



Australian  
Breastfeeding  
Association

# BREASTFEEDING CONFIDENCE

Don't be concerned if breastfeeding isn't what you expected. Like anything worth doing, it takes practice.



This booklet has been developed by the Australian Breastfeeding Association (ABA) as a quick guide on the essentials of breastfeeding.

It is a great start, but the ABA recommends all expectant and new parents also visit our website for:

- Free resources including website articles on commonly asked breastfeeding questions
- Contact details for ABA support in your local area
- Information on upcoming dates and locations of antenatal Breastfeeding Education Classes in your area
- Low-cost booklets (downloadable or printed) that expand on various specific topics
- Resources in other languages.



# **Support** is crucial for breastfeeding mothers

Establishing a successful breastfeeding relationship can often come down to the support you receive and having your questions answered.

Please don't hesitate to call the free National Breastfeeding Helpline at any time for any questions.

Trained volunteer counsellors are available 24 hours a day, seven days a week.

**Breastfeeding Helpline**  
**1800 mum 2 mum**

**1 8 0 0   6 8 6   2 6 8**



# Become an ABA member

Please consider becoming a member of the Australian Breastfeeding Association.

As an ABA member you will be welcomed into a warm, friendly organisation that can give you the practical support you may need. You will receive unlimited access to local group meetings in your area, which is a great way to meet other breastfeeding mothers and get support from local breastfeeding counsellors.

The many other benefits of ABA membership include being able to **attend a Breastfeeding Education Class** (classes are only available to ABA members), **half price breast pump hire**, **discounted ABA booklets and resources** and a **free copy of the ABA's comprehensive book *Breastfeeding... naturally*** (RRP \$34.95).

Especially written for Australian families, *Breastfeeding...naturally* can help answer the questions nearly every parent has about breastfeeding. *Breastfeeding... naturally* features up-to-date scientific research and the collective wisdom of thousands of Australian mothers.

**For more information on membership of the ABA please visit [breastfeeding.asn.au](http://breastfeeding.asn.au).**



As a not-for-profit organisation, your membership fee will help us to continue to provide free brochures like this one and other services to help support Australian parents just like you!

# Breastfeeding is **normal & natural**



It is a rewarding experience for both mother and baby.

The early days and weeks are a time for learning.

Breastfeeding doesn't always go perfectly at first, but with the right support and information most women do breastfeed successfully.

## **WHAT BREASTFEEDING PROVIDES**

### *Mother*

- Breastfeeding protects the mother's health. Mothers who have not breastfed have an increased risk of breast cancer, ovarian cancer and diabetes.
- Breastfeeding helps the uterus return to its pre-pregnant state and aids weight loss.
- Breastfeeding usually delays the return of periods.
- Exclusive breastfeeding can act as a contraceptive.

### *Baby*

- Breastmilk provides all the food and drink a baby needs for about the first six months of life
- Breastmilk provides resistance to disease via antibodies and other components which fight infections
- Babies who are not breastfed have an increased risk of:
  - ~ common illnesses such as gastroenteritis, respiratory and ear infections
  - ~ SIDS
  - ~ Becoming overweight or obese
  - ~ lower IQ
  - ~ necrotising enterocolitis and sepsis (amongst premature babies).

**The World Health Organization recommends that infants be exclusively breastfed for the first six months and then ongoing breastfeeding until two years and beyond with appropriate introduction of complementary foods.**

# After your baby is born **what to expect**

Healthy newborn babies instinctively know what to do if they are placed skin-to-skin on their mother's body straight after birth.

However, while natural, breastfeeding is still a learned skill, at least for the mother.

After giving birth, a mother is often tired or sleep-deprived and emotional from the hormone changes.

It isn't always like those romantic images you had in your head of a mother breastfeeding her baby!

Some women breastfeed easily from the first day and never have a problem, but many meet hurdles somewhere along the road.

Don't worry if breastfeeding isn't as you expected at first. Like anything worth doing, it takes time and practice!

Problems can usually be solved. Help is available. As breastfeeding is a practical skill, it helps to have contact with other mothers who are breastfeeding. ABA local support groups can help put you in contact with other mothers in your area.

