Breastfeeding: A good start in life

Information on breastfeeding your baby

Every breastfeed makes a difference

mychild.ie

“When I was pregnant I thought about breastfeeding but I wasn’t sure if it was right for me. I wondered if I’d be able to make enough milk. It turns out that nearly all mothers can make enough milk for their babies and can feed as long as they want to. My son is now 2 months old and we are both enjoying breastfeeding.”

Resources in other languages

Information on breastfeeding in other languages is available by scanning the QR codes below:

La Leche League International

Unicef UK Baby Friendly Initiative

Contents

Introduction

Thinking about breastfeeding? What you need to know

Many pregnant women wonder how they can prepare their bodies for breastfeeding but there is actually very little physical preparation you need to do.

You may have noticed your breasts changing as your pregnancy progresses. Your breasts start to increase in size because they are now producing colostrum, which will be your baby's first food.

Many people find it helpful to learn more about breastfeeding while they are pregnant. Your maternity hospital will tell you what classes you can take to help to prepare for breastfeeding. If you have concerns about breastfeeding, your midwife may refer you to a lactation nurse or midwife.

Consider learning hand expressing before the birth of your baby. Talk to your midwife if hand expressing is suitable for you and how to do this. Your midwife or doctor will advise if you can start collecting colostrum before birth of your baby. Scan the QR code to watch a video on how to hand express and collect colostrum during pregnancy.

Video: How to hand express and collect colostrum during pregnancy

Your GP, GP practice nurse, midwife or public health nurse (PHN) will be happy to discuss feeding your baby. It may help for you to discuss some of the following with them:

- Why breastfeeding is important for you and your baby.
- Types of labour and birth that can impact on getting breastfeeding started.
- Why learning how to hand express your breast milk can be a useful skill to learn before the birth of your baby.
- The importance of early safe skin-to-skin contact after the birth.
- How breastfeeding in the first hour after birth provides food, comfort and a good start for your baby's immune system.
- Rooming-in – this means being with your baby throughout the day and night and having them sleep in a cot or crib beside your bed. This helps you to learn their feeding cues.

- Responsive feeding – recognising and responding to your baby's cues to tell you they're hungry, full or looking for comfort.
- The importance of correct positioning and attaching (latching on) when breastfeeding.
- Why you might want to avoid using soothers, particularly in the early weeks of breastfeeding (see page 6).
- Why you should avoid formula top-ups unless there are medical reasons for giving them.

SCAN ME

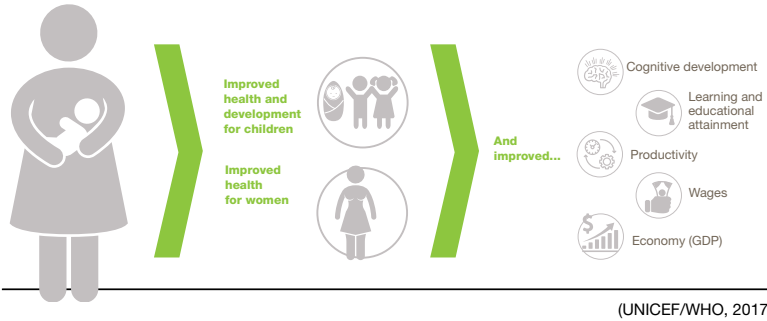
Scan for information about breastfeeding for Traveller women.

Breastfeeding support groups

There are many breast-feeding support groups around the country. Why not visit your local group while you are pregnant? They can be a great place to learn about what to expect when breastfeeding a newborn. This is a good opportunity to meet and chat with breastfeeding mothers.

Many of these groups are run by midwives, lactation nurses or midwives, and public health nurses. Voluntary breastfeeding support groups are also provided by Cuidiú and La Leche League of Ireland. Friends of Breastfeeding provide social support (mother-to-mother groups). Details of all these groups are available on **www.mychild.ie/breastfeeding**

Improved rates of breastfeeding lead to...



(UNICEF/WHO, 2017)

Congratulations and welcome to motherhood

In Ireland over 6 in 10 mothers breastfeed their babies. Even though both you and your baby have natural instincts to breastfeed, breastfeeding is a learned skill and takes patience and practice.

Having good information about breastfeeding can help you and your baby begin your breastfeeding journey and, with the right support, it will help you to continue breastfeeding for as long as you and your baby wish.

Your milk is uniquely made for your growing baby's needs. It helps protect your baby from infection and other illnesses. It is important for your baby's healthy growth and development. As a mother, it also reduces your chances of getting some illnesses later in life. The longer you breastfeed, the greater the health protection for you and your baby.

Breastfeeding is also convenient and cost-free, and you and baby will enjoy the feeling of closeness breastfeeding creates.

This booklet gives you information on what to expect. It also has lots of useful tips to help you. And remember, **you are not alone** – help and support are available.

Almost all mothers can breastfeed and make enough milk if their baby is feeding often enough - no matter what size the baby or the breast.

Your breast milk gives your baby all the nutrients they need for around the first six months of life. After six months your milk can continue to be an important part of their diet after you start to give them other foods as well.

After your baby is born

Holding your baby with their skin next to your skin immediately after birth will calm and relax you and your baby. Your scent is familiar and comforts them. Your midwife will help you to position your baby so you can both enjoy safe skin-to-skin contact.

Continuing safe skin-to-skin contact alongside breastfeeding in the weeks after birth helps to seed and feed healthy gut bacteria, also known as the microbiome.

Safe skin-to-skin contact after birth:

Safe skin-to-skin contact after birth will:

- keep your baby warm
- help to regulate your baby's breathing and heartbeat
- help your baby to start feeding.

After a rest on their mother's chest, most babies will make movements towards the breast. Babies are smart and know what nature has made for them. If your baby has their first feed soon after they are born, with no rush, it makes other feeds easier.

You can continue to hold your baby in skin-to-skin contact after you leave the delivery room and hospital – your baby will stay warm and comfortable on your chest and the benefits for bonding, soothing and breastfeeding are likely to continue well after birth.

Your partner can enjoy safe skin-to-skin contact too. In fact partners can do almost everything that mothers do with their baby including:

- cuddling your baby
- changing nappies
- talking and playing with your baby
- bathing.

All these activities help bonding.

