the pain lasts throughout the feed this may be a sign that the baby is not attached correctly to the breast. Please contact your midwife, Health Visitor or one of the infant feeding team for help. You can also use the exaggerated latch/flipple technique to get a nice, deep latch.

Here is a video on this method that may be useful:



<https://www.youtube.com/watch?v=deKN3wJ17Mk>

For further information on your baby attaching well at the breast see:

<https://www.laleche.org.uk/positioning-attachment/>

But it still hurts...?

If you have tried adjusting the latch and are still in pain you should get in touch with one of the infant feeding team (see contact details on web site) Occasionally, tongue tie or another issue such as thrush may cause the pain. For more info on nipple pain see:

<https://www.laleche.org.uk/nipple-pain/>

For more information on tongue tie see:

<https://www.laleche.org.uk/tongue-tie/>

Northumberland Health Care Trust have a regular Tongue Tie Assessment clinic for babies under 6 weeks old who have a feeding problem. Please talk to your midwife, health visitor or member of the Infant Feeding Team to discuss or be referred.



My baby is reluctant to feed?

Some babies are very sleepy or reluctant to feed after birth and in fact in the first few weeks. Your baby may be sleepy or groggy due to medication during labour or after a difficult birth. If your baby doesn't wake every few hours it is important you wake your baby to feed to ensure he gets enough milk. If your baby is a reluctant feeder it is important you hand express your colostrum, and give it to your baby by a teaspoon or syringe. Your midwife will help you with this if needed. Skin to skin is a great way to encourage your baby to breastfeed. For more information please see:

<https://www.laleche.org.uk/sleepy-baby-why-and-what-to-do/>
<https://www.laleche.org.uk/my-baby-wont-breastfeed/>

How long should a breastfeed last?

A breastfeed can last from just a couple of minutes, if the baby just wants a little thirst quencher or up to 40 minutes, if they are hungry and want a three course dinner. This is just like us, sometimes we want a drink and other times we want a meal. Your baby may look full and sleepy when he comes off the first breast, but

if you change his nappy or put him down for a few minutes while you prepare a drink or something to eat, he will often wake up and ask for the second breast. This is normal and does not mean you do not have enough milk.

If the feeds are continually lasting more than 40 minutes give your Health Visitor or one on the infant feeding team a ring, you may need some help with adjusting your positioning and attachment.

Why is he using me as a dummy at the end of the feed?

It's important to let baby decide when the feed is finished (don't worry if you need to occasionally cut a feed short to head out to an appointment or the school run). At the end of a feed baby may look like he is asleep and no longer swallowing, if you pull your breast away from him slightly or relax the hold he may start sucking quickly again or searching - indicating he wasn't finished - or he may happily stay asleep. There are some times when de-latching is required, such as uncomfortable latch or biting, slip a finger in baby's mouth to break the seal and unlatch, take a breath and reattach using deep latch/flipple. If baby is young and sleeping after only being at the breast for a couple of minutes tickle feet, change nappy or switch breasts to encourage more active feeding.

When can I introduce a dummy?

