



# Breastfeeding: A good start in life

Information on breastfeeding your baby

Every breastfeed makes a difference

[mychild.ie](https://www.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.”**

## **Foreign language resources**

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



**La Leche League  
International**



**Unicef UK Baby  
Friendly Initiative**

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# 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 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:

- The importance of breastfeeding.
- Why breastfeeding is the normal way to nourish your baby.
- Types of labour and birth that enhance your breastfeeding experience.
- Why learning how to hand express your breast milk is 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, because a soother may decrease the number of feeds your baby takes. This can interfere with your milk production.
- Why you should avoid formula top-ups unless there are medical reasons for giving them.
- Information on breastfeeding support groups.

- Scan QR code to access information on **breastfeeding for Traveller women**. You can also request a copy of this booklet from your public health nurse.



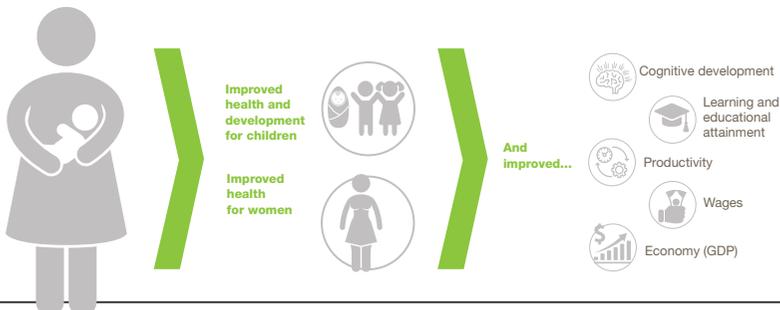
## Breastfeeding support groups

There are many breastfeeding 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 new-born. This is a good opportunity to meet and chat with breastfeeding mothers.



Many of these groups are run by midwives, lactation consultants (International Board Certified Lactation Consultants), and public health nurses. Voluntary breastfeeding support groups are also provided by Cuidiu 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/breastfeedinggroups](http://www.mychild.ie/breastfeedinggroups)

### Improved rates of breastfeeding lead to...



## Congratulations and welcome to motherhood



In Ireland many 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.

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 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. This might last until they are about two years of age.

## 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 skin-to-skin contact.

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

### 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.



## 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.

## 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.

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

# Baby feeding cues (signs)

## 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

## Time to calm crying baby

- Cuddling
- Skin-to-skin on 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: <http://www.health.qld.gov.au/breastfeeding/>



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Consumers and/or carers provided feedback on this publication.



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## 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.

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

“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

Days two to four are often very busy days and nights. Your baby wakes up more and your milk supply is increasing. Some feeds may take longer than others and some can be close together. Some babies feed a lot in the evening. It can help to know that this is normal and coping with it gets easier over time.

Like most breastfeeding mothers, you will probably find that your milk supply will increase around days three to five. 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.

The early days of frequent feeding are important to help you build a good milk supply. Breast milk meets all your baby's needs for food and drink for the first six months.

Remember you need to take care of yourself too. It can help to rest when your baby sleeps. Your partner and other family members can help in practical ways with caring for baby, cooking, housework and minding older children.

### Vitamin D<sub>3</sub>

You should give your baby 5 micrograms of vitamin D<sub>3</sub> 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. Due to a change in EU law (February 2020), there is an increase in the amount of vitamin D<sub>3</sub> added to infant formula.

All babies who are being breastfed should continue to get a vitamin D<sub>3</sub> supplement after birth, even if you took vitamin D<sub>3</sub> during pregnancy or while breastfeeding.

You do not need to give your baby a vitamin D<sub>3</sub> supplement if they are fed more than 300mls or 10 fluid oz (ounces) of infant formula a day.

There are many suitable infant vitamin D<sub>3</sub> 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.

Scan QR code 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



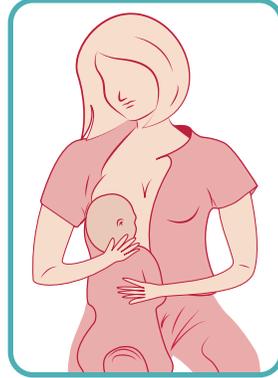
*The football hold*



*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.



