

# BREASTFEEDING: an introduction



Australian  
Breastfeeding  
Association

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For over 50 years the Australian Breastfeeding Association has been helping mothers and babies enjoy breastfeeding. With the support of the Association's trained volunteers, online and printed information, and the support of other members, you can gain the skills and confidence you need to breastfeed your baby.



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# Introduction

Breastfeeding is the normal way to feed a human baby. It brings rewards for both mother and baby. The early days and weeks are a time for learning and things don't always go perfectly at first. However, with the right support and information, most women do breastfeed successfully. This booklet has information to help while you and your baby are learning.

There is not enough space in this booklet to cover every aspect of breastfeeding that you may come across. The Australian Breastfeeding Association has many other booklets on different aspects of breastfeeding. You will find a complete list at the end of this booklet. The Australian Breastfeeding Association's book *Breastfeeding ... naturally* also covers a lot of this information.



Photo courtesy of Monica Spillman

## Why breastfeed?

The special loving bond between you and your baby can grow stronger through the cuddles and smiles you share during breastfeeding. As you watch your baby grow, fed with your breastmilk, you can be proud that your body can still nourish them as it did during your pregnancy. While you are breastfeeding your baby, they feel the warmth and softness of your skin and hear the soothing sound of your heartbeat. As they get older, they will respond by gazing into your eyes, smiling at you and reaching up to your face or stroking your skin. The memory of this precious bond between you will remain as they quickly grow.

### **Breastfeeding is important for babies**

- Breastmilk is all the food and drink your baby needs for the first 6 months of their life. It remains the most important part of their diet throughout the first year.<sup>1</sup>
- Your colostrum in the first few days, and the breastmilk that follows, contain anti-infective factors that protect against infection.<sup>2</sup>
- The unique blend of fatty acids, and other factors in breastmilk, help ensure normal brain development. Lack of these in formula may result in lower IQ in babies fed that way.<sup>3-5</sup>
- Babies who are not breastfed are more likely to get infections (such as gastrointestinal, respiratory and ear). Overall, these babies have more doctors' visits and spend more time in hospital with illness.<sup>3,5</sup>

- Not breastfeeding is linked with a higher risk of Sudden Infant Death Syndrome (SIDS).<sup>5,6</sup>
- Babies who are not breastfed are more at risk of becoming overweight or obese.<sup>3,5</sup>
- Babies not fed at the breast are more likely to have teeth needing orthodontic work.<sup>3</sup>

### **Breastfeeding is important for mothers as well**

- Breastfeeding helps your body return to its pre-pregnant state more quickly.
- Many women find they lose extra weight, if they exclusively breastfeed (give nothing except breastmilk) to 6 months and continue for many months after starting solids.<sup>7</sup>
- Women who have not breastfed their babies have a higher risk of breast<sup>3,5,8</sup> and ovarian cancer.<sup>3,5,9,10</sup>
- Mothers who breastfeed often find that their periods return later. This saves money and decreases the impact of sanitary items on the environment.
- Breastfeeding delays the return of fertility in many women. This birth control effect works best if the baby is under 6 months, is exclusively breastfeeding without long gaps between feeds, such as at night, the baby is not using a dummy and the mother's periods have not returned. This is known as the Lactational Amenorrhea Method of contraception and provides a very high level of protection from a new pregnancy.<sup>11,12</sup>
- It is very easy to take a breastfed baby out because their food is instant, pre-warmed and ready to serve wherever mother and baby go.

### **Breastfeeding is important to the world<sup>13</sup>**

Breastfeeding significantly helps to protect the planet. Making and feeding of formula has a far greater and more harmful impact on the Earth and world resources than breastfeeding. Breastfeeding is also life-saving in the event of disasters and emergencies that are becoming more common with climate change. Formula-feeding impacts on food and energy resources and increases the release of greenhouse gases through all stages of formula production and transport, as well as through production and disposal of feeding equipment. In addition, breastfeeding saves governments money in medical and hospital expenses, as breastfed babies are sick less often.



Photo courtesy of Jonathan Borba

# Before your baby arrives

It is a good idea to learn as much about breastfeeding and baby care as you can while you are waiting for the birth of your baby. In many areas throughout Australia, the Australian Breastfeeding Association runs **Breastfeeding Education Classes**, both face-to-face and online (Breastfeeding Education Live), for pregnant women and their support people.

Support is important. Association groups hold local events and friendly meet-ups, both face-to-face and online. You can meet mothers with babies and toddlers and learn from their experiences. You can also borrow books on breastfeeding and other aspects of parenting. When you join the Association, you will receive a copy of the book **Breastfeeding ... naturally** and the magazine **Essence** that covers topics of interest to parents with babies and small children, such as paid work and breastfeeding, solids and weaning.

There are very few physical reasons that could stop a mother from breastfeeding but doubts and lack of support can make the early days harder. Australian Breastfeeding Association trained counsellors are happy to answer any questions about breastfeeding. They listen, ask questions and offer ideas based on the latest knowledge and research.

If you are in Australia, you can contact a breastfeeding counsellor on the **National Breastfeeding Helpline** (1800 686 268), or face-to-face at Association events. Trained volunteers also answer questions through the **LiveChat** service on the Association's website. Association members can contact a counsellor by email through **breastfeeding.asn.au**.

Your doctors and midwives should encourage and support breastfeeding as normal. If your baby is to be born in hospital, ask the staff about their breastfeeding policies. Many health services in Australia are accredited through the Baby Friendly Health Initiative, which follows 'The Ten Steps to Successful Breastfeeding' (see **breastfeeding.asn.au/breastfeeding-friendly-health-services**). All hospitals support breastfeeding and most expect mothers to keep their baby with them. Having your baby close helps to get breastfeeding started well. It means you will be able to cuddle them skin-to-skin often.

This helps to release hormones and trigger instincts in your baby that make feeding easier. Lots of skin-to-skin cuddling in the early days helps to get breastfeeding off to a good start. A **breastfeeding plan** can be downloaded from the Association's website and taken with you to hospital.

Frequent feeds comfort your baby and help them feel safe, as well giving food and drink. Your baby will get lots of practice, so they learn to suck well. Breastfeed your baby whenever they seem interested. It is normal for newborns to feed 8 to 12 times or more in 24 hours. If for some reason you



Photo courtesy of Rachel Walters

cannot have your baby beside you, ask the staff to bring them to you each time they wake, or take you to them in the nursery. You can place a sign on your baby's cot saying 'BREASTMILK ONLY, PLEASE'.

Sometimes women have flat or inverted nipples (where they point inwards). These often improve during pregnancy. Research has shown that special antenatal preparation does little to help.<sup>5</sup> The normal changes of pregnancy and the early days after the birth cause most nipples to become larger, more erect and supple. If your nipples remain flat or inverted, you may need some extra help with the first feeds. You may find the Australian Breastfeeding Association's booklet *Breastfeeding: breast and nipple care* helpful.

The first weeks at home are a big learning time for parents and baby. You may find things that were easy before, like making and eating dinner, will be harder. However, some planning before your baby arrives can really help. You could plan easy meals, perhaps freezing some before your baby is born. Arrange for someone to help you at home, such as family, friends or a home help service. Consider buying single-use nappies in bulk and/or have your groceries home delivered. Some of these things can make great presents.

Give some thought to your clothes. Nightwear and tops that pull up or open from the front are good for breastfeeding. You can also buy special breastfeeding tops. The clothes that you wore before you were pregnant may be too tight for a while. You may need to wear larger size or loose-fitting clothes. Patterned fabrics can hide milky marks from leaking breasts. Overshirts, lightweight wraps and scarves can provide extra cover for yourself and your baby when you are out and about. A well-fitting bra can provide support and comfort for heavier breasts during pregnancy and breastfeeding. You may also wish to get some single-use or washable breast pads.

## **Breast care**

These simple things may be helpful:

- Check that your bra still fits well as your breasts grow during pregnancy.
- There is no need to do anything special to prepare your nipples.
- Do not use rough towels or anything drying, such as alcohol-based products, on your nipples.
- Gently pat breasts and nipples dry after showering or bathing.
- If the skin on your nipples is very dry, talk to your doctor about the use of a suitable cream.

You may notice that your nipples change during pregnancy. The paler bumps around the areola (the coloured area that surrounds the nipple) are called Montgomery's glands. These secrete oil and sweat, which help to keep the nipples soft and supple and prevent harmful germs growing. Breastmilk can also kill germs.

Many women find the colour of their nipples and areolas becomes darker during pregnancy. This is noticed more in women with darker hair and skin colour. Women with pale skin may notice little or no change.



## After your baby is born

Human babies are born knowing how to make their own way to the breast, attach and start sucking.<sup>14</sup> Sometimes with hospital births, babies may not get the chance to do this.

If you and your baby are well, your baby can be placed skin-to-skin on your chest straight after birth. Most babies are in a quiet, alert state at this time, so doing this will help them to follow their instincts. They will move by themselves across your chest towards your breast, attach to your breast and begin to feed. This mostly happens quite soon after birth, in the first hour or so. Some babies may be drowsy from drugs used during the birth, or they may just be content to take their time. Your baby may be happy just to lick or nuzzle the breast for some time before being ready to feed. This is also normal, as it is part of the series of inborn actions that lead your baby to suckle. Let them take their time and they will soon show that they are ready to feed. This early sucking is important, because it causes the release in your body of a hormone (oxytocin) that makes your womb contract. This helps to control blood loss after birth and, if frequent breastfeeding follows, your womb will return to its normal size quickly. If your baby is very slow to start feeding, you could ask for someone to help you hand express your colostrum to give to your baby.