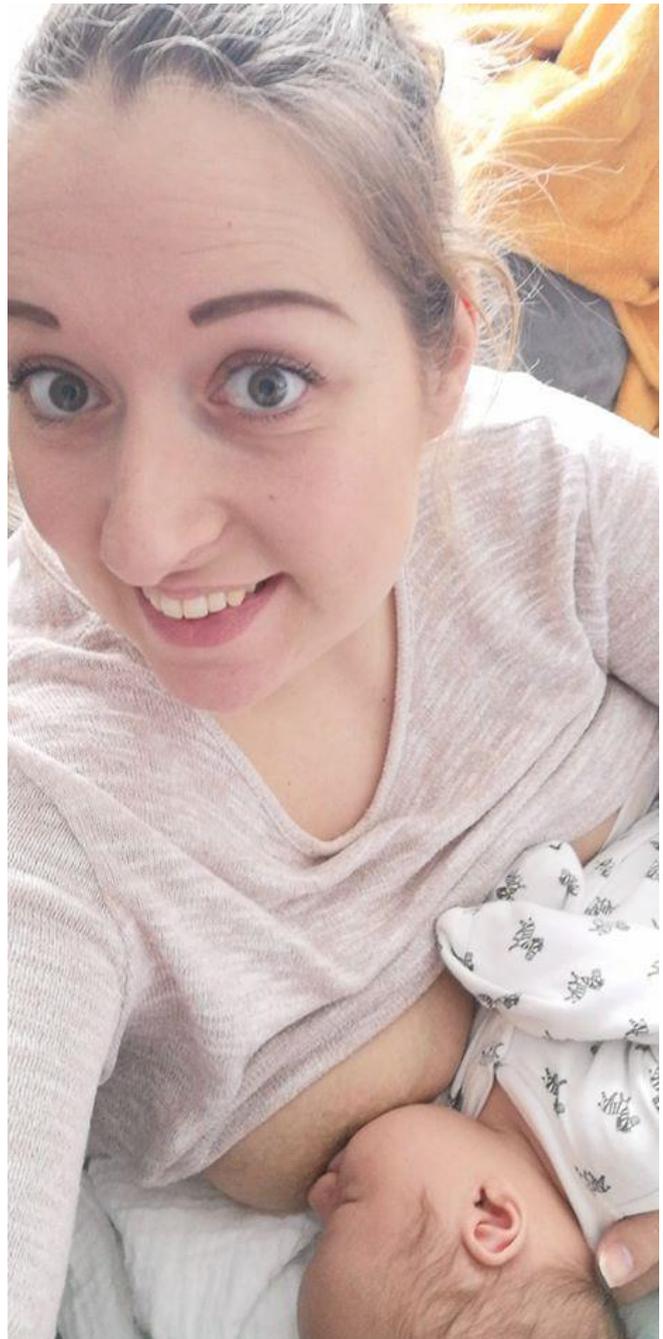
It is advised to wait until a few weeks before the introduction of a dummy to allow feeding to be well established. Earlier introduction could risk effecting the breastfeeding relationship, sucking from a dummy is a differ way of sucking and it may cause feeding cues to be missed, leading to frustration and possible reduction in milk supply.

It is also important to know babies feed at the breast for comfort and dummies were invented for babies who feed from a bottle. More information can be found at <https://www.laleche.org.uk/dummies-and-breastfeeding/>

Can breastfed babies get trapped wind?

Most Breastfed babies do not need to be winded, however some babies particularly if using a nipple shield or having milk by bottle may need to be burped. Please discuss any concerns with Your Health Visitor. Some info about winding can be found at <https://www.nhs.uk/start4life/baby/breastfeeding/how-to-breastfeed/burping-your-baby/>

Some babies who seem to struggle with trapped wind more than others, will grow out of it over time. However, if your baby is particularly gassy ensure that they are positioned correctly with a deep latch (shallow latch could cause more intake of air) and try feeding in more upright positions such as the koala hold or laid back nursing. Force full let down or over supply could also cause a gassy baby.



Some babies benefit from massage. Please contact your Health Visitor for further information.

My baby is sick after feeds, is this normal or could he have reflux?

It is not uncommon for young babies to be sick and the amount often looks like more than it is. When determining if it is an issue it's important to consider, is baby uncomfortable/in pain or is it purely a laundry issue? For further reading:

<http://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Reflux%20and%20Breastfeeding.pdf>

When should I start my baby on solids?

Introducing your baby to solid foods starts at AROUND 6 months of age, but most importantly - when your baby is ready. Your Health Visitor will give you lots of information on how to do this. Breastmilk is still an important part of your baby's diet and their main source of nutrition throughout the first year, so don't worry if they are not ready by exactly 6 months. As long as you continue to breastfeed, your baby still receives the many benefits – even alongside solids. For further information on starting solids read:

<https://www.nhs.uk/conditions/pregnancy-and-baby/solid-foods-weaning/>



Should I offer two breasts or one at each feed?

Breastfed babies are very good at deciding when they are full. They will require different amounts of breast milk at different times. Babies should always be offered both breasts at each feed. Sometimes they will take from both breasts, other times they might take a small amount from the second and they may just want to feed from one. It will all depend upon what their needs are at that particular time. Your baby may look full and sleepy when he comes off the first breast, looking 'milk drunk' but if you change his nappy or put him down for a few minutes while you prepare a drink or something to eat he will often wake up and ask for the second breast.

Does my baby need extra water?

Your baby needs only breast milk because it changes depending what your baby needs. If your baby needs more fluid, perhaps because the weather is warmer, the breast milk will change to provide this. If you give anything else other than breast milk it will fill up your baby's stomach so they will not take as much milk. This in turn will mean that you will produce less milk. As your baby starts solids you can offer a cup with water in it.