## 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 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.

If your breast/nipples continues to feel sore (see pages 29 and 30) after you've tried to reattach your baby, contact your nurse, midwife, public health nurse, lactation consultant 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 17).
- 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.

If they are not interested, you can start with that breast at the next feed. Some babies will take from both breasts at a feed. Some babies will take little breaks when feeding, going on and off the same breast.

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

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.

As your baby gets older you may find feeds will get shorter and there will be less clustering of feeds.

## Tips if your breasts feel very full

You may feel your breasts becoming full and uncomfortable in the early days of breastfeeding. Feeding your baby will ease the feeling of fullness. The more often you feed, the more comfortable you will be.

If your breasts feel uncomfortable, or are too hard for your baby to attach, it might help to apply:

- place cold packs to the breasts after a feed or in between feeds, until you feel some relief,

or

- gentle warmth (for example, from a shower or warm face cloth) to the breast for a few minutes - this may provide comfort for some people.

Doing either of these things will usually help your milk to flow. Hand-expressing some milk before the feed can also help. See page 22 for advice about how to do this.

If you feed often in the early days, and your baby is well attached, it will help you get off to a good start.

If you have any concerns, are experiencing difficulties or feel you need more help or advice, contact your nurse, midwife, public health nurse or local breastfeeding support (see page 25). You can also **get advice from a lactation consultant at [mychild.ie](http://mychild.ie)**



## 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. 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 five should look yellow and seedy. If, from day five, your baby has yellow seedy, loose dirty nappies at least three times a day and at least five wet nappies, they are getting enough milk. After approximately six weeks some babies will have fewer dirty nappies.

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

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. Feeding your baby can also be a time to rest.

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](https://www.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 two and six weeks for your postnatal check-ups. See [mychild.ie](https://www.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.
- 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.
- 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.



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.

“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 breastmilk 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 consultant. Follow the manufacturer's instructions on how to use them.

## Storing your milk at home

Use a washed sterile container. Any 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. Label each container with date and time.

Store the sealed container:

- outside of the fridge for up to 4 hours
- in a fridge (not in the door) for up to 5-7 days
- in the icebox in your fridge for up to 2 weeks
- in a fridge-freezer for 3 months
- in a deep freezer for up to 6 months.

Milk that collects in breast shells or 'drip milk' should be discarded.

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 breastmilk

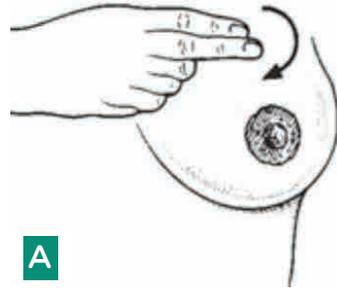
Defrost frozen milk by leaving it to stand in the fridge or by standing the container in a jug of warm water. Keep the lid of the container out of the water. Once the milk is defrosted, use it straight away. Don't re-freeze milk once it's thawed. Make sure you use the oldest stored milk first.

## Warming your milk

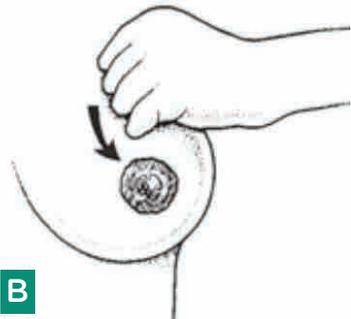
You can give your baby your milk straight from the fridge or warm it to room temperature. Warm defrosted milk by placing the container in lukewarm water. Never heat it in the microwave as this can destroy the nutrients and can cause hot spots which can burn your baby's mouth.

## 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.



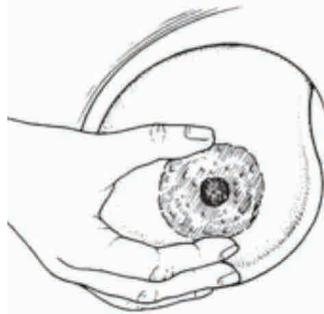
A



B

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.