The ABA booklet *Breastfeeding: an introduction* will give you a lot more information about what to expect in those first few weeks after baby is born.





# How to **position** your baby for feeding

When your baby is breastfeeding, it should feel comfortable and should not hurt. Many mothers experience pain with initial attachment in the early weeks but pain that lasts beyond this is usually a sign that the baby is not on the breast properly.

When your baby is on your breast the right way:

- it doesn't hurt
- your baby has a good mouthful of breast
- your baby's lips are slightly curled back, especially the lower lip
- your baby's lower lip is turned out. It's normal for your baby's upper lip to rest in a neutral position on your breast
- your baby's chest is against your chest
- you may hear your baby swallow
- your baby's tongue is well forward over the bottom gum and cupping the breast.

# Attachment

Immediately after birth, baby-led attachment is the term given to the process where your baby follows her instincts to get to your breast.

In general, when your baby is well attached to your breast, she should be able to get a good mouthful of breast easily. Her mouth should be wide open, lower lip turned outwards (or flanged). It is normal for the upper lip to rest in a neutral position on the breast.



# Positioning

There are many different positions to breastfeed in. There is no 'ideal' position. If it works for you, your baby is getting milk and it is pain-free – go with it!

**'I thought breastfeeding would just come naturally.**

**My baby and I had some difficulties with attachment. It took a while for me to feel comfortable and in control again.'**





# How often should I **feed my baby?**

Breastfeeding your baby whenever he wants is the key to building a good supply and preventing many problems. This means offering your baby the breast whenever he shows signs of hunger during the day and night. It also means letting him finish a feed in his own time and come off the breast by himself.

Babies vary in their feeding needs. They may need to feed as many as 10–15 times or as few as 6–8 times within 24 hours. Some feed quickly, some feed slowly. Some feed in spurts with rests in between and some seem to feed 'all the time'!

You cannot overfeed a breastfed baby. Babies are born with the instinct to know when they have had enough and this matches their bodies' needs.

Feeding patterns change. Let your baby lead you.

**Feed according to need!**

**'Just before James turned six weeks, there were three days where I felt like I was feeding him all the time. I thought I'd never get through it, then suddenly I had a baby who was very content and started to sleep in longer stretches at night – what a bonus!'**

See the ABA booklet *Breastfeeding: an introduction* for more information about positioning, attachment and feeding patterns in the first few weeks.

# How do I know if I have enough milk?

Many women worry about how much milk their breastfed baby is getting. Low milk supply is the reason most often given by mothers who have given up breastfeeding. Yet it is uncommon for mothers not to be able to produce enough milk. Only a very small number of mothers cannot breastfeed for physical reasons.

Some signs to look for to make sure your baby is getting enough milk:

- Does your baby have at least six pale yellow, wet cloth nappies or five heavily wet disposable nappies per day?
- Does your baby have regular soft bowel motions? Babies under six weeks of age usually have at least 3–4 bowel motions in a 24-hour period. Babies older than this may have fewer bowel motions.
- Is your baby gaining weight and starting to fill out her clothes?

There will be some periods of time when your baby seems more fussy and wants to

breastfeed more often than usual.

You may have heard these times referred to as 'growth spurts' or 'appetite increases'. You may also hear it called a 'wonder week'.

It is now known that, after the newborn period, babies do not need increased amounts of milk as they grow bigger. After three months, babies grow more slowly and use the milk more efficiently.

If your older baby is unsettled, it may not be because they require more milk – therefore giving a bottle is not the solution at this time. This can in fact create a problem with your milk supply, because your baby will take less from the breast and this could reduce your milk supply.

The best way is to follow your baby's lead and fit in some extra feeds for a couple of days (if your baby seems to want them) and your baby should soon settle down again.

The ABA booklet *Breastfeeding: and your supply* has a lot more information you might find useful if you have questions about your supply.

**'It seemed like Lucy wanted to feed again just after I finished. I read a booklet that explained that Lucy would have fussy periods from time to time, and she would probably ask for more feeds. After a few days she went back to normal.'**





# What is the **let-down reflex?**

The let-down reflex is a natural process that occurs with breastfeeding which makes milk flow – or literally rush – towards the nipple.