Scan to watch a video on how to do safe skin-to-skin contact

Feeding cues

The first few days are about getting to know your baby. As part of this, you will start to notice signs your baby is ready to feed or their early feeding cues:

- Eyes fluttering, before they even open.
- Moving their hands to their mouth.
- Making mouth movements.
- Moving towards your breast, or turning their head when you touch their cheek (this is also called rooting).

It is best to feed your baby when they show any of these early feeding cues.

Crying is a late sign of hunger. By learning to recognise early feeding cues, you will be able to respond to your baby and begin to feed when you are both calm and relaxed.

On the following page, the infographic shows the early and late feeding cues.

Some babies will take from both breasts at a feed and have little breaks in between.

Always offer the other breast at each feed. If they are not interested, you can start with that breast at the next feed.

Let your baby decide when they have had enough. When they are finished feeding they will come off the breast by themselves.

Dummies or soothers

Breastfeeding your baby lowers the risk of cot death (sudden infant death syndrome). Some research suggests that giving your baby a dummy or soother any time they are being put down to sleep may also lower the risk of cot death.

If you are breastfeeding and you choose to give your baby a soother or dummy, wait until they are at least one month old to make sure breastfeeding is well established.

Using a soother or dummy in the early weeks may reduce how often your baby breastfeeds and your milk supply.

See **mychild.ie** for more information on reducing the risk of cot death.

Baby feeding cues (signs) Term

Early cues

"I'm hungry"

Stirring

Mouth opening

Turning head
Seeking/rooting

Mid cues

"I'm really hungry"

Stretching

Increasing
physical movement

Hand to mouth

Late cues

"Calm me, then feed me"

Crying

Agitated body
movements

Colour turning red

Tips to calm a crying baby

- Cuddling
- Skin-to-skin on your chest
- Talking
- Stroking

For more information refer to the Queensland Health booklet - *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: https://www.qld.gov.au/health/children/babies/breastfeeding

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Metro North Health
Queensland Government

Feeding in the early days

You may find that your baby feeds often in the early days. Sometimes babies 'cluster' a number of feeds together, particularly at night time. This helps them learn to feed and helps you to make milk to meet their needs.

If your baby is sleepy or if your breasts are overfull, you may need to wake your baby to feed. This is usually a temporary measure. When you hold your baby close, it encourages them to feed.

Don't forget that your nurse or midwife is there to support and help if you need advice.

In the early days your baby should feed at least eight to 12 times in 24 hours. Keeping your baby with you helps you to respond to their feeding cues.

Colostrum - 'liquid gold'

Colostrum is sometimes called 'liquid gold' because of its colour and importance. Colostrum may be clear, golden or white and it is full of important nutrients and antibodies for your baby.

Your body will only produce small amounts of colostrum and will only do so during the early days of feeding. That small amount is perfect for your baby's age and size. Your baby has a tiny stomach now, so they may spend more time at your breast.

When you start breastfeeding, your breasts will release and produce more colostrum.

"Coming home with my baby was a busy time. From six in the evening he fed really often. I just went with it, got comfortable and used it as a time to relax with him."

Building a good milk supply

The early days of frequent feeding are important to help you build a good milk supply.

Days 2 to 4 are often very busy days and nights.Your baby wakes up more and looks to feed more often. You may feel like you are feeding constantly. This is really tiring and demanding for you. It can help to know that this is normal and it gets easier as your milk supply increases.

Night-time feeds are important to help build your breast milk supply. This is because your body produces more prolactin (milk-making hormone) at night.

Like most breastfeeding mothers, you will probably find that your milk supply will increase around days 3 to 5. In the next few weeks your baby may develop a more regular feeding pattern. This will help you adjust to producing the right amount of milk, though there may be some days when your baby will want to feed a lot.

Babies will demand to feed more often or **cluster feed** during growth spurts. This can last for a day or two. Your body will make more milk in response to increased feeds.

Vitamin D supplements

You should give your baby 5 micrograms of vitamin D as a supplement every day from birth to 12 months if they are:

- breastfed
- taking less than 300mls or 10 fluid oz (ounces) of infant formula a day.

All babies who are being breastfed should continue to get a vitamin D supplement after birth, even if you took vitamin D during pregnancy or while breastfeeding.

You do not need to give your baby a vitamin D supplement if they are fed more than 300mls or 10 fluid oz (ounces) of infant formula a day. Infant formula has vitamin D added.

There are many suitable infant vitamin D supplements available to buy in Ireland. Use a supplement that contains vitamin D only and always check with your pharmacist.

Finding a comfortable position

There are lots of different positions that mothers use to feed their babies – you will find what works best for you and your baby.

There are very few rules about how to hold your baby when breastfeeding.

Before you breastfeed, wash your hands carefully and get into a comfortable position. When your baby shows signs of being ready to feed, hold your baby close to your breast in a comfortable position. This makes it easier for them to feed.

- Hold your baby close – they should be able to reach your breast easily without having to twist their head.
- They should be able to tilt their head back easily.
- Support their body, including neck, shoulders and back.
- Some babies like their feet to be supported too.

Before feeding, your baby may bob their head around as they figure out where your breast is. This is all part of the process and you don't need to rush them.

Allow your baby to touch or hold the breast and keep their hands uncovered. This helps stimulate more milk production.

Scan to access information on breastfeeding positions.

Many mothers find it relaxing and comfortable to feed their babies lying back, supported by pillows or cushions. This way your body supports your baby. You have a free hand to stroke and help your baby. This position is also called laid-back breastfeeding.

Laid-back breastfeeding position

Breastfeeding lying down can be very comfortable. It is especially good for night feeds, as you can rest while your baby feeds. Return your baby to their cot for sleep.

Side-lying breastfeeding position

When breastfeeding sitting up, it can help to make sure your back and legs are supported. Some mothers like to use a pillow under their elbow for support.

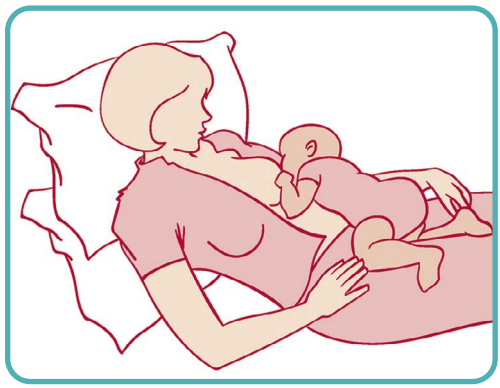
Some mothers find it comfortable to move their hips and bottom towards the front of their chair and lean back, this way your body helps to support your baby.