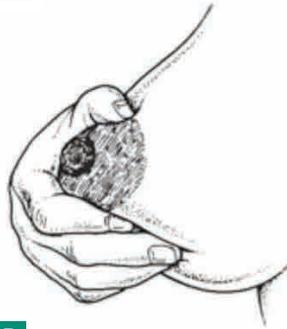


C

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 QR code 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 they choose to stop.

Breastfeeding is important for your health too, as it protects 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.

Research shows that children who are not breastfed have a greater risk of:

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

## 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 19.

Breastfeeding information and support is also provided by:

- Health Services – your midwife, public health nurse, lactation consultant, practice nurse or GP.
- La Leche League of Ireland  
**lalecheleagueireland.com**
- Cuidiú  
**cuidiu.ie**
- Friends of Breastfeeding  
**friendsofbreastfeeding.ie**
- Association of Lactation Consultants Ireland  
**alcireland.ie**

Visit **mychild.ie** for contact details of support in your county.

There is also the **Ask Our Expert** facility where you can email any questions you have about breastfeeding to the online lactation consultants (IBCLC's). Alternatively you can chat online with the lactation consultants using the webchat facility.

## Breastfeeding support groups

Support groups are a good opportunity to meet other mothers. They can also be a great source of information and help.

Breastfeeding is a new skill that you will need to learn and practice. Getting support will help you and your baby master this skill.

Breastfeeding support groups are run by midwives, public health nurses, lactation consultants (IBCLCs), La Leche League Leaders or Cuidiú breastfeeding counsellors. All are trained to provide information and support to mothers. Friends of Breastfeeding provide social support (mother-to-mother groups).

It can help to visit or contact a support group before you have your baby. You can get information on breastfeeding and have a support network in place for when your baby is born.



**“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

Protection against diarrhoea and tummy upset

Protection against chest infection

Protection against ear infections

Lower risk of diabetes

Better mental development

Less smelly nappies

Less obesity

Closeness and warmth from mother

Lower risk of female cancers



# Guidelines for mothers



Your baby's age	1 Week							2 Weeks	3 Weeks
	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days		
<b>How often should you breastfeed?</b> Per day, on average over 24 hours.	 At least 10-12 feeds per day.							At least 8-10 feeds per day.	
<b>Your baby's tummy size</b>	 Size of a cherry.		 Size of a walnut.		 Size of an apricot.		 Size of an egg.		
<b>Nappies: How many, how wet?</b> Per day, on average over 24 hours.	 At least 1-2 wet.		 At least 3 wet.		 At least 5 wet.		 At least 6 heavy wet with pale yellow or clear urine.		
<b>Dirty nappies: Number and colour of stools</b> 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				
<b>Your baby's weight</b>	Babies may lose up to 10% of their birth weight. It is expected that babies will regain their birth weight by day 14.								
<b>Other signs</b>	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								
<b>Every breastfeed makes a difference</b>	Your breastmilk gives your baby all the nutrients they need for around the first six months of life. Your milk continues to be an important part of their diet, as other foods are given, for up to two years of age and beyond.								



# 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 32). (See page 30 for information on sore nipples).

## Breast engorgement

Breast engorgement occurs when your breasts get too full of milk. This can leave them feeling hard and painful.

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.



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## What to do

Ask your nurse, midwife, public health nurse, lactation consultant 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 and help your baby to attach.

## Other tips include:

- If wearing a bra, choose one that is non-padded and non-wired. Make sure it fits you 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.
- Apply warm flannels to your breasts or have a warm shower before a feed or before you hand-express. This will have a relaxing effect.
- Use gentle massage on your breasts and surrounding areas. This is for comfort and to reduce congestion.

- Place a cold pack or washed cabbage leaves from the fridge on your breasts after a feed. This may have a soothing effect. If using cabbage leaves, make sure the large cabbage veins are removed.
- If needed, use anti-inflammatory pain relief like ibuprofen regularly. Do not use it if there is a medical reason why you can't take this type of medication.
- Avoid excessive heat and deep massage - this may cause inflammation and reduce milk flow.
- Scan QR code for **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 consultant 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 consultant will discuss the reason with you. They might also refer you to another health care professional.