For some mothers the let-down is quite a strong tingly feeling. Many mothers do not feel this, but it does not mean the let-down is not working. Milk may drip from your other breast.

To encourage your let-down, it helps to be relaxed and comfortable. Avoid distractions and focus on your baby. You may even find that over time just hearing your baby cry can cause a let-down!

## **SOME HELPFUL TIPS**

if you have sore breasts or nipples

- Try different feeding positions.
- After feeding, express a little milk onto your nipple and areola and air dry.
- If a duct is blocked, gentle massage from the blockage towards the nipple can help. Apply cold packs after feeding if this helps you feel more comfortable.



## Nipple soreness

In the early weeks, many mothers feel pain that ceases after initial attachment. If the pain continues past this point, it is usually caused by poor attachment of your baby to the breast (continued correct attachment can help heal sore nipples).

What you  
**need  
to  
know**

## Engorgement

~ Full, painful breasts

Some mothers get engorged breasts when their mature milk comes in and their breasts become very full and tight. It may help to use a cold compress (frozen disposable nappy or a cold pack) on the engorged breasts. 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 be improved by gentle massage of the breasts. This can be done before and during feeds.

## Blocked duct

This can be a hard painful lump in the breast. The lump may look red and feel tender and you may have a mild fever. A gentle massage towards the nipple (especially in the shower and when breastfeeding) can help clear the lump.

## Mastitis

This is inflammation of the breast which may follow a blocked milk duct or engorgement. The inflamed part of the breast becomes red, hot and painful. You are likely to have a fever and a flu-like feeling. Keep breastfeeding to keep milk flowing through the breast and seek medical advice as soon as possible.

## Remember...

Ongoing pain is not normal when breastfeeding. If you are feeling pain, call the Breastfeeding Helpline on **1800 mum-to-mum** (1800 686 268) for more tips.

For more information see the ABA booklet *Breastfeeding: breast and nipple care*.



# Your baby's weight

Some mothers worry that their baby is not growing as they expect or compared with other babies they know. It's important to remember that all babies are different. The weight and height charts used by your local child health nurse provide a general guide to the overall trend of your baby's health.

Many other factors contribute to the rate of weight gain, including sickness, the clothes the baby is wearing, whether the scales used are the same, whether the baby has just breastfed or is due for a feed and your baby's previous growth.

Breastfed babies can have different weight gain patterns from babies fed formula. Remember that weight gain is only one of the things used to assess infant health (speak to your child health nurse if you have any further concerns).

**It is normal for babies lose weight after they are born, no matter what or how they are fed.**

**It is normal for breastfed babies to lose weight for the first few days after birth.**

**Weight loss in newborns is expressed as a percentage of the birthweight.**

**A maximum weight loss of 7-10% in the first week is considered normal.**

# Sleep

**It's normal for babies to wake through the night to feed, for a cuddle, or a nappy change.**

Mothers may also need those feeds to avoid very full breasts and make lots of milk the next day. Breastfeeding hormones help mothers get back to sleep quickly. Well-drained breasts also ensure a good milk supply.

Babies can be encouraged to drink large volumes with a bottle and some parents hope this will make the baby sleepier. Unfortunately infant sleep is more complex than that. Babies were designed to regulate their own milk intake according to their unique growth and development needs. Research has shown that giving a baby a bottle of formula does not equal improved sleep. Breastfed babies are less likely to wheeze, cough or have problems breathing when they sleep.

Every baby is different and it is not possible to have a prescriptive one-size-fits-all approach to helping your baby sleep.

We understand that sleep is an important factor for many parents and the transition to broken sleep can be challenging.

If you feel you need some more support with this topic, our breastfeeding counsellors are available 24/7 via our Breastfeeding Helpline on 1800 686 268.