Football hold

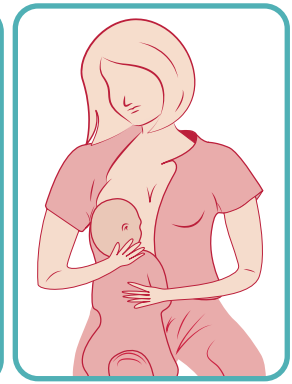
Breastfeeding positions

The football hold

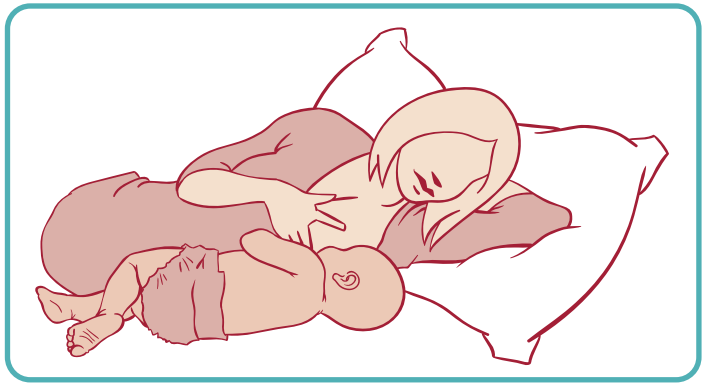
Cross-cradle



Laid-back



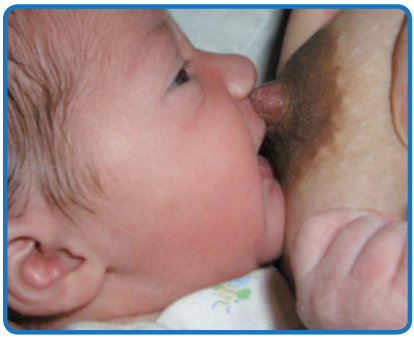
Koala hold



Side-lying

Attaching your baby to your breast (latching on)

Think **'nose to nipple'** - it helps your baby get to the breast when your nipple is between their upper lip and nose.



When their chin touches the breast first, they tilt their head back and open their mouth wide.

Then they can snuggle up close and feed well. If their nose appears blocked, just move their bottom in closer to you.

www.cwgenna.com, photos used with permission

If you need to take your baby off the breast, do this gently: insert your little finger into the corner of their mouth and gently move their mouth away from your breast.

Signs that your baby is feeding well

You should feel comfortable during the feed. In the early days, you may feel some discomfort or soreness at the beginning of a feed, but this will normally fade. If feeding continues to hurt, take your baby off the breast and attach again.

If your breast or nipples continue to feel sore (see pages 27 to 31) after you've tried to reattach your baby, contact your nurse, midwife, public health nurse, lactation nurse or midwife, or breastfeeding counsellor for help and advice.

You know your baby is feeding well when:

- Their mouth is wide open, their chin is touching your breast and they have a good mouthful of breast.
- Their cheeks are full and rounded.
- Their jaw is moving, up near their ears.
- They start with short sucks, then change to long deep sucks with pauses.
- You should hear swallowing, not smacking or clicking sounds.
- They should appear alert when awake, and able to settle and sleep at some time during each 24 hours.
- They are having plenty of wet and dirty nappies (see page 16).
- Your breasts feel softer after a feed.

Once your baby is finished on one breast, offer them the other one. This helps to build your milk supply.

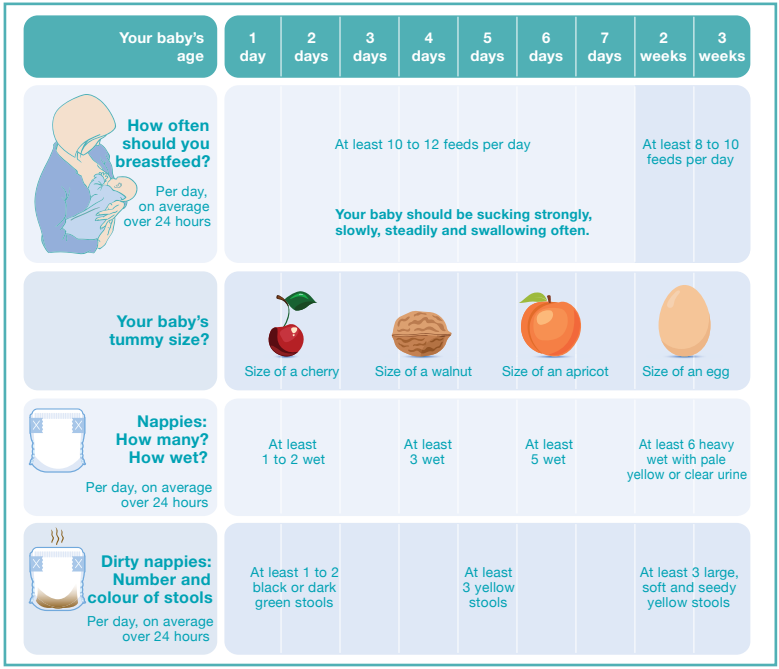
Your baby's tummy is small, so it is normal for babies to group or **'cluster' feed** during some parts of the day. The most common time is in the evening. Your baby may want to feed every hour, every half hour or even continuously for a while.

Knowing your baby is getting enough

What comes out must have gone in! You don't need to see how much milk your baby takes to know they are getting enough. Their nappy will help you.

The first dirty nappies your baby has are black and tarry. This is called meconium, your baby's first poos. The colostrum that your baby takes helps them to pass the meconium.

As your baby has more breastfeeds, their dirty nappies will turn greenish in colour, and by day 5 should look yellow and seedy. If, from day 5, your baby has yellow seedy, loose dirty nappies at least 3 times a day and at least 5 wet nappies, they are getting enough milk. After approximately 6 weeks some babies will have fewer dirty nappies.



Babies lose some weight in the first day or two as they get rid of extra fluid. After this they gain weight steadily and are back to their birth weight by day 14.