**If you have a caesarean birth**, either planned or emergency, you can still breastfeed your baby soon after the birth. After being born, babies are often placed onto their mother's chest and the mother and baby are cared for together in recovery. Even if mother and baby are not together until they return to the ward, the baby can still have skin-to-skin contact with your partner or support person until you are able to hold them. Babies retain their feeding instincts for many months.<sup>15</sup> Even if there is a gap of some hours or days before you can spend close skin-to-skin time with your baby, it will happen. Express your colostrum in the meantime. Once you can breastfeed your baby as often as they



Photo courtesy of Alf Brown

want, you will be well on the way to successful breastfeeding. (See the Australian Breastfeeding Association's booklet *Breastfeeding: caesarean births and epidurals.*)

**If your baby is premature**, your preterm breastmilk is vital, as this matches their extra needs perfectly. Even if they cannot suck at first, you can still give them your milk. Most mothers of premature babies start to build up their supply of breastmilk by expressing. They use an electric breast pump (in some cases along with hand or manual pump) until the baby is ready to feed at the breast. Your milk may be fed to your baby or frozen for later use. Skin-to-skin time between mother and baby is even more important for a premature baby. This contact, also called 'kangaroo mother care', helps to keep the baby's heart rate, breathing rate and temperature steady, much more so than in a cot. Skin-to-skin contact will also help to release the breastfeeding hormones in your body.<sup>16–20</sup> This in turn will help build your milk supply. For further information, see the Australian Breastfeeding Association's booklets *Breastfeeding: your premature baby* and *Breastfeeding: expressing and storing breastmilk.*

### **Your emotions**

You may be surprised at your strong feelings once your baby is born. Be ready for the ups and downs that almost every mother seems to have after childbirth. That great joy followed by tears are very normal. After the life-changing event of giving birth, you may have days when you feel low, or you may feel on top of the world. At this time, the most important things for you to do are to sleep, rest and get used to breastfeeding. (See also the section *Mixed feelings* on page 27 in this booklet.)

## **How breastfeeding works**

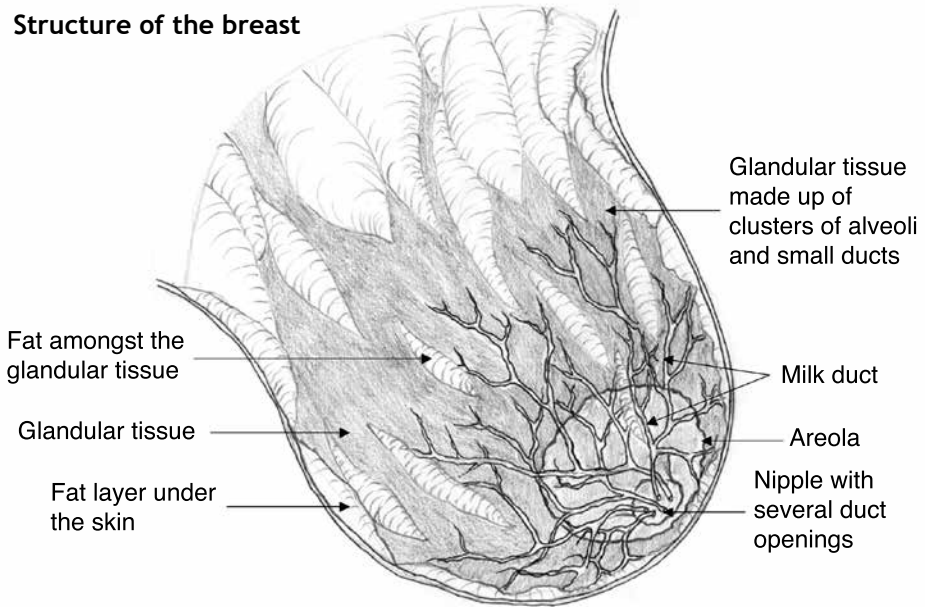
### **The structure of the breast**

Each breast contains lobes of glands where the milk is made. These contain clusters of alveoli, which are little hollow sacs with milk-making cells around the outside and the milk in the centre. Tubes, called ducts, carry the milk from the alveoli towards the nipple. The milk then flows out through tiny openings in the nipple.

The size of the breast is not related to how much milk it can make. Much of the breast is made up of fatty and support tissue rather than milk-making glands. Different women can store different amounts of milk in their breasts in between feeds<sup>5</sup> and this affects how often they need to feed their babies. For example, a woman with a smaller storage volume may need to feed her baby more often than a woman with a larger storage volume. Whatever the size of their storage volume, most women can make plenty of milk for their baby. Often mothers notice that one breast can store more milk than the other. Therefore, they may find their baby spends longer feeding on one side than the other. This is also quite normal. We also know that babies born to the same mother can have very different feeding patterns. Breast storage volume is only one factor in how often a baby feeds.



## Structure of the breast



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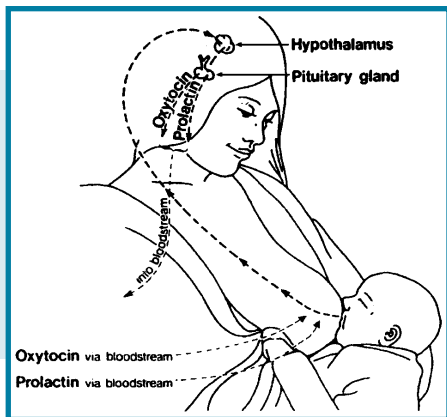
### How your breasts make and give milk

The skin on the nipple contains many nerves that are triggered by the baby's sucking. This causes hormones to be released into the mother's bloodstream. One of these hormones (prolactin) acts on the milk-making tissue to make milk. The other hormone (oxytocin) causes the breast to push out or release the milk already there. This release of milk is known as the let-down reflex (or simply 'let-down', or sometimes the 'milk ejection reflex'). The more often your baby's sucking causes a let-down and the more milk that is removed from your breasts, the more milk is made. This is sometimes called 'supply and demand'.

### About the let-down reflex

The let-down reflex makes most of the milk in your breasts available to your baby. You may notice this once your milk has come in. The release of oxytocin causes cells around the alveoli to contract and squeeze out the milk, pushing it down the ducts towards the nipple. The milk ducts also widen, making it easier for the milk to flow down them. Some mothers feel the let-down as a tingling feeling, which can be quite strong, or a feeling of sudden fullness, or they notice milk dripping from the other breast. In the early days you may feel cramping as your womb contracts, especially if this is not your first baby. Some mothers don't feel anything but usually notice the baby's sucking pattern change from a quick suck-suck to a rhythmic suck-swallow pattern as the milk begins to flow.

The let-down reflex happens when your baby sucks. It may also happen if you see or hear your baby or even just think about them. You can also trigger it by touching your



- By **sucking** at the breast, your baby triggers tiny nerves in the nipple.
- These nerves cause **hormones** to be released into your bloodstream.
- One of these hormones (prolactin) acts on the milk-making tissues.
- The other hormone (oxytocin) causes the breast to push out or '**let down**' the milk.

breast and nipples with your fingers or by using a breast pump. Your let-down can be slow if you are tense, anxious, in pain or very tired.

Let-downs usually occur more than once during a feed. However, most mothers will only notice the first. Later let-downs occur in response to changes in a baby's suckling. Some mothers feel the let-down in the early days or weeks, but later find that this feeling goes away.

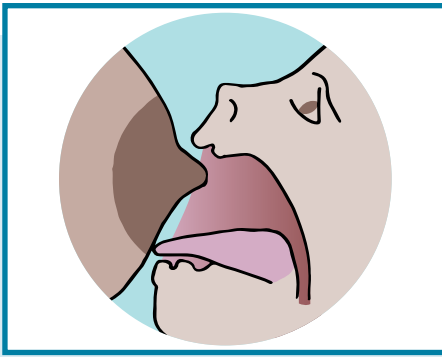
The let-down happens by itself when you feed your baby, but there may be times when you feel it is a little slow. You can help your milk to let down by:

- **relaxing**, using any method that suits you. Try to feed somewhere quiet and calming, away from distractions. If you have pain, ask your doctor or midwife for pain relief. While feeding, breathe slowly and deeply. If you drop your shoulders and relax them at the same time, your chest area will also relax. Some mothers have a drink of water before breastfeeding or listen to soft, soothing music.
- **gentle massage of your breasts** before a feed. Stroke down towards the nipple and gently roll the nipples or pull them out between your fingers.

Breastmilk changes throughout the feed. Early in the feed, the milk has a lower fat content. This helps to quench the baby's thirst. As the feed goes on, the fat content of the milk rises and this satisfies their hunger. Let your baby finish the first breast, so that they feed until they come off by themselves. Then offer the second breast. This will allow them to take as much milk as they need. At times your baby may have had enough after just one breast, at others they may also want the second side. By switching which breast you give them first, you will ensure each breast keeps making a good amount of milk.

### How your baby milks the breast

When a baby attaches to the breast, the nipple is drawn well into their mouth and held there by suction. If it is in the right position, it is too far back to be squashed between the baby's tongue and the roof of the mouth. The breastfeeding baby removes the milk by lowering their tongue to create a vacuum, which draws milk into the back of their mouth.<sup>21</sup> A baby cannot bite while they are breastfeeding correctly because their tongue lies over the bottom gum (and teeth).



### **Fig 1. Approaching attachment**

*Baby has wide gape with tongue down and forward. Nipple is aimed at the roof of baby's mouth, with first point of contact being baby's lower jaw or chin on the areola, well away from nipple.*



### **Fig 2. Optimal attachment**

*Tongue is forward over gums, lower lip rolled out, chin against breast. The tongue lowers to create vacuum to remove milk*

*Illustrations by Joy and Keith Anderson*

## **Breastfeeding during the first days after birth**

It is normal to feel awkward and emotional at first. This is a learning time for both you and your baby. Whether your baby is born in hospital, at home, or in a birth centre, try to have someone to help you with these first feeds. Gather what you need before you start, such as water to drink, tissues and extra pillows. In hospital, you may like to draw the curtains for privacy.

### **Baby-led attachment**

Baby-led attachment is the term given to the process where your baby follows their instincts to get to your breast. Use these steps to help them work it out:

1. **Sit comfortably**, whether in bed with pillows behind you and one under your knees, or on a chair with your feet on a low stool or cushion. Leaning back instead of sitting upright makes it easier. Make sure you have good support and are comfortable, as you may be there for a while. Speak to your doctor or midwife if pain is making it hard for you to relax.
2. **Start with a calm and alert baby and a calm mother.** Humans learn best when they are calm. Your baby's instincts will lead them to move to the breast and to suckle. However, it is the flow of milk that teaches them that this is where milk comes from. If your baby is stressed, crying or upset, or too sleepy, they may not be able to follow their instincts. Gentle rocking and cuddling, talking to them, making eye contact and holding them skin-to-skin all help to calm them. If this is not enough, let them suck on your finger for a

few moments. Baby-led attachment works best if the baby is hungry but not frantic for a feed. If they are, they may be too impatient to follow their instincts. In these early days, keep your baby skin-to-skin on your chest as much as possible, so they can start to feed when they are ready.