What about night feeds?

Try to let your baby determine the length of the feed. Your baby knows when he/she has had enough and will take themselves off the breast. A baby's tummy cannot hold huge amounts of milk and as breast milk is easily digested your baby will ask to feed more often. Night feeds help boost your milk supply and prevent engorgement—there is no set age at which a baby will no longer need to feed through the night. Check out the Basis website for more information on sleep

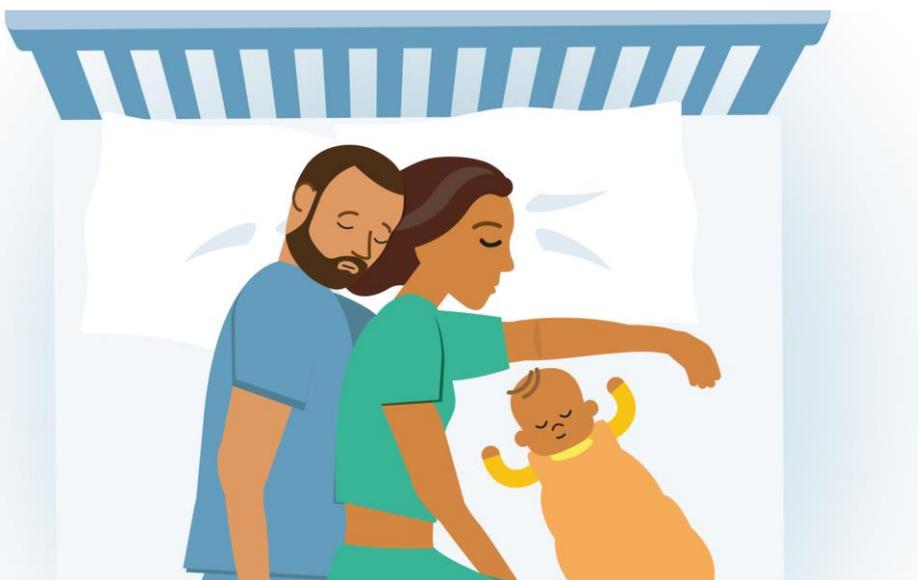
<https://www.basionline.org.uk/>



What if I fall asleep while nursing?

“Breastfeeding reduces the chance of SIDS, so we would always try and help you work out a way to continue breastfeeding in the safest way possible. If you ever feel you might fall asleep while holding your baby we would recommend you prepare the bed as described (on the lullaby trust website) so it is safer for baby if this happens.

Make sure you know the advice on when never to bed share so you know when to take particular care. It is really important that you do not accidentally fall asleep with your baby on a sofa or armchair. If you think you might fall asleep on a sofa or armchair, put the baby down in a safe place to sleep.” – The Lullaby Trust, 2020.



Please see safe co sleeping advice:

Image credit: The Lullaby Trust

How long can I store expressed breast milk?

Storage Location and Temperature	Storage Time
Expressed and at room temperature (19-26°C)	4 - 6 hours
Cooled in fridge and carried in a cool pack with ice packs	24 hours
Fridge (higher than 4°C or unsure of temperature)	3 days
Fridge (4°C or lower)	8 days
Ice compartment of a fridge	2 weeks
Freezer (-18°C or lower)	6 months (do not re-freeze once thawed)
Any milk leftover from a feed should be used within 1-2 hours. Avoid wastage by offering small amounts.	
Source and further info: https://www.nhs.uk/conditions/pregnancy-and-baby/expressing-storing-breast-milk/	



How much breast milk will my baby need from a bottle?

All babies need different amounts of milk. On average a baby will have 750ml of breast milk per day between the ages of 1 and 6 months (range of 570-900ml). If you divide this by the number of feeds a day you will have the amount of milk your baby requires each feed.

How do I ensure my baby won't overfeed from a bottle or prefer bottle-feeding?

Responsive, paced feeding/baby led bottle-feeding is a feeding method that mimics breastfeeding. Feeding your baby in such a way encourages baby to drink a volume appropriate to their size. For more information:

<https://youtu.be/OGPm5SpLxXY>



Will my breasts end up saggy?