Some other causes of sore nipples include thrush (see page 34) and tongue-tie (see page 35).

## 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.
- Breastfeed regularly. 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 on 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 low grade temperature, body ache and a painful and aching breast.

## Continue breastfeeding

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

to the affected one as soon as the breastmilk 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 breastmilk by hand or by pump (see pages 21 to 23). 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 QR code for a **video on expressing breastmilk 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 and/or 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 consultant for advice.

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

## Thrush

Thrush is caused by candida, which is a type of yeast. You may be more likely to get thrush on your nipples if:

- you have had thrush infections before
- your baby has thrush in their mouth or nappy area
- you or your baby have recently taken antibiotics

## Symptoms

Symptoms include your nipples suddenly becoming sore and bright pink. Your nipple may be:

- shiny or flaky
- sore after a period of pain-free breastfeeding
- sore after a breastfeed or at night

Symptoms of thrush in your baby include:

- creamy white patches or white spots which cannot be removed in the mouth, on the tongue or in the cheeks

- their tongue or lips may have a white or pearly gloss
- they may have a nappy rash

## What to do

See your GP if you think you or your baby have thrush. Bring your baby with you. Your GP may prescribe an ointment, cream or gel for both you and your baby.

## Other tips:

- You may take a probiotic to help the treatment. This is good bacteria and can help to rebalance the yeast levels in your system. Ask your pharmacist for advice.
- If using breast pads, make sure you change them after every feed.
- Make sure you and your family wash your hands properly – thrush can be passed on to your baby and other family members. Use separate towels.
- If you are using soothers or any other feeding equipment (like breast pumps or bottles), make sure they are sterilised after each use, especially the teats.
- If you are expressing breast milk, do not freeze it. Wait until you have finished treatment and are symptom-free before you express milk for freezing.
- Go to your nurse, midwife, public health nurse, lactation consultant or local breastfeeding support group for help with positioning and attachment or latching on. See pages 10 to 15.

## Tongue-tie

Some babies with tongue-tie are not able to move and stretch their tongues freely and this may interfere with positioning and attachment.

## What it is

The tongue is attached to the base of the mouth by the frenulum. This is a string-like strip of skin. Tongue-tie happens when there is a short, tight or thick frenulum. It can restrict the movement of your baby's tongue, but many will not have any feeding difficulties or challenges. Not all babies with tongue-tie need treatment.

## Signs and difficulties

Tongue-tie can reduce the amount of breast milk your baby gets. This can result in poor weight gain. It can also reduce a mother's supply of breastmilk.

Signs of tongue-tie include:

- difficulties in getting your baby properly attached to the breast and keeping them there
- your baby losing weight or having difficulty gaining weight
- restless, tiring and unsettled feeds
- noisy feeding or clicking sounds during the feed
- dribbling of milk during feeds.

Difficulties for mothers include:

- distorted nipple shape after a breastfeed
- nipple pain and bleeding, damaged or ulcerated nipples
- engorgement (where your breasts feel very full, and sometimes quite hard)
- mastitis

## What to do

See your nurse, midwife, public health nurse, lactation consultant, GP or local breastfeeding support group for help and advice if you think your baby has tongue-tie.

Better positioning and attachment (see pages 10 to 15) can help with feeding challenges. Some babies may need a frenotomy. This is where the frenulum causing the tongue-tie is cut in a minor operation by a specially-trained healthcare professional.

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

**Well done, you are doing an amazing job.**

## Signs your baby is feeding well in the early days

 <b>Breastfeeding is going well when:</b>	 <b>Talk to your midwife / Public Health Nurse if:</b>
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 and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (See page 17)
Your baby is generally calm and relaxed whilst 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 28)	Your baby is not having the wet and dirty nappies (see page 28)
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 3-4 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 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

# 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**



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**Every breastfeed makes a difference**