Many newborn babies get jaundice. If your baby has jaundice, their skin and the whites of their eyes appear yellow. They can get yellow skin on the palms of their hands and the soles of their feet. It is important to check your baby for signs of yellow colouring, particularly in the first week of life.

The first few weeks at home

The first few weeks after having a baby can be tiring.

Your body is recovering from the birth and you are busy looking after your new baby. Family and friends can help with everyday tasks.

> "I had my sister around for the first week after Mia was born. It was great, she helped with the cooking and cleaning so I could rest and spend time with Mia. It was the best breastfeeding support I could've asked for!"

Getting as much rest as possible will help. This may mean going to bed earlier and taking naps during the day when your baby sleeps.

Some mothers find lying back when feeding helps their baby to attach in the early days. Arrange pillows and cushions in bed or on the couch so you find a comfortable position. See page 11 and 12.

You don't need a special diet when breastfeeding. Normal healthy eating with some healthy snacks will ensure you have the energy you need. So, eat well and drink plenty of water too. See **mychild.ie** for more information about diet and advice on alcohol and breastfeeding.

Your public health nurse will visit to check how you and your baby are doing. They can help with any questions or concerns you have about breastfeeding. You should also visit your GP at 2 and 6 weeks for your postnatal check-ups. See **mychild.ie** for more information.

> "When I had my second baby, I had to realise that I am not Superwoman! A little planning helped. She fed a lot in the evening so we cooked a dinner earlier in the day that could be heated up later. My partner played with our toddler after dinner and put him to bed."

Partners, friends and family can help by:

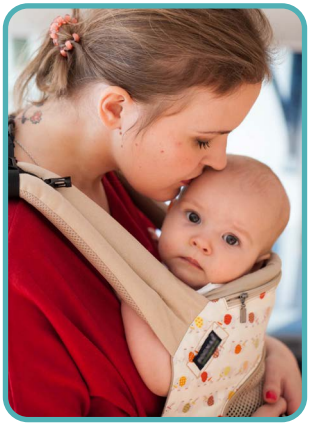
- Giving encouragement, praise and support.
- Cuddling and enjoying safe skin-to-skin contact.
- Preparing drinks and snacks and meals.
- Helping with bathing and nappy changing.
- Helping out with housework, laundry, grocery shopping and cooking.
- Minding older children.
- Knowing where to get breastfeeding information and support.

Breastfeeding out and about

After the early weeks, breastfeeding is so convenient when you are out and about with your baby. You can shop and meet friends. There is very little to organise for trips - just bring a nappy change.

When out and about remember:

- You can breastfeed anywhere you and your baby want or need to. It is your right.
- You are entitled to breastfeed in public places and you don't have to ask. Some places may offer a private area if you would like this, but you do not have to use it.



- Make it easier for yourself by wearing clothes that are comfortable and suitable for breastfeeding. If possible wear a nursing bra that can be opened from the front with one hand.
- If using a **carrier or sling**, take your baby out for feeding. Do not feed your baby in a carrier or sling. Breastfeeding or bottle feeding in a carrier or sling could increase your baby's risk of suffocation. They could slip into a dangerous position either awake or asleep, and their face could become covered.

"Breastfeeding in front of other people was something I worried about. I felt embarrassed and no-one in my family had ever breastfed. I went to the antenatal classes and breastfeeding group when I was expecting. It really helped to see how other mums fed their babies. I've got a lot more confident now."

Expressing your milk

Expressing breast milk means gently releasing milk from your breasts, either by hand or with a breast pump. It should not hurt to express your milk.

If you need to express milk during your first few days breastfeeding, it is best to hand-express. Hand-expressing can help your baby to attach if your breasts feel too full and uncomfortable.

If your baby is premature or too ill to feed from the breast, your nurse or midwife will help and advise on how to best express and store your milk.

After the first few weeks, if you are going to be away from your baby, then using a hand or electric pump to express milk can be helpful. Expressed milk can be stored and given to your baby at a later stage.

To express using a pump

A variety of different pumps are available to buy or rent and may suit different situations. You can get advice to help you decide which pump you need. Talk to your breastfeeding support group or a hospital or community lactation nurse or midwife. Follow the manufacturer's instructions on how to use them.

Storing your milk at home

Use a washed sterile container. Any food grade storage container will do as long as it has an airtight seal and can be washed or sterilised and labelled easily. You may also choose to use disposable one-use breast milk storage bags. Do not use sandwich bags. They can tear and contaminate milk easily. Steel containers are not suitable for long term use.

Label each container with date and time.

Store the sealed container:

- outside of the fridge for up to 4 hours in temperatures less than 20 degree Celsius
- in a fridge (not in the door) for up to 5 to 7 days
- in a fridge-freezer for 6 months
- in a deep freezer for up to 12 months.

Do not give your baby milk collected in breast shells, milk collectors or 'drip milk'. Some mothers use it in baby's bath or on baby's skin.

It is normal for the smell of refrigerated or frozen expressed milk to change over time. Many foods you may eat - such as eggs, cheese, carrots, beetroots or fish - can cause a change in smell or colour of refrigerated or frozen milk.

Defrosting frozen breast milk

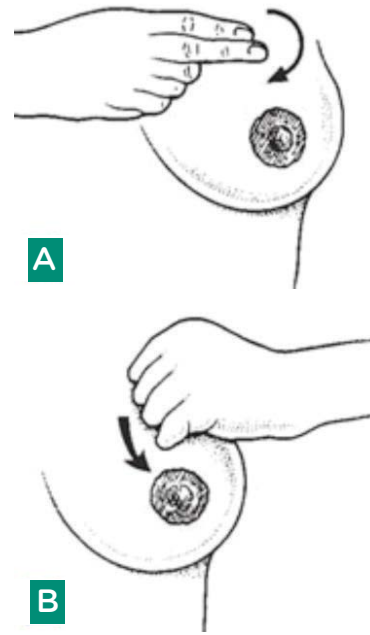
Defrost frozen milk by leaving it to stand in the fridge or by standing the container in a jug of warm water. Keep the lid of the container out of the water. Once the milk is defrosted, use it straight away. Don't re-freeze milk once it's thawed. Make sure you use the oldest stored milk first.