Breastfeeding often gets blamed for the sagging of breasts. Actually, it is life and not nursing that affects the shape and size of your breasts. Breastfeeding and gradual weaning make it more likely that fat will redeposit in your breasts, helping them to regain more of their pre-pregnancy appearance (Minchin, 1989). It is always a good idea to wear a supportive bra. Usually by about six months after weaning, your breasts will have returned to more of their pre-pregnancy look.

They also will feel denser, as fatty tissue begins to fill them out again.

What about alcohol?

Breastfeeding mothers can have occasional, small amounts of alcohol but should not drink heavily or regularly without planning how to limit exposure to the baby.

Moderation is key - drinking any more than a couple of units at a time can affect the baby's development and reduce your milk supply. Peak levels appear after 30- 90 minutes so to reduce alcohol exposure to the baby, mothers should avoid breastfeeding for 2-3 hours after drinking.

<http://www.nhs.uk/chq/pages/958.aspx?CategoryID=54&SubCategoryID=135#close>

What about smoking?

It is of course well researched that smoking is not good for you or your family. Smoking whilst breastfeeding is NOT advised.

However the benefits of breastfeeding and smoking are still greater than formula feeding. Northumberland Health Care Trust have an excellent stop smoking service. If you would like more information about stopping, check out <https://www.northumbria.nhs.uk/stopsmoking/>

Do I have to eat a special diet?

The short answer is, no — your breast milk will be pretty perfect whatever you eat! The flavours of the food you eat will change the taste of your breast milk, which introduces your baby to family food. However, eating a healthy balanced diet yourself will be good for your own health and give you more energy, you should also drink when you feel thirsty. For further reading see:



<https://www.nhs.uk/start4life/baby/breastfeeding/healthy-diet/food-and-drinks-to-include/>

Some mothers may have to eliminate foods if their baby has allergies. For further reading on allergies see the following link: <https://www.laleche.org.uk/allergies/>

Can I breastfeed more than one baby?

The short answer is yes! There is no reason why you shouldn't be able to successfully breastfeed twins or more. The law of supply and demand applies to all mothers, including those of twins or even triplets. If you breastfeed each time your babies are hungry, you can trust your body to supply enough milk. It is also possible to breastfeed through pregnancy and go on to tandem feed.

For further reading on feeding more than one baby, follow the links below:

<https://www.laleche.org.uk/twins/>

<https://www.laleche.org.uk/tandem-nursing/>



I have a tummy upset do I need to stop feeding whilst I am ill?

There is no need for you to stop feeding your baby in fact it will be of benefit to both of you to continue. Your body will produce antibodies to the infection; these will be passed through your breast milk to your baby and help to protect your baby from the infection. It is also important that you do not stop feeding quickly as you may get blocked ducts or mastitis.

When should I stop breastfeeding?

It is important you stop breastfeeding when you feel it is right for you and your child! Some mothers feed in the early weeks only and some continue into the first years of their child's life.

Will my baby bite me? What about when baby gets teeth?

Some babies may never bite, some might do so occasionally and others may do so more persistently. They may also bite for various reasons such as a blocked nose, teething or baby is becoming distracted. Immediately say “no” and push the baby towards you rather than pulling away. For further reading on biting follow the link below:

<https://www.laleche.org.uk/help-baby-bit/>

Can I feed and return to work?

You do not have to stop breastfeeding when you go back to work. In fact, it will be an important time to continue to protect your baby who will be meeting lots of new people and even new germs!

Research shows that women who breastfeed and return to work have less time off work through their or their baby's sickness.

Employers have certain obligations towards breastfeeding women. Your Health Visitor or one of the infant feeding team can help you with an individual plan to help you to make returning to work and breastfeeding work for you. For further reading follow the link below:

<https://www.laleche.org.uk/working-and-breastfeeding/>

As my toddler is getting older, I feel annoyed while feeding...?

Aversion can happen at any age but is more common when nursing older children. It is often described as a feeling of anger and irritability while breastfeeding and mothers experience the urge to unlatch the nursing baby/child. For more information:

<https://www.breastfeedingaversion.com/what-is-nursing-aversion>

What medication can I take whilst breastfeeding?