3. **Skin-to-skin contact** is an important part of this whole process, so while you are both learning, it is good to remove your top and bra. Also remove your baby's clothes, leaving them in just a nappy. Make sure the room is warm enough to be comfortable without clothing. If you or your baby are cold, use a soft blanket to cover you both. The warmth of your chest will keep your baby warm.
4. Hold your baby against your body in a way that feels right for you. Many mothers find that leaning back with their baby on their chest, between their breasts, works best for them.
5. As your baby starts to follow their instincts, they may at first 'bob' their head against your chest. Support their body but allow them to move freely. Your baby will start to slide, crawl, fall or even throw themselves towards one of your breasts. They will be using the feel of your skin on their cheek and chin to find the breast.
6. **Support your baby.** As they move towards one breast, you may find it helpful to move your baby's bottom across your body towards the other breast. You may also need to move your hand and wrist to support your baby's back and shoulders. This keeps your baby's upper body stable enough to be able to control their head movements as they attach. If you lean

*Baby-led attachment*



*...allows your baby*



*... to follow his instincts*



*... to get to your breast.*



back with your baby on top of you, gravity will also support them so they can move where they need to.

7. **Attaching to your breast.** Now that your baby's head is near your nipple, they may nuzzle your breast for a little while. They may even suck their own fist. That is fine; don't move their hand out of the way. As long as they are still calm, when they are ready, they will dig their chin into your breast, reach up with an open mouth, and attach to the breast. If you are not leaning back, it may help to pull your baby's bottom closer to your body, or to give even more firm support to their back and shoulders at this time. This will help them to dig their chin in, keep their nose free of the breast and get a good mouthful of breast. If your baby loses contact with your skin, the whole process may stop. They may continue once in contact again. If not, you may need to move them back to a more upright position between your breasts and start again.
8. **When your baby is well attached to the breast** it should not hurt you. Their mouth will be right over the nipple and well onto the larger darker area (areola), with their tongue underneath the nipple. They should have more of the 'chin-side' of your areola in their mouth than the side next to their nose. Their bottom lip will be turned out over the breast. Their upper lip will look neither tucked in nor turned out. Your baby's chin will be pressed against the breast and their nose free or just touching the breast. A correctly attached baby will be able to breathe while feeding. Try not to hold the breast away from your baby's nose. Doing so may pull the nipple from their mouth or block milk ducts. If their nose is pushing into the breast, try moving their body and legs closer to you. This will bring their chin further in towards the breast and free their nose. You can tell your baby is drinking milk well when you see their jaw pause for a moment in the open position during sucking, as they swallow a mouthful. You may also hear a soft ticking noise as they swallow.

If you feel pain beyond the first stretching of your nipple, your baby may not have taken a big enough mouthful of breast. Try to gently move them while still attached, so that their chin presses further into the breast. Hugging your baby's body closer to yours can help them take a larger mouthful of breast. If that doesn't help, break the suction by putting a clean finger in the corner of their mouth, between their gums, and try again. Your baby may attach again without changing position, or you may need to bring them up your chest again. If your baby becomes upset during the 'baby-led attachment' process, calm them first and start again. This is a learning process for both of you and it is okay to take your time.

**'Chest to chest, chin to breast'** is a quick way to describe good positioning.

Your baby's head, neck and spine should be in a straight line, with their head tipped back a little. Their body should be facing yours. They may end up almost horizontal under your

breasts, or they may lie across your body, parallel to your body or even into your lap. If their back is straight, their whole body close to yours and you are both comfortable, that is all that matters. Take the time to try different positions to find what best suits you both.

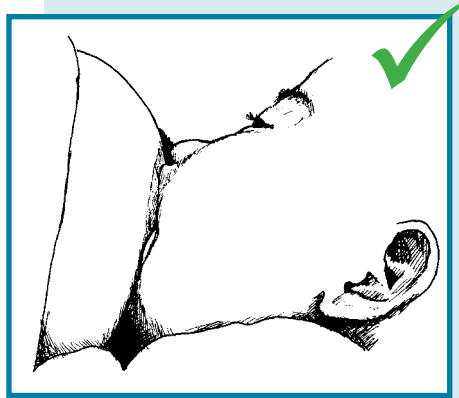
As you and your baby start to feel comfortable with breastfeeding, you will soon be able to put your baby straight into the feeding position you have both come to enjoy. This can be any position in which you are both comfortable, such as leaning back, sitting up or lying down.

### **Another attachment method**

Some midwives teach a more structured approach to positioning and attaching a baby. A baby who has already made a good start with baby-led attachment should transfer smoothly to this method. This method may work for some babies who do not respond well to the baby-led approach described above. This may happen if your baby was not able to suck straight after birth or has been given a bottle before learning to breastfeed. Once your baby is attached, you can lie back if you wish, making sure your baby moves with you.

With this more structured way to attach your baby, you again start off sitting comfortably, with your top and bra either taken off, or well open so as not to get in the way. Start with a calm baby. A calm baby is more likely to attach and breastfeed well than a baby who is upset. Bringing your baby towards the breast may be enough to calm them. If not, you could try other ways, such as skin-to-skin contact or rocking.

1. **Unwrap your baby and hold them close.** You can hold them with their head and shoulders supported on your forearm (as in the [photo on page 35](#)) or hold them with your other arm, with your outstretched hand behind their shoulders and your forearm holding your baby close ([top drawing on page 15](#)). Turn their body towards you so that their hips, tummy and chest are against you. Tuck their lower arm around your waist. They need to be at the same level as your breast, with their mouth and nose about level with the nipple.
2. **Gently brush your baby's mouth with your nipple and the underside of your areola.** Your baby may open their mouth and you can bring them to the breast. If you are holding your breast from underneath as they attach, make sure your fingers are behind the areola so as not to get in the way of them feeding.



- *Baby's mouth covers the nipple and a large amount of the areola, more on the lower than the upper side.*
- *Their chin is touching the breast.*
- *Their nose is clear of, or just touching the breast.*
- *Their bottom lip will be turned out (flanged) over the breast. It is normal for the upper lip to rest in a neutral position at the breast (ie not tucked in or turned out).*



### 3. **Wait for your baby to open their mouth wide.**

As you brush your nipple and areola against their mouth, they will open their mouth wide ready to attach. Avoid moving your breast or chasing their mouth with your nipple. Try to keep the nipple in its natural position (where it would be if you were not holding it with your hand). Your baby's inborn reflexes will help them find the nipple. When they open their mouth, their tongue will come forward and you can quickly bring their whole body towards you.

### 4. **Bring your baby to the breast, not the breast to your baby.**

Move their body gently, but quickly, towards yours. Aim the nipple towards the roof of their mouth. Try to make the first point of contact their lower jaw or chin, well down on your areola (**see left drawing on page 11**). This will place their mouth over the nipple and a good part of the breast before they can close it. This will all happen in a split-second!

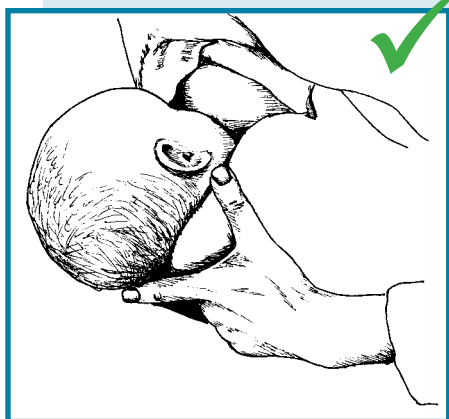
Some mothers find that this method of positioning and attachment does not work well for them. Some babies arch their backs and seem to fight the breast, appear tense or upset, or their hands and arms always seem to be in the way. Others may seem sleepy or not interested,

not open their mouth, or seem not to know what to do to attach. If this is happening, you may find that baby-led attachment works better for you. Spend lots of time skin-to-skin with your baby, talking to them and making eye contact. Without the pressure to feed, you may both relax and your baby may start to follow their natural instincts.

During the first days, your baby will suckle for varying lengths of time. They may go to sleep at the breast, or they may be awake, but relaxed and sucking very slowly, or not at all.

**Remember, breastfeeding is a learned skill and it is normal to feel awkward at first.**

Midwives, lactation consultants or Australian Breastfeeding Association counsellors can be a big help at this time. Ask for help if you need it. During these early days, your breasts need your baby's frequent feeding to build your milk supply. If you have your baby with you in hospital,



*Supporting them behind their shoulders as you bring them to the breast will help you position them correctly*



*Pushing your baby's head onto the breast may mean their nose makes contact before their chin.*

or you are at home, you can feed them whenever they wake and show signs of wanting to feed. If they need to be away from you, ask your doctor to arrange for you to feed whenever your baby wakes, or at least 3-hourly if they are sleepy and not waking by themselves.

### **Colostrum**

For the first few days, your baby will feed on the colostrum, or 'first milk', present in your breasts. Colostrum is of great value to your baby, as it is very rich in factors that protect against infection and it creates a healthy gut flora.<sup>22</sup> It is also all your baby needs in the way of food but they need it often. Colostrum is produced in very small amounts, which is perfect for a newborn's tiny stomach. Over the early days, the creamy-yellow colostrum changes into mature breastmilk, which usually looks bluish-white, and increases in volume. This is called the milk 'coming in' and usually happens from 3 to 5 days after the birth.

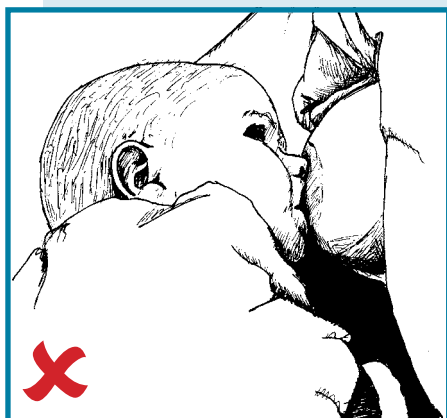
### **Extra fluids/formula**

A healthy newborn baby who has free access to the breast does not need any fluid or food other than your colostrum or breastmilk. Most babies lose weight in the first couple of days. This is normal and does not mean that they need formula.

Formula feeds, or even bottles of water, can disrupt breastfeeding because they replace colostrum and breastmilk and reduce the amount of time the baby spends at the breast. They also change the good gut bacteria gained from colostrum. Research has shown that breastfed babies given extra formula in the early days lose the same amount of weight as babies fed only breastmilk.<sup>23</sup> Once you have given birth your breasts start making milk and they are never completely empty. If your baby does not settle after a breastfeed you could try putting them back to the breast for a 'top-up'. The extra sucking will help bring in your mature milk faster.