Warming your milk

You can give your baby your milk straight from the fridge or warm it to room temperature. Warm defrosted milk by placing the container in lukewarm water. Avoid heating milk in the microwave as this may alter the nutrients and can cause hot spots which can burn your baby's mouth.

How to express by hand

1. Wash your hands carefully.
2. To help your milk flow, you can:
   - sit comfortably
   - relax and think about your baby. Looking at photos or videos of them and listening to relaxing music can help
   - have someone massage your back and shoulders, and
   - gently warm your breast. A good way to do this is to put a warm facecloth over your breast.
3. Massage your breasts. Look at pictures A and B to see how to do this. Gently roll your nipple between your fingers.



4. Place your thumb on the edge of your areola. This is where the darker part of your nipple joins the lighter skin of your breast. Place your second and third finger on the opposite edge of your areola. As you can see, your hand forms the shape of the letter C.

   To see how to do this, look at picture C. If your areola is small, place the thumb and finger a couple of centimeters past or beyond the areola.

C

5. You then compress and release the breast tissue using rhythmic movements. Compress and release and, as you can see, a little drop of breast milk appears (picture D). Try not to rub or slide along your nipple as this may hurt.

   After compressing and releasing for a little while, a few drops of breast milk will appear. Collect this into a sterile container or syringe that your nurse or midwife gives to you. Colostrum tends to drip slowly as it is thick, later milk may come in spurts or sprays. Continue to compress, release and collect.

D

6. There are a number of ducts in your breast. To stimulate those as well, move your fingers around the areola. This helps to release breast milk from all areas of your breast. Massage your breast as you move your hand around the areola.

After a while, you will notice the flow slows down. It is a good idea to then move on to the second breast. Once again, begin with heat, breast massage and then compress, release and collect again.

When you finish, write the date and time on the container or syringe labelled with your baby's details. Then send the milk to your baby's unit or place the container in the fridge.

Scan for information on expressing your breast milk.

Good health begins with breastfeeding

Breastfeeding protects your baby's health and your health too.

Breast milk is important for your baby's healthy growth and development and it protects their digestive system. It contains antibodies to protect your baby from illness and to build their immune system. Breastfeeding is also important for your baby's brain development.

Your body will produce all the milk your baby needs for the first 6 months. No water or other fluids are needed. From 6 months you can start your baby on solid foods (this is known as weaning). You can continue to breastfeed until your child is 2 years or older, or until you and your baby choose to stop.

Breastfeeding is important for your health too, as it helps to protect against ovarian and breast cancer. It will also help you to reach and maintain a healthy post-pregnancy weight.

Breastfeeding is cost-free, convenient for you and your baby and means the milk for your baby is always at the right temperature.

Benefits of breastfeeding for your baby include reduced risk of:

- developing ear and nose infections
- gastroenteritis (vomiting and diarrhoea)
- chest infections
- obesity and diabetes
- cot death (sudden infant death syndrome).

Every breastfeed makes a difference and you are making that difference happen.

Well done, you are doing an amazing job.

Breastfeeding support

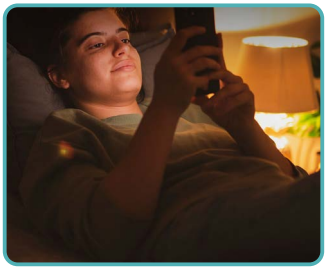
Help and support is important for all mothers, especially in the early weeks after their baby is born. For breastfeeding mothers, their partner, family and friends can help in many practical ways such as with cooking, housework and minding older children. See page 18.

Breastfeeding information and support is also provided by:

- HSE services:
  - Antenatal clinics and classes.
  - In-patient support.
  - Community midwives.
  - Post-natal hubs.
  - Public health nursing (PHN) services.
  - Breastfeeding support groups.
  - Lactation nurse or midwife support in hospital and community.
  - Advice and support at **mychild.ie/breastfeeding**.

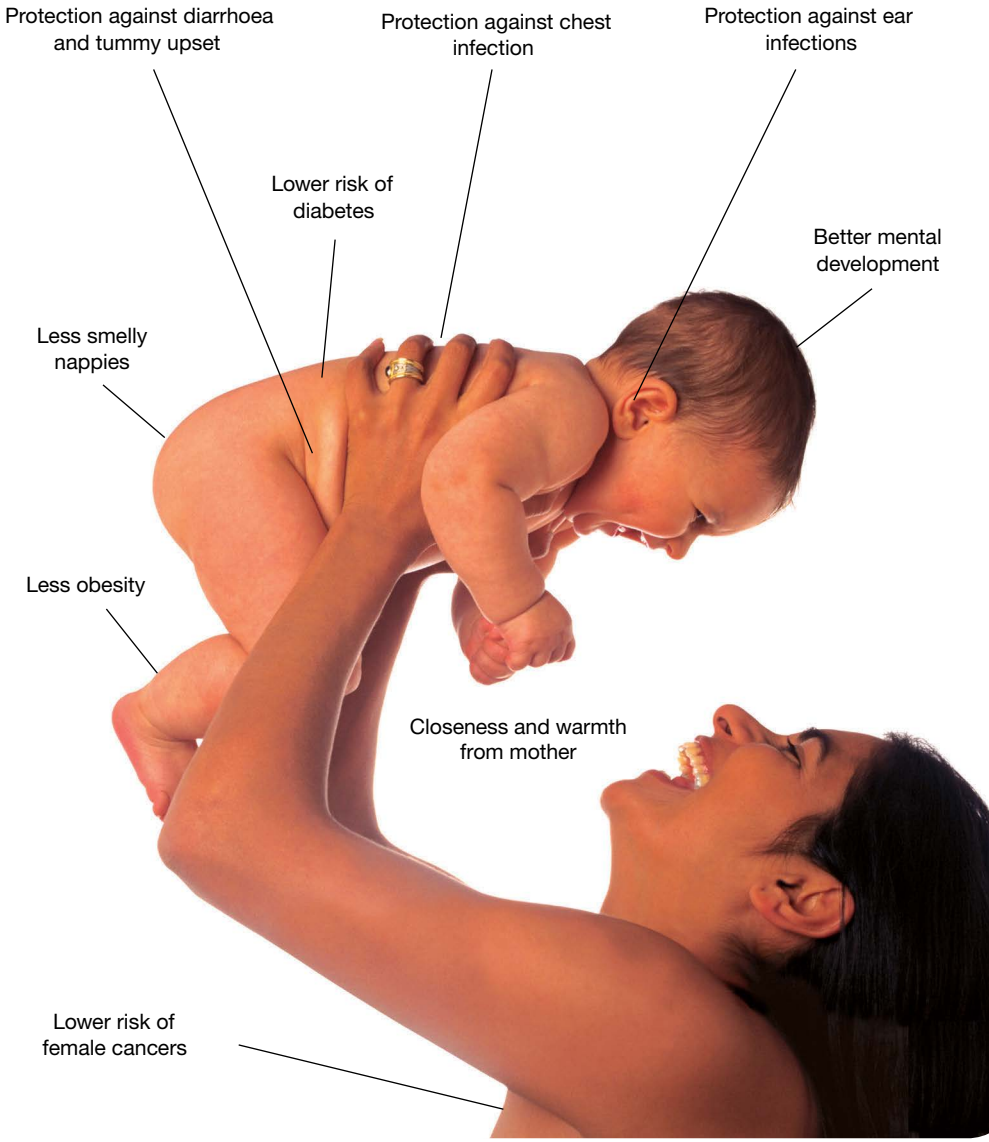
The website includes:
- contact details for breastfeeding support groups and services in each county
- the 'Ask our breastfeeding expert' service where you can email or live chat with lactation consultants.