## Looking after **yourself**

Many parents have strong emotions during the first few weeks or months after the birth. Even when well prepared, you can feel overwhelmed from the tiredness, isolation and the hormones swirling through your body. It is important to look after yourself during this time. Some helpful tips are:

- While breastfeeding, your body uses food more efficiently but you may feel hungrier than usual. **There is no need for special foods.** Choose a variety of healthy foods from the five main food groups.
- Use **breastfeeding as a rest time** by breastfeeding lying down whenever possible.
- When your baby sleeps, **take a nap yourself** whenever possible.
- Do only the most **basic housework**.
- Accept all **offers of help!**
- Try to **avoid seeing too many visitors** if you find this tiring. Ask them to get you a drink or help with jobs like washing up or putting the washing on the line.
- **Go out of the house** and get some fresh air.
- Take **some time for yourself** alone.



**By caring for yourself you are caring for your baby.**

It can be really helpful to meet other mothers going through the same experiences that you are. ABA local groups are a great way to meet other mothers in your area who are also breastfeeding. Find the local group in your area on the ABA website: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au).

You may also find the ABA booklet *Breastfeeding: diet, exercise, sex and more* useful.

## How can **partners** help?

There are lots of ways partners can be directly involved in caring for a baby, without the need to do the feeding. These include:

- Bringing the mother a glass of water or something to eat while she is breastfeeding
- Making sure she has access to the television remote control or her phone
- Looking after the baby while Mum has a shower or a sleep
- Cuddle and provide skin-to-skin contact with the baby when she is not breastfeeding
- Take charge of baby's bath-time
- Take over the care of the baby after a breastfeed by doing the burping and nappy changing
- Settle the baby for bedtime

For more ideas see the ABA booklet *Breastfeeding: supporting the new mother*.





# Expressing & storing breastmilk

## SOME HELPFUL TIPS for expressing breastmilk

- Make sure any equipment you use has been thoroughly cleaned and that your hands are washed well.
- Set yourself up in a private and relaxed place. Think about your baby and have a photo to look at to help your let-down reflex work.
- Sit in a comfortable position and be as relaxed as possible.

## TWO MAIN METHODS of expressing breastmilk

- **HAND** ~ this is a skill that is easy to learn, gentle, cost-free and convenient.
- **PUMP** ~ in hospital you may have used an electric breast pump. If you need one at home there is a range of smaller pumps, hand-operated and electric, that you can buy.

*Note: you can hire one of the large electric breast pumps. The Australian Breastfeeding Association offers a discount rate on breast pump hire for members. Visit our website for more information.*

See the  
ABA booklet  
*Breastfeeding:  
expressing  
and storing  
breastmilk*  
for additional  
practical tips.

## SOME HELPFUL TIPS for storing breastmilk

- When freezing breastmilk, leave some space at the top of the container (it expands as it freezes).
- Freeze in small amounts to avoid wastage eg 50 mL.
- To defrost frozen milk, either put it in the refrigerator overnight, or place it in a bowl of warm water (not hot) and gently move it about.
- If breastmilk is left standing, the fat will separate and rise to the top. Gently swirl to remix.

# Storage of breastmilk

## for home use

Breastmilk status	Room temperature (26°C or lower)	Refrigerator (5°C or lower)	Freezer
Freshly expressed into container	6–8 hours If refrigeration is available, store milk there	No more than 72 hours.  Store in back, where it is coldest	2 weeks in freezer compartment inside refrigerator (–15°C)  3 months in freezer section of refrigerator with separate door (–18°C)  6–12 months in deep freeze (–20°C*)
Previously frozen – thawed in refrigerator but not warmed	4 hours or less – that is, until the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding	Discard	Discard

\*Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature.

Reproduced with permission from National Health and Medical Research Council 2012, Infant Feeding Guidelines. NHMRC, Canberra p59.

# Getting out & about



Breastfeeding a baby does not mean that you are tied down. In fact it is easier to go out at short notice because you have all your baby's food and drink needs wherever you go!

As a new mother you can feel quite alone and it is important to have some social time just for yourself. Learning to express and store breastmilk is helpful in allowing you to have a break.

**Breastfeeding a baby does not mean that you are tied down.**

## Stay connected on our social media pages

ABA's social media pages are a great way to keep up-to-date with breastfeeding information and connect with other mothers.