*This baby's lower lip is not opened out over the breast. They do not have a good mouthful of breast tissue.*



*This baby is not close enough to the breast. Their chin is not touching the breast, their nose is buried into the breast. Putting firm pressure between their shoulder blades, and tucking their hips and feet firmly against the mother's body, may be enough to fix this attachment.*

If you are told that your baby needs extra fluids for any reason, your expressed breastmilk is the best option. Formula should only be given when medically necessary. You may wish to print out the Academy of Breastfeeding Medicine's 'Supplementation' protocol ([bfmed.org/protocols](https://www.bfmed.org/protocols)) and discuss it with your doctor. Extra fluids can be given by cup or spoon so that your baby will not be confused by the different sucking action needed for a bottle teat.

### **Night feeds**

It is normal for babies to wake and need breastfeeding at night. Frequent breastfeeds during the day and at night in the early days will help prevent engorged breasts when your milk comes in. It is also important for your milk supply. It may be tempting to have someone else feed your baby while you sleep for the first night or two. Most mothers find that while this sounds good in theory, they still wake when their baby does. It is nature's way of making sure that babies get the feeds they need and that your milk supply is given a great start.

### **Burping baby, or bringing up wind**

Not all babies need burping. Many mothers prefer to feed without trying to burp their babies. A short rest period between the first breast and the second, or an upright cuddle at the end of a feed will often be enough to keep them comfortable. Or you could sit them on your lap, put your hand under their chin to support their head and body and gently lean them forward. Or put them to your (cloth-covered) shoulder, gently rubbing their back. Spending a long time trying to burp a baby can be very stressful for both mother and baby and they may not have any wind to bring up.

### **Engorgement (full, painful breasts)**

Some mothers get engorged breasts when their mature milk comes in. Their breasts become very full and tight. This is caused by both the increased milk volume and a build-up of other fluids. Your breasts may feel huge and be very uncomfortable. Many babies find it very hard to attach well to full, hard breasts and may become frustrated and perhaps cause nipple damage. Frequent breastfeeds while you still have colostrum and as your milk comes in will help to prevent engorgement.

**Cold compresses** are often used to treat engorged breasts. This helps to reduce the extra fluid and allow the milk to flow more easily. You can use cold packs (or a frozen water-filled single-use nappy or frozen vegetable pack) or thoroughly washed and dried, crisp, cold cabbage leaves over the affected breast or breasts.



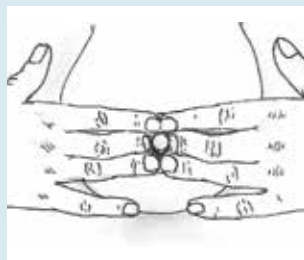
Photo courtesy of Vicky Leon

Don't leave cold packs on the breast for more than about 15 to 20 minutes. Although research results have not shown if cabbage leaves have something special that helps to reduce swelling or just work because they are cold,<sup>24,25</sup> many mothers find them soothing. They should not be used if a mother has an allergy or is sensitive to cabbage. The baby's frequent feeding is the best way to prevent the breasts getting too full and to relieve the fullness should it happen. Milk flow may improve if you very gently massage your breasts from your chest wall to your nipple during feeds.

Sometimes your nipple may not stand out far enough due to your breasts being too full and tight. Try to hand express a little milk to soften your breast before attaching your baby. Or you can soften your breast with a technique called 'reverse pressure softening'.<sup>26</sup> To do this, place your fingers flat at the sides of and close to your nipple and apply pressure or use all the fingertips on one hand to push your breast tissue in around the whole nipple (see the **diagram below**.) Maintain this pressure for up to 3 minutes or more until you feel the tissue soften around the nipple and areola. Your baby will then be able to draw your nipple well into their mouth and it will prevent them from chewing on it. It is also likely to start your let-down reflex.

If you are in a lot of pain, ask your doctor or midwife about anti-inflammatory medication or other pain relief. Using an electric breast pump to empty your breasts as much as possible sometimes eases the swelling within the breast. If for any reason you need to express, talk to a midwife, lactation consultant or Australian Breastfeeding Association counsellor. Detailed information can be found in the Australian Breastfeeding Association's booklet ***Breastfeeding: expressing and storing breastmilk***.

**'Reverse pressure softening' to soften overfull breasts before feeding or expressing**  
(This works best when mother is lying on her back)



#### **2-handed, 1-step method**

With fingernails short and fingertips curved, push in with each finger touching the side of the nipple. Hold for 1–3 minutes or more.



#### **2-handed, 2-step method**

Use two or three straight fingers on each side, first knuckles touching the nipple. Push in and hold for 1–3 minutes or more. Repeat above and below the nipple.



#### **1-handed, 'flower hold'**

With fingernails short and fingers curved, push in around the nipple in a circle. Hold for 1–3 minutes or more. A hand mirror may help you see your areola more easily.

Based on work by K Jean Cotterman RNC IBCLC, illustrations by Kyle Cotterman

Change the breast you use first at each feed to ensure they are drained evenly. Some mothers use a safety pin on their bra, or a bracelet or wristband, or a smartphone app, to remind them which side to start from at the next feed.

### **Milk slow to come in?**

It is normal for babies to lose up to 10% of their birth weight in the first few days and it can take up to 2 to 3 weeks to get back to their birth weight. Babies need only small volumes of colostrum for the first few days. The time taken for milk to come in varies between mothers. Sometimes it seems to be quite slow and the baby is extra-hungry for a short while. Keep putting them back on the breast. It is normal for new babies to feed 8 to 12 times or more in 24 hours.

Occasionally, there may be a medical reason to top up your breastmilk or colostrum with formula. You can still build up your breastmilk supply by frequent breastfeeding or expressing. Only give your baby the formula after they have had as much breastmilk as you can give them. As your milk supply builds, it is likely that the amount of formula can be slowly reduced and finally stopped.

### **A newborn's nappies**

Many parents are surprised how few wet and dirty nappies newborn babies have. They may worry that their baby is not being fed enough milk. Babies' stomachs are very small and only hold a small volume. On day one, a baby drinks between 2 and 10 mL per feed, and about 30 mL on day 3.<sup>27</sup>

In the first 4 days after birth, a normal breastfed baby will have one wet nappy per day of life. This means only one on the first day, two on the second and so on. From day 5 onwards a baby will have at least 5 heavy wet single-use nappies or 6 heavy wet cloth nappies in each 24-hour period. The urine should be clear or very pale.<sup>28</sup>

A baby's first bowel motions are black and sticky, like tar. This is the meconium present in the baby's gut before birth. By day 2, the motion should be less sticky but still dark in colour. Over the next few days, the motions change to a greenish-brown and then to mustard-yellow. As the colour changes, they become more runny and larger in volume.<sup>28</sup> From day 5 onwards, you would expect 3 or more bowel motions every 24 hours, until at least 6 weeks. If your baby's nappies don't follow this pattern, speak to your midwife or doctor.

### **Preventing sore nipples**

Most mothers have some nipple pain in the early days which stops after the baby is attached and feeding.<sup>29</sup> Severe pain, pain which persists into the feed or pain after feeds is not normal. Seek help, such as from a lactation consultant, quickly. Here are some ideas to help reduce the risk of damage to nipples and treat sore nipples:

- Make sure your baby is correctly positioned and attached for feeding.
- Start feeds on the less sore side first. Hand express a little to start the milk flowing before you put your baby to the breast. If your breast is very full and hard, use '**reverse pressure softening**' (see page 18) before trying to feed your baby.

- Most babies have a very strong suck. If you need to take them off the breast, protect your nipples by breaking the suction gently. Place a clean finger in the corner of their mouth and between their gums.
- A warm water compress, such as a warm wet face washer, may soothe sore nipples after a feed.<sup>30</sup> Or smear a few drops of your breastmilk onto your nipples with a clean finger and let them dry.
- Keep your nipples dry between feeds. Change nursing pads and bras often if they become damp with leaking milk. Avoid nursing pads that hold moisture against the skin.
- For further information on sore or damaged nipples, talk to a midwife, lactation consultant or an Australian Breastfeeding Association counsellor. Also please refer to the Australian Breastfeeding Association's booklet ***Breastfeeding: breast and nipple care***. There is also information on the Association's **website**.

### **In summary**

It is important to find your own way with your baby. They are a person with their own needs. These may not be quite what you expected or what others tell you. Your baby may be happy after 5-minute feeds or may prefer to suck for 20 minutes on each side. They may need lots of cuddles and soothing or they may settle quickly and easily to sleep. The key is to learn and respond to your baby's unique needs. The important thing is to check that your baby is showing the signs of getting enough milk. This means they are breastfeeding well. You can judge this by checking their nappies as described in **'A newborn's nappies' on page 19**, as well as their weight gains. If feeds are long, such as more than 30 minutes each breast, and the baby is not showing signs of getting enough milk, then they may not be feeding well. Seek help from your doctor, a lactation consultant or an Australian Breastfeeding Association counsellor.

### **The main points:**

- The more often your baby breastfeeds, starting at birth, the sooner you will bring in your full breastmilk supply.
- Breastmilk supply equals milk removed. Breastfeed your baby whenever either you or they want to. This will maintain your milk supply.
- Being relaxed can help your breastmilk to let down more quickly.
- A baby who is well-attached is less likely to hurt your nipples and will be able to drain the breast well.



Photo courtesy of Wendy Barrett



# The early weeks at home

## How often will baby need feeding?

It is normal for a young baby to need 8 to 12 feeds or more in a 24-hour period. Some feeds will be at night. Breastmilk is easily and quickly digested because your baby's system is designed for human milk. Their stomach is small, so they need to eat often. After the first week their stomach is about the size of their clenched fist. Feeding your baby 'according to need' ('demand feeding') helps you build and maintain your milk supply. Few babies younger than about 8 weeks sleep for long periods between feeds. If they do, they may balance this by having a few hours of more frequent feeding ('cluster feeding'). If you breastfeed your baby whenever they seem hungry or fussy, your supply will meet their needs. Feeds are likely to vary in length from a few minutes to about 40 minutes.

There may be times when you seem to spend the whole day breastfeeding, but such times usually last for only a few days at most. If you can meet your baby's needs on these 'fussy' days, they will soon become more settled again.

It can be hard if you have young children or other things that cannot be put aside while your baby is very young. If you have, you may need to strike a balance between feeding according to need and some sort of routine. It is best to be flexible. Try to set aside a time each day when you and your baby can enjoy a long, restful cuddle during which they can feed as much as they like.