- GP and practice nurse.
- La Leche League of Ireland
  lalecheleagueireland.com
- Cuidiú
  cuidiu.ie
- Friends of Breastfeeding
  friendsofbreastfeeding.ie
- Association of Lactation Consultants Ireland
  alcireland.ie



"My local group was a great help to me in the early days. I got so much support and made friends too. Months on and we're flying it! Everything is so new when you have your baby but as the weeks go by breastfeeding gets easier and more enjoyable."

Every breastfeed makes a difference



Guidelines for mothers

Your baby's age	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	2 Weeks	3 Weeks
How often should you breastfeed? Per day, on average over 24 hours.	At least 10 to 12 feeds per day.							At least 8 to 10 feeds per day.	
Your baby's tummy size	Size of a cherry.		Size of a walnut.		Size of an apricot.			Size of an egg.	
Nappies: How many, how wet? Per day, on average over 24 hours.	At least 1to 2 wet.		At least 3 wet.		At least 5 wet.		At least 6 heavy wet with pale yellow or clear urine.		
Dirty nappies: Number and colour of stools Per day, on average over 24 hours.	At least 1 to 2 black or dark green stools.			At least 3 yellow stools.			At least 3 large, soft and seedy yellow stools		

Your baby should be sucking strongly, slowly, steadily and swallowing often.

Your baby's weight

Babies may loose up to 10% of their birth weight. Babies will usually regain their birth weight by day 14.

Other signs

Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.

Every breastfeed makes a difference

Your breastmilk gives your baby all the nutrients they need for around the first 6 months of life. Your milk continues to be an important part of their diet, as other foods are given, for up to 2 years of age and beyond.

For information and support visit **www.mychild.ie**

Breastfeeding challenges

Sore breasts

There are a number of reasons why one or both of your breasts might become sore. These include breast engorgement (see below), blocked or narrowed ducts (page 31) and mastitis (page 33). (See page 30 for information on sore nipples).

Breast engorgement

Breast engorgement occurs when your breasts get too full of milk. During engorgement, it is normal for breasts to feel swollen, warm, heavy, hard and tender due to excessive blood, fluid and milk in the breasts. Extra blood and fluids are directed to the breast to boost milk production.

© B.Wilson-Clay. Photo used with permission

Engorgement can happen in the early days of feeding. It can take a few days for your supply of breast milk to match what your baby needs. It can also happen later on, for example when you introduce solid foods to your baby.

What to do

It is important to recognise and manage engorgement early. Ask your nurse, midwife, public health nurse, lactation nurse or midwife or local breastfeeding support group for help if you think your breasts are engorged. They can show you how to express a little milk by hand before a feed to soften your breast (see page 21 and 22).

They will also help you to attach your baby with a bigger mouthful of breast, avoiding nipple damage.

Encourage your baby to breastfeed at any time by keeping them close to your breasts. This will relieve engorgement while providing the milk your baby needs.

Reverse pressure softening

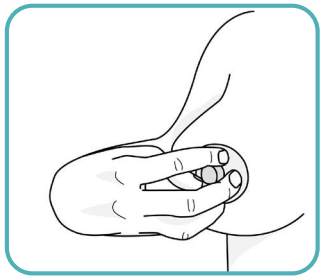
Reverse pressure softening moves mild or firmer swelling away from the areola for a short time. It moves the swelling slightly backwards into your breast for 5 to 10 minutes.

This helps make attaching your baby and expressing (removing your breast milk) easier.

The technique softens the areola. This makes it easier for your baby to take a larger amount of the areola and breast into their mouth and feed better. You can use any of the methods shown below.

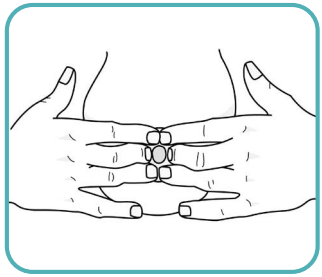
Follow these steps:

- Choose 1 of the 3 methods shown in the images below.
- Press inward towards your chest wall, counting slowly to 50. Pressure should be steady and firm, but gentle enough to avoid pain.
- Repeat the process until the areola has softened.
- When the areola is softened, you can feed your baby or express milk.
- Soften the areola right before each feed until the swelling goes away. This may take 2 to 4 days, or more.
- If you have very swollen breasts (engorgement), do reverse pressure softening while lying on your back. This will give you more relief.



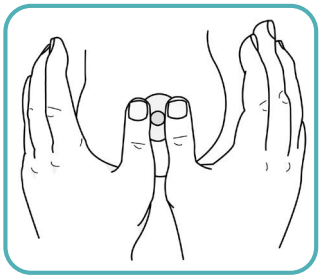
Method 1: one-handed flower hold

Make sure your fingernails are short. Curve your fingertips and place them around the base of your nipple.