It is likely that many mothers will need to take some type of medication whilst breastfeeding; for a variety of reasons such as hay fever, pain relief or infection. Whilst you should discuss this with your healthcare worker, The Breastfeeding Network is a good source of information for breastfeeding mothers to know what is safe to take whilst breastfeeding. A comprehensive list of drug factsheets can be found on this link:

https://www.breastfeedingnetwork.org.uk/drugs-factsheets/?fbclid=IwAR2tndMm3tuIZ_R8FqHYa2mAxSG3tvpIsglas61LFuvK5Mwz1HyTNm_hLdg

How can I cope with blocked ducts?

A blocked duct is usually a lump in the breast, which remains full of milk even after a



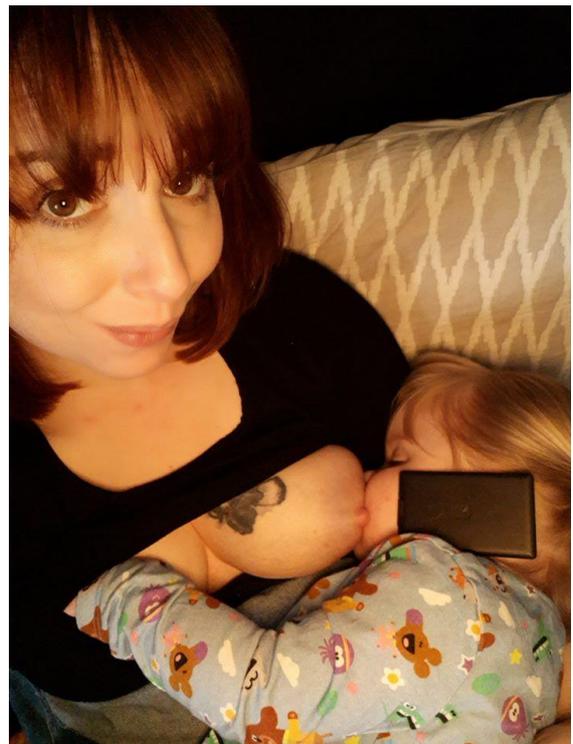
breast feed is finished. It may also be red and painful. Frequent feeding on the affected side, making sure the baby has a good attachment during the feed, usually easily unblocks this. Gently massage (using a warm flannel), the lump towards the nipple during the feed. If the baby is reluctant to feed you may need to use hand expressing or a breast pump to release the blockage. Speak to a member of the infant feeding team if you have recurring blocked ducts, it could be that the attachment needs working on and baby needs a deeper latch.

Mastitis Signs:

- Red area on part of the breast
- Lumpy breast which feels hot to the touch
- Breast aches
- Flu-like symptoms (aching, raised temperature, shivering, tired, tearful)

Treatment:

1. Continue frequent breastfeeding
2. Hand express or use a pump to ensure breast is drained
3. Feed on sore side first
4. Try different feeding positions
5. Use warm flannel to soften breast
6. Check restrictive clothing
7. Rest
8. Take paracetamol and anti-inflammatory drug
9. Observe for reoccurrence



If symptoms persist for 24 hours you will need to contact your local GP who will prescribe you antibiotics.

The most common cause for a blocked duct/mastitis is incorrect attachment. Contact your local midwife/Health Visitor, or a member of the infant feeding team, who will observe a breastfeed and assess your baby's attachment.

<http://www.nhs.uk/Conditions/Mastitis/Pages/Introduction.aspx>

I Think I have Thrush?

Usually occurs in both breasts

Thrush Signs:

- Little white patches in your baby's mouth, often seen inside cheeks, which do

not wipe off.

- Your nipples are itchy, sensitive or suddenly become painful.

Thrush is diagnosed by a swab of the baby's mouth and a swab from your nipples

Both you and your baby should both be treated for thrush, even if only one of you has symptoms - this lessens the risk of re-infection. Speak to your midwife, Health Visitor or a member of the infant feeding team for information on treatment.

Self-help measures include:

- a. Carry on breastfeeding
- b. Careful hygiene, separate towel for family members
- c. Boil dummies, teats, and plastic toys for 20 minutes
(Thrush is not killed by normal sterilisation methods, and requires prolonged boiling to get completely of it)
- d. Dummies should also be replaced weekly when thrush is present
- e. Do not use stored breast milk during this time (may re-infect)
- f. Consider simple analgesia if required

<http://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Thrush%20Detailed%20information%20and%20Breastfeeding.pdf>

If you have any other breastfeeding queries come along and meet one of the team at your local breastfeeding group or ring one of the Infant Feeding Coordinators