Some young babies are sleepy and don't wake to feed as often as they need. If this happens, you may be advised to wake your baby for feeds, usually at least every 3 hours during the day. Unwrap your baby to try to wake them or change their nappy. The Australian Breastfeeding Association's booklet *Breastfeeding: and your supply* covers sleepy babies in more detail.

Actual suckling time tends to vary from feed to feed. Most babies will come off the breast when they've finished. Some babies will drink from one breast at one feed and from both breasts at another. Other babies only ever want to drink from one breast, while others always want to drink from both. Sometimes they may even want to come back for a second go from one or both breasts! It's common for the needs of individual babies to change over time too. Starting the next feed from the breast your baby either didn't drink from or drank from last can help ensure at least one breast gets well drained at least every second feed. This keeps your supply up as well as helping prevent blocked ducts or mastitis.

## Night feeding

Night feeds are important for your supply and are more easily managed if you can have your baby in bed with you or next to your bed. The **Red Nose** organisation recommends that babies sleep in their own safe sleeping space next to their parents' bed for the first 6 to 12 months, to reduce the risk of sudden infant death.<sup>31</sup> This also makes it easy to bring them into bed with you for a feed. An extra pillow or two behind your back may be useful or you may want to have an easy chair or spare bed set up in another room. It is important never to fall asleep in a chair or on a sofa with your baby. This can be quite dangerous as you could drop your baby or smother them against the cushions. Search the Association's

website for the leaflet *Bed-sharing and your baby: the facts*. The **Red Nose** organisation also has guidelines for co-sleeping.<sup>32</sup>

It may help to go to bed early and to have a daytime nap to make up for time spent awake at night caring for your baby. As your milk supply settles down and your baby matures, they may go longer between breastfeeds and you will find you need less rest. This is a slow process that takes longer for some babies than others.

### **Supply and demand**

If at any time you feel that your baby wants more milk than usual, feed them more often until they settle again. Your baby may need a 'top-up' feed if they do not settle after feeding or wake again in less than an hour. Just offer the breast again for another short feed. Your breasts are making milk all the time, so there will be more. Take care not to rush the end of the feed. Doing these things will help give your baby more milk.

#### **The more milk removed from your breasts, the more milk you will make.**

Giving your baby a dummy may reduce the number of breastfeeds they ask for, as early signs of needing a feed can be missed. If you wish to use a dummy, wait until breastfeeding is going well and they are gaining weight well. Avoid using a dummy to stop them crying or to make them 'go longer' between feeds.

As the early weeks pass, your breasts may not feel as full as they were soon after the birth. This does not mean that your milk supply is low. It means that your breasts are settling down to making the right amount of milk for your baby. Many mothers notice their breasts feel 'softer' at around 6 weeks.

### **Fussy days**

Lots of babies have fussy days when they want to breastfeed more often than usual. It used to be thought that the baby was having an 'appetite increase' or 'growth spurt' and needed more milk. However, we now know that a normal baby's daily intake remains about the same from 1 to 6 months of age.<sup>33</sup> Fussy days are now thought to be related to stages a baby's brain goes through.<sup>34</sup> If you follow your baby's lead and breastfeed more often for a few days, you will probably find that they soon settle down again. The extra breastfeeds will comfort them.

### **How do you know if you have enough milk?**

Many mothers worry that they will not make enough milk for their baby. However, research has shown that almost all women can make more breastmilk than their baby needs.

If you are concerned that your fully breastfed baby may not be getting enough milk, ask yourself these questions:

- Does my baby have at least 5 heavy wet single-use nappies, or 6 pale, very wet cloth nappies in 24 hours?
- Do they have at least 3 soft or runny bowel motions every 24 hours? (Babies older than 6 weeks may have fewer bowel motions, but when they do come they are soft and large in volume.)
- Are they generally content, even if they are sometimes unsettled or fussy?

- Are their eyes bright? Do they have good skin tone? (If you gently ‘pinch’ their skin, does it spring back into place?)
- Have they been gaining weight? Have they grown in length? Weight gains can vary from week to week, so weight is best looked at over a longer period such as 4 weeks.<sup>5</sup> Ensure that each time your baby is weighed, it is without clothes (and no nappy) and on the same scales. Note that a recent big feed or a bowel movement can change weight results quite a lot.

If you answered ‘yes’ to the above questions, your baby is getting enough breastmilk. If you are still concerned, speak to your child health nurse or doctor. If your milk supply is low, you may find it helpful to read the Australian Breastfeeding Association’s booklet ***Breastfeeding: and your supply***. Many mothers worry about their milk supply. If it truly is low, it is possible in most cases to increase it. Your Australian Breastfeeding Association counsellor can support you and help you work out ways to do this.

### **In summary:**

- If your baby is fed only breastmilk, appears alert and reasonably content, has at least 5 heavy single-use nappies or 6 very wet cloth nappies and at least 3 soft bowel motions in 24 hours, and is gaining weight over time, then your milk supply is meeting their needs.
- If your milk supply is low, more frequent feeds will increase the amount of milk you are making. **Supply equals milk removed.**
- Babies often go through fussy periods. This is a normal part of their growth and development. Meeting your baby’s need for more frequent breastfeeds during this time will keep them happy and well-fed until they return to a more settled pattern. It does not mean you are ‘running out of milk’.

### **Looking after yourself**

Once you are home, you will be glad of any ways to make life easier at this time. You may have some help at home during the first week or two. Caring for a new baby can take up a lot of time. You may be surprised at the amount of washing they create. Accept offers of help from your family and friends, to cook, shop, deal with washing or collect other children from school. A ‘to do’ list on the fridge can make it easier. If anyone asks what they can do to help, you don’t have to think of something on the spot, just refer to the list.

Most mothers are tired in the early weeks. Not only are you recovering from the birth, with busy days and disturbed nights, but you now have this new responsibility of a baby.

**It is important to have people around who can offer support.** We can feel very unsure of ourselves when we have a new baby. Advice and comments from family, friends and others can make us question how we parent and make us feel judged. Every family is different. A call to an Australian Breastfeeding Association counsellor may help you decide what is important to you. See your child health nurse regularly and discuss any other worries you may have with them.



Photo courtesy of Susan D'Arcy

People in the most unlikely places will offer advice and opinions but try to trust your instincts and seek advice from people and places you trust. Australian Breastfeeding Association trained counsellors help thousands of mothers every year. They are mothers who have breastfed themselves and they know that it is not always easy. Their experience can confirm that you are doing the right things. Talking with someone who has 'been there' can be very helpful. **LiveChat** on the Association's website is an online way of getting correct information. **'Breastfeeding with ABA'** Facebook group is another place to get support from other breastfeeding mothers.

**Learning about your new baby is a full-time job in the early weeks.** Try not to worry if your home is not as tidy as usual. Focus on doing those few things that are most important to you. Visitors may be happy to pick up groceries and make you a cup of tea and will understand if you stay on the couch. Many mothers put a note on the front door, 'Mother and baby sleeping. Please call again', when they want to sleep or feed without being disturbed during the day. If you have a landline phone, voicemail and/or a cordless handset can make life easier. Set your mobile phone to silent and turn on voicemail.

**Eating well is good for you and your baby.** Simple meals using fresh foods are best for new mothers. Eat any food in moderation and avoid foods that do not agree with you or that you do not like. Try not to skip meals because hunger can make you tired and grumpy. Snack on fresh or dried fruit, raw vegetables, nuts or wholegrain crackers with cheese. The Australian Breastfeeding Association's cookbook **NMAA Cooks** has many ideas for simple meals. Drink water when you are thirsty. There is no need to drink large amounts of fluids. The Australian Breastfeeding Association's booklet **Breastfeeding: diet, exercise, sex and more** has lots of ideas for meals and ways to look after yourself and your new baby.

**Alcohol** passes into your breastmilk and will be at the same level it is in your blood. It will only clear from your milk at the same rate as your body clears it from your blood. You cannot express it out. The safest option is to avoid drinking alcohol at all, and definitely for the first month of your baby's life. Then it is best to limit yourself to no more than two standard drinks a day.<sup>5</sup> Having your drink straight after a breastfeed will reduce the small amount of alcohol that is passed to your baby. If you wish to drink over a number of hours and have more than one drink, you can express some milk in advance. This can be fed to your baby while alcohol is being cleared from your body. More information about alcohol and breastfeeding can be found in the **Alcohol and breastfeeding** article available on the Association's website and in the booklet **Breastfeeding: diet, exercise, sex and more**.

### **Keeping first things first**

These short months of your baby's first year are precious and they pass quickly. You may not feel like the same person you were before your baby was born. Resist the urge to rush back to all that you did before. Most mothers find they need to take life at a slower pace for a while and resume outside interests slowly.

Breastfeeding your baby allows you to have frequent rests during the day. You can lie on your bed to feed or sit in a comfortable chair. These restful feeding times are important because they give you a chance to relax. Use them to get to know and enjoy your baby. You can listen to music, watch TV, use your phone to check social media feeds or read a book or magazine while breastfeeding. For your baby, breastfeeding is more than just eating. They also have a need to suck and to spend time in the loving comfort and security of their mother's arms.

Although there will be changes in your social life, breastfeeding does not mean you have to stay at home. Once you are used to meeting your baby's needs, you will find it simple to go out with them and, if you wish, for short breaks without them.

Many mothers return to the paid work force, study or other commitments while their babies are young. You can breastfeed when you go back to paid work. If possible, delay your return to work until breastfeeding is going well and you feel recovered from the birth. The Australian Breastfeeding Association's booklet **Breastfeeding: women and work** will help you plan your return. The Association also has a **Breastfeeding Friendly Workplace program**, which provides information and support to women returning to work while breastfeeding, and to their workplaces. Further information can be found at: [breastfeeding.asn.au/workplace](http://breastfeeding.asn.au/workplace).

### **Crying babies**

All babies have times when they cry for an unknown reason. This can cause distress for the whole family. If your baby was fed not long ago and is dry and comfortable, it may be you they want! This is a very real need for a baby. You won't spoil them by picking them up when they cry. Crying is their only way of telling you if they need something. They could be hungry, lonely, in pain, cold, hot, bored, in need of a clean nappy or overtired. They may even just want a cuddle.



There may be one time most days (usually in the late afternoon and evening) when your baby needs extra attention. They may need more breastfeeds, cuddles and play. A massage or warm bath may relax them. Taking them for a walk can be good for both of you. Many parents find that a baby carrier helps a lot. Baby snuggles in next to your warmth and comforting heartbeat, while you have both hands free.