[facebook.com/ozbreastfeeding](https://facebook.com/ozbreastfeeding)



[twitter.com/ozbreastfeeding](https://twitter.com/ozbreastfeeding)



[instagram.com/ozbreastfeeding](https://instagram.com/ozbreastfeeding)

**Join our online community on Facebook, Instagram and Twitter today. Search 'ozbreastfeeding'.**





# Breastfeeding & work

There are a range of options open to a working mother including:

- **Expressing at work** and feeding the baby expressed breastmilk.
- Having the **child in care nearby** or **working from home**.
- Giving **bottle feeds when she cannot be present**, and breastfeeding the rest of the time.

Lots of people benefit from a mother combining breastfeeding and work:

- The baby gets sick less often.
- The mother can still keep the close bond with her baby and maintain her own long-term health benefits.
- The workplace also benefits because a breastfed baby means less time off work for the parents, lower staff turnover, reduced training costs and a positive corporate image.

**Visit [www.breastfeeding.asn.au/workplace](http://www.breastfeeding.asn.au/workplace) for answers to frequently asked questions and free practical resources to help you combine working and breastfeeding.**

You can also refer to the ABA booklet *Breastfeeding: women and work* for additional information on how to combine working with breastfeeding.

# About ABA

The Australian Breastfeeding Association is a not-for-profit organisation founded in 1964 to encourage and support mothers who would like to breastfeed their babies, while creating in the community an awareness of the importance of human milk.

One of Australia's largest non-profit women's organisations, there are around 230 ABA groups nationwide and close to 700 trained breastfeeding counsellors. Over 200,000 Australians have been members of the Association at some time since its beginning.



## Contacting ABA

Australian Breastfeeding Association  
National Head Office

PO Box 33221, Melbourne VIC 3004

T: 1800 686 268 (Breastfeeding Helpline)

T: (03) 9690 4620 (General enquiries/Administration)

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

W: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)



**Australian  
Breastfeeding  
Association**

Information for this booklet was provided from the following sources:

- Breastfeeding Information and Research
- National Health and Medical Research Council Infant Feeding Guidelines (2012)
- 2010 Australian National Infant Feeding Survey
- Australian Breastfeeding Association (ABA)
- ABA counsellor surveys

© Australian Breastfeeding Association March 2019



## **ABA RESOURCES**

Available for purchase via our online shop

ABA's bestselling guide to breastfeeding your baby,  
*Breastfeeding... naturally*

### **BOOKLETS**

- Breastfeeding: an introduction*
- Breastfeeding: and crying babies*
- Breastfeeding: and family foods*
- Breastfeeding: and reflux*
- Breastfeeding: and sleep*
- Breastfeeding: and your supply*
- Breastfeeding: as your family grows*
- Breastfeeding: babies with a cleft of lip and/or palate*
- Breastfeeding: breast and nipple care*
- Breastfeeding: caesarean births and epidurals*
- Breastfeeding: diet, exercise, sex and more*
- Breastfeeding: expressing and storing breastmilk*
- Breastfeeding: lactation suppression*
- Breastfeeding: relactation and induced lactation*
- Breastfeeding: supporting the new mother*
- Breastfeeding: twins, triplets and more*
- Breastfeeding: weaning*
- Breastfeeding: when your baby refuses the breast*
- Breastfeeding: women and work*
- Breastfeeding: your baby with Down Syndrome*
- Breastfeeding: your premature baby*
- Breastfeeding: using a breastfeeding supplementer*

A close-up photograph of a woman with dark hair breastfeeding her baby. The woman is looking down at the baby with a gentle expression. The baby is lying on its back, looking up at the woman. The background is a soft, out-of-focus light color.

# **Do you need breastfeeding support?**

ABA's Breastfeeding Helpline is  
available 24/7, 365 days a year.

**Breastfeeding Helpline  
1800 mum 2 mum**

**1 8 0 0 6 8 6 2 6 8**

**TEAR OFF AND KEEP THIS PAGE ON YOUR FRIDGE**

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