Method 2: two-handed one-step method

Make sure your fingernails are short. Place 3 fingers on either side of your nipple. Press your fingertips into the base of your nipple.



Method 3: two-handed thumbs two-step method

You could ask someone you're comfortable with to try to do this with you. They place a thumb on each side of your nipple. The base of their thumbnails should be in line with your nipple. After applying pressure, repeat the steps with their thumbs above and below your nipple.

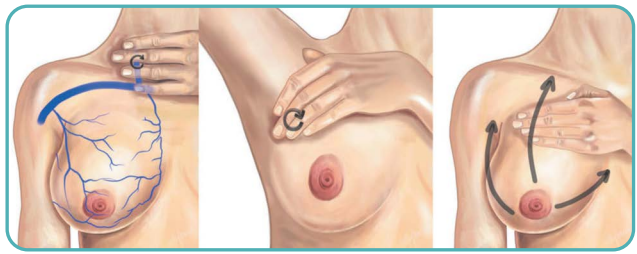
Do not use reverse pressure softening if you have a breast abscess, mastitis or blocked ducts. This may cause worsening of the condition.

Other tips for relieving engorgement

The following tips can provide comfort and helps milk flow and reduces congestion:

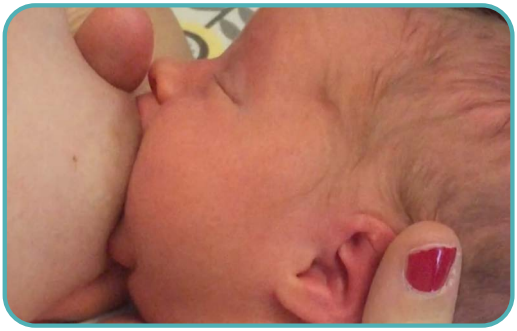
- If needed, use anti-inflammatory pain relief like ibuprofen regularly. Do not use it if there is a medical reason why you cannot take this type of medication.
- Apply warm flannels to your breasts or have a warm shower before a feed or before you hand express.
- You can apply a cold pack or washed cabbage leaves from the fridge on your breasts after a feed. If using cabbage leaves, make sure the large cabbage veins are removed.
- Avoid excessive heat and deep massage – this may cause inflammation and reduce milk flow.
- Before feeding, gently lift and move your breasts in various directions and massage surrounding areas all the way up to your arm pits. This is called therapeutic breast massage. See picture below.

Therapeutic breast massage to encourage lymphatic drainage



(Source: Academy of Breastfeeding Medicine; Clinical Protocol #36: The mastitis spectrum, Revised 2022)

- If wearing a bra, choose one that is non-padded and non-wired. Make sure it fits properly and is not too tight.
- Feed your baby at least 8 to 12 times on average over 24 hours, or whenever you or your baby wants to feed. If your breasts feel full encourage your baby to feed even if your baby is asleep or not showing signs of wanting to feed.
- Doing gentle breast compressions during feeds (see picture) may help milk flow and your baby to take more milk.



Source: Jane Morton MD www.firstdroplets.com

Scan for more information on breast engorgement

Sore nipples

In the first week of breastfeeding, some mothers may find that their nipples start to feel tender at the beginning of a feed. Soreness that continues throughout the feed or extends beyond the first week is not normal.

If your nipples are sore or painful, there are many reasons why this may have happened and it is important to get skilled support and assistance to identify and resolve the cause of your nipple pain. The most common cause is the way your baby is positioned and attached to your breast (see pages 10 to 15). This may need adjustment.

With the right assistance and support, you and your baby can begin a comfortable breastfeeding journey.

What to do

The first step is to contact your midwife, public health nurse, lactation nurse or midwife, or local breastfeeding support volunteer. They will ask questions so they can get a history of your baby's feeding. They will then watch you feed so they can assess your baby's positioning, and how well your baby is attached to your breast.

They will then be able to advise you if there is anything you need to do to help your baby to get a wide, deep, comfortable attachment (latch) so they can feed well. They will also give you advice on how to take care of your nipples.

If there is another reason for your nipple soreness, then your midwife, public health nurse or lactation nurse or midwife will discuss the reason with you. They might also refer you to another healthcare professional.

Blocked or narrowed ducts

If you have a blocked duct, you will usually notice an area of your breast that is warm and sore. You might feel a hard and tender lump when you press your breast. You will generally feel well.

A blocked duct can happen when the milk is not flowing freely from milk ducts in your breast. Some of the causes may include wearing a bra that is too tight, incorrectly positioning your baby, poor attachment during feeds or missing a feed.

What to do

- Carefully wash your hands.
- Remove any source of pressure from your breast, such as clothing or a bra that is too tight.
- Apply cold packs to the tender area to reduce inflammation and relieve pain.
- Gentle warmth (for example, from a shower or a warm face cloth) on the breast for a few minutes may provide comfort for some people.
- While in the shower, massage the breast and the surrounding areas gently. This will relax breast tissue and also help lymphatic drainage (see image of therapeutic breast massage on page 29).

- Breastfeed regularly. Gentle breast compressions are helpful. See page 30. If your baby refuses the sore breast, you may need to express or pump some milk. Express enough to soften the breast, similar to how it feels after a feed.
- Avoid excessive pumping to prevent over-production on the affected side.
- While breastfeeding, gently massage or compress your breast just behind the sore area.
- Drink fluids when you are thirsty.
- Learn how to position your baby for effective attachment and a deep latch. This is tummy to tummy, head free to tilt back, chin to underside of the breast and comfortable. See the photo at the top of page 11.
- Use anti-inflammatory pain relief like ibuprofen, unless there is a medical reason why you can't take this type of medication. Take it regularly for at least 2 days or until your symptoms are relieved. Always read the instructions to make sure you have the correct dosage.
- Be alert for signs of a developing breast infection such as a high temperature, chills and achiness.

Any breast lump that does not get significantly smaller within a week should be examined by a doctor.

Mastitis

Mastitis means you have an inflammation in one or both of your breasts. This may happen if your nipples were sore and damaged. This might also happen, for example, if:

- your baby has been incorrectly positioned and attached (see pages 10 to 15) to your breast
- you have missed feeds or your milk has not been effectively emptied from your breast
- you have a blocked or narrowed duct (see page 31)
- you become stressed and tired.