Some babies have trouble either burping or passing wind. This can cause discomfort. If a baby seems to be in a lot of pain, it is often called 'colic'. There are many theories as to what causes colic, but it can sometimes be linked to a mother who has lots of milk and/or a strong let-down reflex. Some other babies who seem to be in a lot of pain are said to have gastro-oesophageal reflux. If the mother has a lot of milk and/or a strong milk flow, reducing these can often help both colic and reflux problems.

If your baby cries a lot, first make sure that they are getting enough milk. Your best guide is checking their weight gain and the number of wet and dirty nappies. See [page 22](#) for what to expect. **If your baby is using many more nappies than this and is gaining weight very well, it means you have a lot of milk**, and the following information may help.

When the breasts are very full, a baby who is switched to the second breast before draining the first will take in large amounts of milk. They may take in more lactose (milk sugar) than their body can break down. The excess lactose moves past where it is normally absorbed and into the large bowel where bacteria ferment it. This can produce the symptoms of colic from painful wind. The baby may have frequent, explosive, loose bowel actions, often green in colour. Let your baby finish the first breast before switching.

If you have lots of milk, your baby may only need to feed from one breast for some or all feeds. You may need to express, just enough for comfort, from the other side. There is more information in the Australian Breastfeeding Association's booklet [Breastfeeding: and your supply](#). Talking this over with an Australian Breastfeeding Association counsellor can also give you more tips.



Some mothers feel that it helps their baby's colic or reflux if they keep them upright for a feed. Or they may lie back with their baby on top of them, similar to baby-led attachment. These positions can help when the let-down is forceful or there is a fast flow of milk. There is more about this in the Association's booklets *Breastfeeding: and your supply* and *Breastfeeding: and reflux*.

The booklet *Breastfeeding: and crying babies* has many ideas for coping with colic and crying. If your colicky baby falls asleep after only the first side but wakes soon after, you can return them to the same breast. This way they can get the richer, creamier milk from a softer breast. This also helps to slow the passage of food through the gut and reduce the wind in their bowel that causes colic pain. Colic usually eases once your baby is a few months old. Letting your baby kick without a nappy or giving a gentle tummy massage in a clockwise direction can sometimes help to relieve tummy aches.

If your baby seems to be in a lot of pain with colic, have them checked by your doctor to rule out any other reasons for their crying. A talk with an Australian Breastfeeding Association counsellor may also help you work out if there are other factors making your baby cry more.

## Mixed feelings

Many new mothers find that the early months with a new baby are a time of mixed emotions. The thrill of seeing your baby achieve a new milestone, or drift to sleep at the breast, full and content, can give way in an instant to a flood of tears because your partner arrives home 10 minutes late!

Some mothers also feel anxious and helpless at this time. Many find it hard to get used to having someone rely on them for every need. It can be very stressful if your baby cries for reasons you don't know or if they are hard to comfort.

Nothing can prepare you for the feeling of responsibility that comes with a new baby. It is also common to feel grief at the loss of your 'before-baby' lifestyle. However, as time passes, you will get to know your baby and start adjusting to the changes in your life. When that happens, things will improve. If they don't and you can no longer find pleasure in life and in your baby due to your worries, seek help from your doctor. You may also find reading the Australian Breastfeeding Association website article *Postnatal depression and breastfeeding* worthwhile at this time.

Not every mother falls in love with her baby straight away. The delay is more common if mother and baby were kept apart after the birth, or if there was trauma for the mother at the birth. However, it can happen to anyone. It can be hard not to feel guilty. Just take each day as it comes, caring for your baby as well as you can. The love will come, but it may take some time. In the meantime, talk about your feelings with other mothers. You will find that you are not alone and it will get better.

Many mothers find that skin-to-skin contact can improve their bond with their baby. Just place your baby, naked except for a nappy, upright between your bare breasts. This contact

causes a release of hormones that make you feel good about your baby. Also, when you do this, it is normal for your baby to act like they want to breastfeed. Let them follow their instincts. If it is cool, just wrap a blanket around you and your baby, leaving your bare chests touching. Sharing a bath with your baby is another lovely calming way to spend time together.

Talking and sharing your joys and worries with other mothers can be helpful. To find out that you are not the only one to have these feelings really helps. Australian Breastfeeding Association group meet-ups provide this contact to new mothers. Many groups also have social media groups for members to support each other. Contact your **local group** (see **website** for details) if you would like to find out more. The Association also has a national Facebook group '**Breastfeeding with ABA**' for mothers around Australia.

### **If you decide to wean**

Sometimes, despite the best efforts of a mother and the people who are helping her, problems arise that cannot easily be solved.

It is very uncommon for a woman to be physically unable to produce milk. However, there are some who cannot make enough. These mothers may not have to wean but may need to feed their babies extra milk. This can be given at the breast using a supply line. For more information, see the Australian Breastfeeding Association's booklet ***Breastfeeding: using a supply line.***

Factors such as a baby who does not suck well over a long period, tension, fatigue, depression or previous trauma can make breastfeeding seem very hard. If you cannot solve a problem while you are trying to breastfeed, you may decide to express your milk and feed this to your baby with a bottle or cup. They will still be getting your milk and you may need to do this only for a short time. Perhaps your baby is sick or very premature. Or the problem may be long-term. There is more information in the Australian Breastfeeding Association's booklets ***Breastfeeding: your premature baby*** and ***Breastfeeding: expressing and storing breastmilk.***

Some babies with special needs may be harder to breastfeed, such as those with Down syndrome. It may seem that some may not be able to feed at the breast at all, such as a baby with a cleft palate. The Australian Breastfeeding Association has booklets about breastfeeding these babies, ***Breastfeeding: your baby with Down syndrome*** and ***Breastfeeding: babies with a cleft of lip and/or palate.***

Many mothers have overcome problems with patience and support. A call to an Australian Breastfeeding Association counsellor can help, whether it is to solve a breastfeeding problem, for information about feeding a baby with special needs or to come to terms with a decision not to breastfeed. Loving mothering does not depend only on breastfeeding. If you want further help, she may refer you to a lactation consultant.

If you do decide to wean your baby onto formula or to express your milk for your baby long term, you and your baby can still enjoy plenty of skin contact, rocking and cuddling. You may feel that you have no other choice but to feed formula. This usually does not mean you cannot breastfeed another baby in the future. Accept that you have done your best. In this way, you will be able to give your baby, and the rest of your family, the best of yourself and be a relaxed and loving mother.

## **Mothers share their experiences with us**

*Here was our beautiful baby daughter needing us totally and here were two mature adults feeling inadequate. We had 3 years of loving just each other and now we had to share this love with another, who as yet couldn't return our affection. We battled on sorting out our feelings, trying to remain relaxed, which was hard with broken sleep and being so tired.*

*Now at 8 months we are really enjoying our daughter and every cuddle, smile or tiny touch pulls at our heartstrings. Like when my husband and I were 'courting', our courtship with Rachael is blossoming and the parenting is developing. It takes time to get to know your baby, or to fall in love with your baby. We now realise that parenting can't be taught. It is a living experience. To some it comes naturally, to others the early days are trying, but patience, understanding and love were the keys to our success.*

\* \* \*

*Darren was very active and demanding. Initially I was flabbergasted! How could one small baby consume so much time? He wasn't a night sleeper, nor a day sleeper either and I felt myself going round and round and round. Till one day I stopped. I have long forgotten when that was. I realised I was neither here nor there. While reaching out for all those things I used to do, I was missing the essence of my son. So I withdrew from wanting to do and just got on with doing what I was learning, and that was mothering.*

*Darren turned 1 last week and I felt a sense of achievement mixed in with his birthday celebrations. Time enough in the future to do all the things I have in mind. Sometimes dreaming about them is the best part.*

\* \* \*

*So we came home (from hospital) and I was feeling a little more confident by now. I felt I would easily be able to do everything between Hunter's '4-hourly feeds'. Imagine my shock when on the second day home he wanted to feed every 2 hours. Then he started having problems with wind and by the end of the second week the house was a shambles, Hunter in tears most of the time (and me too!) and my poor long-suffering husband was bearing the brunt of it all. We were thinking, 'Is this what being a family is all about?' but not admitting it to each other of course! I had huge feelings of guilt and inadequacy in those first few weeks. I was sure my inexperience was causing all Hunter's unhappiness. Like a miracle, my milk flowed on serenely through all this. Breastfeeding was the only thing that kept us all sane! By 10 weeks Hunter was sleeping longer at night, his wind problem had gone and life was much better. No longer did I daydream about a 9-to-5 job that didn't include looking after a demanding infant. Instead I found that nappy-change time had suddenly become playtime. This tiny person had quite an engaging personality!*

## Just for partners

It is easy for partners to feel a little left out in the excitement of the first few weeks after a baby's birth. Mother and baby seem to be the centre of attention. At home she may appear to be too busy and too tired to do anything with you.

Your baby came from an act of love between the two of you and that love can strengthen and deepen over these early weeks. You may find that the first few days at home are best spent alone with your new baby, all of you getting to know each other. You may like to ask family and friends not to visit just yet and explain what you are doing.

The amount of time needed to care for a baby means that most mothers have little time or energy left for anything else. It would be very helpful if you could take over some of the household tasks. Perhaps you already share these. If so, try to take on a little more at this time. Your family's most important needs are simple meals, clean clothes and a fairly clean kitchen and bathroom.

Decide between you what tasks simply must be done and then try to live with the rest, at least for the time being. If you have time off from work when your baby is born, try to use this time to catch up on housework and things that are important to all of you. Other tasks around the house or in the garden can wait until the baby is a little older. The Australian Breastfeeding Association's booklet *Breastfeeding: diet, exercise, sex and more* is a helpful guide for these hectic first weeks.

Use these early days to get to know your baby. Although they appear quite small and fragile, your gentle handling will not harm them. Changing nappies, bathing and dressing might all be new to you, but most parents soon become skilled in handling their new baby.

Share your feelings with your partner. Listen as she describes her joys and encourage her to share her worries or fears. Your support is vital, as she learns to breastfeed and care for your new baby. Learning about breastfeeding, by reading this and other Australian Breastfeeding Association booklets, means you will be able to offer ideas and support if problems arise.

If your partner is having problems with breastfeeding, suggest she speak to an Australian Breastfeeding Association counsellor. Counsellors are trained to offer ideas based on the latest research as well as the collective wisdom of past and present breastfeeding women. The **National Breastfeeding Helpline** number is listed on the back of this booklet. Suggest she join the Association and attend **local group** events that may be held in person or online. Sharing her breastfeeding experience and being with other breastfeeding mothers and their babies will help her gain confidence. Partners are also always welcome to attend Association group events.

The time when you return to work can be hard for you both. You are likely to be tired. You both need time to adjust to the extra workload and changes to routines that a new baby brings. Easy evening meals, a quiet social life and some time-out for each of you can help you settle into your new routine.

When you first return to work, ensure that your partner can access support if needed, perhaps from a family member, neighbour or friend she can call. If possible, call or message her during your day to see how things are going.

## **Two fathers write:**

*The birth of our child has given me another set of eyes with which to view the world, the eyes of a father! Every aspect of life takes on new meaning. Is my job secure? Can I provide all the things my family needs? Is our life all we want it to be? These are some of the questions that go through my mind.*

*I must say that so far, and it is only 3 weeks, fatherhood is absolutely delightful and I thoroughly recommend it to any man. I now feel that I am a complete man and not the part-finished model that was wandering around not too long ago. I think the role of the father is to provide all of the love that his family can consume, for surely this is the true food of life.*

*My role as a father has only just begun, and I can see many trying times as well as many beautiful ones, but I look forward to these future years with eagerness, for I need these years to make me a better husband and father.*



Photo courtesy of Vicky Leon

\* \* \*

*As I sit here, I think back to the time before, 54 weeks ago. The time before Jake's birth. Until then I often slept all night. I didn't fall over toys everywhere I went; I could go to the shop without feeling guilty that I'd left someone at home. I had only my own personal hygiene to consider and never had to change my clothes after almost every meal.*

*I also never got called 'Dadda', or got smothered with sloppy kisses, complete with biscuit or banana. I didn't get a chance to play on the floor with blocks, balls, teddy bears or pots and pans. I had never had a small person knocking on the shower door to come in and 'splash-splash with Dadda' or an interested spectator on my visits to the toilet, who 'shut lid' for me, finished or not. Never before had I consistently ended meals with my face and/or clothes spattered with food and enjoyed it. I hadn't had to repack the kitchen bin numerous times per hour or been told 'No!' in answer to simple requests such as 'Come away from the TV please'. I didn't have anyone to 'horsey-ride', squealing with delight, up the passage, or anyone to protect from the big, noisy vacuum cleaner. Tired? Yes. Sorry? No way!*

# Sexuality following childbirth

This section looks at this aspect of your lives only briefly. The Australian Breastfeeding Association's booklet ***Breastfeeding: diet, exercise, sex and more*** covers the physical and emotional effects of becoming parents in more detail. You may like to read it together. Do discuss any concerns with your doctor.

## **For the mother**

Childbirth causes changes to a woman's body. Suddenly your large firm tummy is smaller and softer. Your hips and thighs may be larger than before pregnancy. Your breasts almost certainly are. You may have lochia (postpartum discharge) coming from your vagina for some weeks and leaking milk from your breasts as well. Your hormones change as your womb shrinks and your body takes on the task of making milk for your baby. You may feel very 'open' and sensitive at this time, both physically and emotionally.



Photo courtesy of Vicky Leon

An episiotomy or a caesarean birth will result in pain in the first few weeks. This is likely to affect how you feel about yourself as well as affect sex with your partner for a while. You both need to express your love for each other as much now as you did before having to share it with your baby.

As well as feeling good, breastfeeding has a sensual aspect. This is not often discussed. Sometimes guilt or confusion about these feelings while breastfeeding can lead to early weaning. This guilt is the result of a narrow cultural view of female sexuality that thinks of breasts as sexual objects for a partner. It is very normal to enjoy breastfeeding your baby. Oxytocin is a hormone released when breastfeeding as well as during pleasurable sex. It makes sense that something we need to do many times a day should feel good. For most women sexuality is a very complex thing, closely tied to the menstrual cycle and the emotions. Pregnancy, childbirth and breastfeeding are central to being female.

### **For the partner**

Your feelings about yourself and your partner may change in the weeks after the birth. If you were present at the birth, this may have had a profound effect on you. You have seen and helped your partner through what is likely to have been the most important physical and emotional experience of her life.

You may sense a change in her as she shares her time and attention between you and your baby and adjusts to her new role as a mother.

Talking about your feelings will help you regain the closeness you enjoyed before your baby's birth. Although she may not find sex comfortable for some time (especially if she had stitches), she will need your support and love. She may prefer lots of kisses and cuddles. Massage is another way to help relax each other. Your partner may lose interest in sex for a while, as she feels she is more in 'mother mode' than a sexual being. Talk to her about this and try to understand. Mothers vary in their desire to return to sex after childbirth. Chances are that your sex life will at some point be as good as it was before she became pregnant and may even be much better!

### **For both of you**

The weeks just before and just after the birth, when sex may be awkward or uncomfortable, are a good time to find other ways of loving. This allows you to meet your sexual needs while putting off intercourse until you both feel ready. Even then, you may need to try a lubricating gel (it is common for a woman to find that her vagina is drier while she is breastfeeding) and try different positions. These changes may add variety to your sex life even when things are back to 'normal'. Her breasts may leak milk if fondled. If the thought of this bothers you, wait until just after a feed (when your baby will also be less likely to wake and disturb you at a crucial moment!) and keep a towel handy. Some partners find that they resent having to 'share' their partner's breasts with the baby. This feeling will lessen as time passes. By sharing your feelings and needs as you both adapt to your changed lifestyle, you will be able to help each other. It is good to have a sense of humour. When there is a small baby in the house, things don't always go to plan!



## As time goes on

As you become used to your mothering role, you can look forward to many months of pleasure in breastfeeding your baby. Some hints to help you in the future:

- Your baby's needs change over time. It is normal to have some days when they want to feed often.
- Illness and teething may upset a baby's normal feeding pattern.
- If you wish to use hormonal birth control, doctors usually prescribe the progesterone-only type (in the form of the mini-pill, an implant or IUD) for breastfeeding mothers, at least in the early weeks. After 6 weeks, the combined pill can usually be used by breastfeeding women.<sup>12</sup> However, some mothers report that either type causes problems with their milk supply or makes their babies unsettled. Feeding more often for 7 to 10 days often fixes this. If not, you may need to discuss another form of birth control with your doctor.
- Your baby may refuse some breastfeeds before or during your monthly periods, perhaps because of a change in the taste of your milk. Tension at this time may slow your let-down reflex, so rest and relax as much as you can. If your baby is fussy, try to offer frequent breastfeeds for a few days until the phase passes. Many mothers' periods do not return for several months (up to a year or more) if they are fully breastfeeding. However, this differs greatly between mothers. (Fully breastfeeding means that the baby is getting all fluids and sucking from the breast, with no bottles or dummies.)
- Breastmilk alone is all the food and drink a healthy full-term baby needs for about the first 6 months of life. Before this time, a baby's system is not ready to deal with other foods. Other foods given in the early months can lessen the baby's hunger for breastmilk and this may affect your supply. If your baby seems extra hungry in the first 6 months, frequent breastfeeding will increase your milk supply to meet their needs. You may like to read the Australian Breastfeeding Association's booklets *Breastfeeding: and your supply* and *Breastfeeding: and family foods* for more details.
- Weaning is a gradual process that begins when other foods are added to a baby's diet. Breastmilk is still the most important source of food until a baby turns 1 year. During weaning, your baby will gradually take less breastmilk and you will then produce less. Breastfeeding can continue until you and your baby are ready to stop. It is best to wean slowly so your breasts, your milk supply, your hormones and your baby can adjust. The Australian Breastfeeding Association's booklet *Breastfeeding: weaning* can help you when you are at this stage.

## A final word

Breastfeeding can be a truly satisfying and fulfilling experience for the whole family. During the time you are breastfeeding, you will learn about yourself and your baby and sense the changing needs of your growing child.

Breastfeeding, like all good things, requires commitment and practice. It gets easier as time goes on. Contact an Australian Breastfeeding Association counsellor if you are having problems, or if you just feel like talking to someone who knows what it is like to care for a new breastfed baby.

When you join the Association, you will receive a copy of the book *Breastfeeding ... naturally*, a regular magazine *Essence* and become a part of an Australia-wide network of information and support. Details about how to **join** can be obtained from the Association's National Support Office, from the website or from any Association volunteer.



Photo courtesy of Susan D'Arcy

# References

1. National Health and Medical Research Council. (2013). *Australian dietary guidelines*. <https://www.nhmrc.gov.au/adg>
2. Ballard, O., & Morrow, A. L. (2013). Human milk composition: Nutrients and bioactive factors. *Pediatric Clinics*, *60*(1), 49–74.
3. Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., Murch, S., Jeeva Sankar, M., Walker, N., Rollins, N. C. & The Lancet Breastfeeding Series Group. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, *387*(10017), 475–490.
4. Kramer, M. S., Aboud, F., Mironova, E., Vanilovich, I., Platt, R. W., Matush, L., Igumnov, S., Fombonne, E., Bogdanovich, N., Ducruet, T., Collet, J. P., Chalmers, B., Hodnett, E., Davidovsky, S., Skugarevsky, O., Trofimovich, O., Kozlova, L., Shapiro, S., & Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group. (2008). Breastfeeding and child cognitive development. New evidence from a large randomized trial. *Archives of General Psychiatry*, *65*(5), 578–584.
5. National Health and Medical Research Council. (2012). *Infant feeding guidelines: Information for health workers*. <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>
6. Thompson, J. M., Tanabe, K., Moon, R. Y., Mitchell, E. A., McGarvey, C., Tappin, D., Blair, P. S. & Hauck, F. R. (2017). Duration of breastfeeding and risk of SIDS: An individual participant data meta-analysis. *Pediatrics*, *140*(5), e20171324.
7. Neville, C. E., McKinley, M. C., Holmes, V. A., Spence, D., & Woodside J. V. (2014). The relationship between breastfeeding and postpartum weight change – a systematic review and critical evaluation. *International Journal of Obesity*, *38*, 577–590.
8. Collaborative Group on Hormonal Factors in Breast Cancer. (2002). Breast cancer and breastfeeding: Collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease. *Lancet*, *360*, 187–195.
9. Luan, N. N., Wu, Q. J., Gong, T. T., Vogtmann, E., Wang, Y. L., & Lin, B. (2013). Breastfeeding and ovarian cancer risk: A meta-analysis of epidemiologic studies. *American Journal of Clinical Nutrition*, *98*(4), 1020–1031.
10. Su, D., Pasalich, M., Lee, A. H., & Binns, C. W. (2013). Ovarian cancer risk is reduced by prolonged lactation: A case-control study in southern China. *American Journal of Clinical Nutrition*, *97*(2), 354–359.
11. Van der Wijden, C., & Manion, C. (2015). Lactational amenorrhoea method for family planning. *The Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD001329.pub2>
12. Faculty of Sexual & Reproductive Healthcare. (2017. Amended 2020). *FSRH guideline: Contraception after pregnancy*. Royal College of the Obstetricians and Gynaecologists UK. <https://www.fsrh.org/standards-and-guidance/documents/contraception-after-pregnancy-guideline-january-2017/>
13. Smith J. P. (2019). A commentary on the carbon footprint of milk formula: Harms to planetary health and policy implications. *International Breastfeeding Journal*, *14*, 49.
14. Smillie, C. M. (2008). How infants learn to feed: A neurobehavioral model. In C. W. Genna (Ed.), *Supporting suckling skills in breastfeeding infants*. Jones and Bartlett.
15. Colson, S. (2010). *An introduction to biological nurturing*. Hale Publishing.