If you have mastitis, you may have:

- a red patch of skin on your breast that is painful to touch
- a high fever
- flu-like symptoms – feeling generally unwell, achy and tired.

You may also feel tearful.

Medication

It is important to contact your GP if you have signs of a breast infection. These include:

- a high temperature, chills and achiness
- a tender, hot, swollen area on your breast.

You might also have flu-like aches and pains and feel generally unwell. If medication is prescribed by your doctor it is important to take the full course.

What to do

Use an anti-inflammatory pain relief like ibuprofen, unless there is a medical reason why you can't take this type of medication. This will relieve symptoms such as a raised temperature, body ache and a painful and aching breast.

Continue breastfeeding

Continue breastfeeding if possible. If pain makes it difficult to release your breast milk, try breastfeeding on the unaffected breast and change to the

affected one as soon as the breast milk starts releasing from this breast. Your baby may notice a slight change in taste in breast milk. This is because of temporarily higher levels of sodium in your breast milk during mastitis.

Express milk from the sore breast

If your baby is not able to feed or breastfeeding is too painful, it may help to remove the milk from your sore breast by expressing breast milk by hand or by pump (see pages 21 and 22). If you decide to use a breast pump, remember to care for the pump and attachments as set out in the hospital or home use guidelines.

It may help if you begin pumping on a low setting and then turn up the setting to whatever you can tolerate when milk begins to flow.

Scan for a video on expressing breast milk using a pump.

Cold packs and compresses

Some people find applying cold packs (for example, an ice pack or a cloth soaked in cold water) to the tender area can be soothing. It also helps to reduce inflammation and relieve pain after a feed, or in between feeds.

Apply cold packs for no more than 10 minutes. Repeat if needed at recurring intervals of 30 minutes. To avoid 'freezer burn', apply a layer of fabric between the ice or cold compress.

Try gentle warmth

Gentle warmth (for example, from a shower or a warm face cloth) to the breast for a few minutes may provide comfort for some people. Others may experience worsening of symptoms when excessive heat is applied.

Choose heat or cold (or both) cold based on what feels most soothing.

Avoid excessive heat as this may cause inflammation. It can affect your milk flow too.

Rest and eat well

It is really important for you to rest and eat and drink well. Ask for help and support from your partner and family. Remember:

- Continue breastfeeding and lots of rest.
- Don't stand if you can sit.
- Don't sit if you can lie.
- Don't try to stay awake if you can sleep.

After your mastitis clears

You may notice that when the mastitis clears from your breast, that breast may produce less milk than before the infection. This will only be temporary and lots of feeding and contact with your baby will help to increase supply. If you have concerns about your milk supply, contact your public health nurse or lactation nurse or midwife for advice.

If your symptoms continue and do not improve, go back to your GP.

Tongue-tie

Most babies have a band of tissue or frenulum attaching their tongue to the base of their mouth. This allows for the right mix of movement and stability of the tongue. Tongue-tie is when a baby cannot move their tongue freely because they have a shorter, tighter frenulum than usual. Tongue-tie happens in 1 in every 14 babies.

Signs and difficulties

Many babies with a tongue tie will not have any feeding difficulties or symptoms. Many babies with a tongue-tie can successfully breastfeed. The band of tissue under the tongue usually stretches naturally over time.

Tongue-tie may restrict the movement of your baby's tongue and make feeding difficult. It may make latching or staying attached to the breast difficult. Some mothers may experience nipple pain.

A baby with feeding problems may:

- have difficulty attaching (latching) or staying attached to the breast
- push the bottle teat out

- feed for a long time and need to be fed very often
- dribble a lot during feeds
- cough, choke or make clicking noises when feeding
- only take a small amount of milk at each feed
- lose weight or struggle to put on weight.

These symptoms may not necessarily be caused by tongue tie. You should see your doctor if you have concerns. If your baby has tongue-tie and you're breastfeeding, you may have sore nipples or painful and swollen breasts. This can result in engorgement or mastitis.

Feeding support

You will need feeding support if your baby has tongue tie and feeding problems.

See your midwife, public health nurse, lactation nurse or midwife, GP or local breastfeeding support group for help and advice.

Techniques like better positioning and attachment (see pages 10 to 15) or paced bottle feeding can help with feeding challenges.

Treatment

A tongue-tie release (frenotomy) may be beneficial if you and your baby continue to have breastfeeding difficulties. For example, breast pain that hasn't improved with breastfeeding advice and support. In some cases, breastfeeding difficulties can continue after the procedure.

The procedure is not usually recommended for babies who are only bottle-fed. This is because the tongue movement used to get milk from a bottle is different than when latching to the breast.

After the procedure, it is important to get support. This is to help you with positioning and attachment.

Support is available from your:

- midwife
- lactation nurse or midwife
- public health nurse
- local breastfeeding support group.

Signs your baby is feeding well in the early days

Breastfeeding is going well when:	Talk to your midwife / public health nurse if:
Your baby has 8 feeds or more in 24 hours.	Your baby is sleepy and has had less than 6 feeds in 24 hours.
Your baby is feeding for between 5 and 40 minutes at each feed.	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed Your baby always falls asleep on the breast or never finishes the feed themselves.
Your baby has normal skin colour.	Your baby appears jaundiced (see page 16).
Your baby is generally calm and relaxed while feeding and is content after most feeds.	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.
Your baby has wet and dirty nappies (see page 26).	Your baby is not having the pattern of wet and dirty nappies described on page 26.
Breastfeeding is comfortable.	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks Your nipple comes out of the baby's mouth looking pinched or flattened on one side.
When your baby is 3 to 4 days old and beyond you should be able to hear your baby swallowing frequently during the feed.	You cannot tell if your baby is swallowing any milk when your baby is 3 to 4 days old and beyond.
	You think your baby needs a dummy or soother.
	You feel you need to give your baby formula milk.

Adapted with permission from the UNICEF UK Baby Friendly Initiative

Have a question about breastfeeding?

Talk with lactation consultants by live chat or email on the HSE's online breastfeeding service available at mychild.ie

La Leche League of Ireland
Breastfeeding Help & Information

Cuidiú
Caring Support for Parenthood

Friends of Breastfeeding

ALCI
Association of Lactation Consultants in Ireland

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Every breastfeed makes a difference

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