16. American College of Obstetrics and Gynaecology. (2007). Breastfeeding: Maternal & infant aspects. Special report from ACOG. *ACOG Clinical Review*, 12(supp), 1s–16s.
17. Bergstrom, A., Okong, P., & Ransjo-Arvidson, A. B. (2007). Immediate maternal thermal response to skin-to-skin care of newborn. *Acta Paediatrica*, 96(5), 655–658.
18. Fransson, A. L., Karlsson, H., & Nilsson, K. (2005). Temperature variation in newborn babies: Importance of physical contact with the mother. *Archives of Disease in Childhood. Fetal and Neonatal Edition*, 90, F500–F504.
19. Kroeger, M., & Smith, L. (2004). *Impact of birthing practices on breastfeeding: Protecting the mother and baby continuum*. Jones and Bartlett.
20. Moore, E. R., Bergman, N., Anderson, G. C., & Medley, N. (2016). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD003519.pub4>
21. Geddes, D. T., Kent, J. C., Mitoulas, L. R., & Hartmann, P. E. (2008). Tongue movement and intra-oral vacuum in breastfeeding infants. *Early Human Development*, 84(7), 471–477.
22. Kordy, K., Gaufin, T., Mwangi, M., Li, F., Cerini, C., Lee, D. J., Adisetiyo, H., Woodward, C., Pannaraj, P. S., Tobin, N. H., & Aldrovandi, G. M. (2020). Contributions to human breast milk microbiome and enteromammary transfer of *Bifidobacterium breve*. *PloS One*, 15(1), e0219633.
23. Macdonald, P. D., Ross, S. R. M., Grant, L., & Young, D. (2003). Neonatal weight loss in breast and formula fed infants. *Archives of Disease in Childhood. Fetal and Neonatal Edition*, 88(6), F472–F476.
24. Roberts, K. (1995). A comparison of chilled cabbage leaves and chilled gelpaks in reducing breast engorgement. *Journal of Human Lactation*, 11(1), 17–20.
25. Roberts K., Reiter M., & Schuster D. (1995). A comparison of chilled and room temperature cabbage leaves in treating breast engorgement. *Journal of Human Lactation*, 11(3), 191–194.
26. Cotterman, K. J. (2004). Reverse pressure softening: A simple tool to prepare the areola for easier latching during engorgement. *Journal of Human Lactation* 20(2), 227–237.
27. Kellams, A., Harrel, C., Omage, S., Gregory, C., Rosen-Carole, C., & the Academy of Breastfeeding Medicine. (2017). ABM Clinical Protocol #3: Supplementary feedings in the healthy term breastfed neonate, Revised 2017. *Breastfeeding Medicine*, 12(3), 188–198.
28. Australian Breastfeeding Association. *Normal nappies* chart.
29. Buck, M. L., Amir, L. H., Cullinane, M., & Donath, S. M., for the CASTLE Study Team. (2014). Nipple pain, damage, and vasospasm in the first 8 weeks postpartum. *Breastfeeding Medicine* 9(2): 56–62.
30. Joanna Briggs Institute. (2009). The management of nipple pain and/or trauma associated with breastfeeding. *Australian Nursing Journal*, 17(2), 32–35.
31. Red Nose. (2021). *Room sharing with baby*. <https://rednose.org.au/article/room-sharing-with-baby>
32. Red Nose. (2021). *Cosleeping with your baby*. [https://rednose.org.au/article/Co-sleeping\\_with\\_your\\_baby](https://rednose.org.au/article/Co-sleeping_with_your_baby)
33. Kent, J. C., Leon, M. R., Cregan, M. D., Ramsay, D. T., Doherty, D. A., & Hartmann, P. E. (2006). Volume and frequency of breastfeedings and fat content of breastmilk throughout the day. *Pediatrics*, 117(3), e387–e395.
34. de Weerth, C., & van Geert, P. (2002). Changing patterns of infant behaviour and mother–infant interaction: Intra- and interindividual variability. *Infant Behavior and Development*, 24, 347–371.

# The Australian Breastfeeding Association

The Australian Breastfeeding Association's website [breastfeeding.asn.au](http://breastfeeding.asn.au) has information about many aspects of breastfeeding.

## Problems or concerns with breastfeeding?

- Free telephone help is available to all callers from within Australia from the **National Breastfeeding Helpline** 1800 mum 2 mum (1800 686 268) 24 hours a day, 7 days a week.
  - ♦ Hearing or speech impaired? Call the National Relay Service help desk on 1800 555 660 Monday to Friday 8 am to 6 pm AEST and then ask for them to phone the Breastfeeding Helpline 1800 686 268.
  - ♦ If you need an interpreter, call TIS National on 131 450 and ask them to call the National Breastfeeding Helpline on 1800 686 268.
- **LiveChat** is available via our website at various times during the week. See our website for current availability.
- Australian Breastfeeding Association members can also access help via email from the website [breastfeeding.asn.au/services/email-counselling](http://breastfeeding.asn.au/services/email-counselling)



## Peer support

- To find your local group, go to: [breastfeeding.asn.au](http://breastfeeding.asn.au) > [services](#) > [local support groups](#) and type in your postcode. There is a link to a calendar of events on this page.
- We have a national Facebook group for breastfeeding support. You can find it here: [facebook.com/groups/BreastfeedingwithABA/](https://facebook.com/groups/BreastfeedingwithABA/) or search for 'Breastfeeding with ABA' on Facebook.
- Many Association groups have a Facebook page or group. Check with your local group to gain access.

## Electric breast pumps

Electric breast pumps are available for hire through many Association groups. Go to: [breastfeeding.asn.au](http://breastfeeding.asn.au) > [services](#) > [hire a breast pump](#), or contact your local group or the National Breastfeeding Helpline 1800 686 268 for more details. A discount applies for members of the Association.

## Join the Australian Breastfeeding Association

Becoming a member of the Australian Breastfeeding Association can help you gain skills, confidence and overcome challenges so you can reach your breastfeeding goals [breastfeeding.asn.au/membership](http://breastfeeding.asn.au/membership)



## Australian Breastfeeding Association products

The Association produces many items under its own brand. Go to the online shop [shop.breastfeeding.asn.au](http://shop.breastfeeding.asn.au) where you can purchase either digital or hard copies of our booklets and other products.

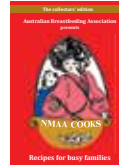


**Breastfeeding books**

- *Breastfeeding ... naturally*
- *NMAA cooks – recipes for busy families*
- *Supporting LGBTQIA+ families*

**Breastfeeding information series booklets**

- *Breastfeeding: an introduction*
- *Breastfeeding: and your supply*
- *Breastfeeding: breast and nipple care*
- *Breastfeeding: expressing and storing breastmilk*
- *Breastfeeding: weaning*
- *Breastfeeding: when your baby refuses the breast*
- *Breastfeeding: women and work*
- *Breastfeeding: your premature baby*



**Parenting information series booklets**

- *Breastfeeding: and crying babies*
- *Breastfeeding: and family foods*
- *Breastfeeding: and sleep*
- *Breastfeeding: as your family grows*
- *Breastfeeding: diet, exercise, sex and more*
- *Breastfeeding: supporting the new mother*



**Special situation information series booklets**

- *Breastfeeding: and reflux*
- *Breastfeeding: babies with a cleft of lip and/or palate*
- *Breastfeeding: caesarean birth and epidurals*
- *Breastfeeding: relactation and induced lactation*
- *Breastfeeding: twins, triplets and more*
- *Breastfeeding: using a supply line*
- *Breastfeeding: your baby with Down syndrome*





## Member services

### Online and local support groups

Informal gatherings where parents can discuss breastfeeding and parenting issues; especially worthwhile for expectant and new mothers. Contact details can be found on the Australian Breastfeeding Association's website or you can phone a counsellor on the National Breastfeeding Helpline for details.

### Breastfeeding help

Free to all within Australia 24 hours a day, 7 days a week. Phone 1800 mum 2 mum (1800 686 268).

Help via **email** is also available to members of the Australian Breastfeeding Association.

## Breastfeeding Helpline 1800 mum 2 mum

**1800 686 268**

The National Breastfeeding Helpline is supported by funding from the Australian Government

### LiveChat with us

see website for available times  
Visit [breastfeeding.asn.au](http://breastfeeding.asn.au) to log on

Download the free mum2mum app



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### Essence Magazine

Quarterly publication with informative articles and member news.

### Breastfeeding Information and Research

The Australian Breastfeeding Association has breastfeeding information from worldwide sources.

### Resources for parents and health professionals

Wide range of handout literature and education aids, books and more are available for purchase. Details and pricing are on our website:

[shop.breastfeeding.asn.au](http://shop.breastfeeding.asn.au)

By **joining** the Australian Breastfeeding Association, you will gain all the member benefits, and you will help us support women through counselling and breastfeeding promotion in the community. You can also assist this volunteer organisation by making tax-deductible donations or bequests. For more information please contact our National Office.

Join the Australian  
Breastfeeding Association  
[breastfeeding.asn.au/  
membership](http://breastfeeding.asn.au/membership)



### Australian Breastfeeding Association National Support Office

PO Box 33221, Melbourne VIC 3004  
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South Melbourne VIC 3205  
Telephone: (03) 9690 4620

Email: [info@breastfeeding.asn.au](mailto:info@breastfeeding.asn.au)