

A close-up photograph of a woman with long brown hair, wearing a teal button-down shirt, breastfeeding a baby. The baby is lying on its stomach, wearing a patterned onesie. The woman's face is partially visible as she looks down at the baby. The background is softly blurred, showing a white pillow and a pink cushion.

PHILIPS

AVENT

Breastfeeding Guide

Philips Avent Breastfeeding guide

Right by your side along every step
of your breastfeeding journey

Contents

1. Hello there
2. Your body and breastfeeding
3. Learning about your baby
4. A hospital packing list
5. The moment of feeding
6. Overcoming breastfeeding challenges
7. Continuing to breastfeed
8. Support is always there
9. FAQs





Hello there!

Congratulations on the new addition to your family!

We know that the world looks different now. Somehow, it's brighter and scarier all at the same time. And mixed in with your excitement is an almost endless list of questions.

We put together this guide to help answer some of your most pressing questions about breastfeeding. You'll learn all the essentials, from how your baby already knows how to breastfeed to what to do in the moment of feeding.

We've included lots of practical information here, but keep in mind that this guide is just that: a way to get you started on your breastfeeding journey.

If you have any follow-up questions don't hesitate to reach out to your healthcare professional. After all, they know your baby's unique needs best.



The benefits of breastfeeding

Let's begin with the why of breastfeeding. Here are some of the key benefits for you and your baby.¹



Benefits for your baby

Think of breast milk as a specially designed super food for your baby. These are just a few of the things we can thank breast milk for:

- Supports physical and cognitive development
- Develops the immune system
- Fewer ear infections
- Less stomach upsets and diarrhea

Benefits for you

Breastfeeding also has some wonderful benefits for you, and they kick in immediately:

- Helps shrink uterus after birth
- Reduces bleeding after birth
- Reduced rate of uterine and breast cancer
- More weight loss if you feed for at least 6 months

The joy of being together

Part of the wonder of parenthood is getting to know your baby. Breastfeeding allows you to spend precious moments together skin-on-skin, so you'll both enjoy a feeling of closeness and wellbeing.

Professional tip

Breastfeeding is recognized globally as the best way to give your baby a healthy start in life. The World Health Organization recommends exclusively breastfeeding up to 6 months of age, and continuing breastfeeding along with complementary food up to 2 years of age or beyond.

¹ www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf
Victora CG, Bahl R, Barros AJ, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; 387:475.

Prepare for success

Like all important things, a little planning goes a long way when it comes to breastfeeding.

Get a breast check

The beauty of the human body is that no one pair of breasts is the same. This means that it's important to have your breasts checked if you plan to breastfeed. It's a way to figure out if you need to make any adjustments in order to feed comfortably. For example, if you have inverted nipples, you'll learn about ways to correct your nipple shape, and how to help your baby latch easily.

Make a breastfeeding goal

Many women find it helpful to think about how long they'd like to breastfeed before they begin. In fact, those who set a goal are more likely to breastfeed for longer. Try looking at all aspects of your life—from your lifestyle, to work, to how much support you have.





Create a feeding plan

Once you've made a goal, you can go about planning for your success in the short- and long-term. This might involve thinking about the practicalities of your first moments together after birth, or how you'll go about night feeds.

Make the most of the 'Golden Hour'

Let your baby's natural feeding instincts kick in by spending your first hour together (also known as the "Golden Hour"), and getting to know one another skin-to-skin. Your baby will naturally try to crawl up towards your breast and start feeding.

Ask for help

Your body is beautifully designed to breastfeed, but this doesn't mean you can't get some extra help.

If you're feeling any pain or discomfort, or just need some reassurance, a healthcare professional can help guide you.

Plan for the long-term

How you breastfeed will also naturally change over time. It can be handy to think about things like the kind of breast pump you'll need and how you'll store your milk if you're not able to be there for a feed.

Find ongoing support

Once you've established breastfeeding, don't be afraid to look for ongoing support. This might be through your healthcare professional, a mothers' group, or making sure you have ways to look after your breasts with accessories such as nipple cream and breast shells.





Your support team

Feel like there's a lot to get your head around before you begin? There are lots of different ways to learn about breastfeeding, and plenty of support too.

Your healthcare professional

Use your regular check-ups before and after birth to ask any questions about the changes you're going through. No question is too small or too silly. This is new, after all!

Antenatal classes

As well as planning for the moment of birth, you can use your antenatal classes to ask questions about breastfeeding. It's a great time to make a goal that feels right for you and talk to other mums-to-be about how you're feeling.

Lactation consultant

A lactation consultant is someone who specializes in breastfeeding. They could be a doctor, a nurse, or a midwife. If you struggle with breastfeeding at first, you might like to ask for their support with things like positioning, latching or your milk supply.

Apps and online communities

You might not always have someone by your side, but you'll find there are plenty of ways to support yourself when you're at home too. Many mums like to use apps to track their baby's feeds, or find support in online communities for new mums. When you're taking advice from websites or apps, be sure to make sure they have a medical source.

Your body and breastfeeding

Your body goes through some remarkable changes to support your baby with breast milk. In this next section, we'll take you behind the scenes and explain just how your body pulls it off.



Your body during pregnancy

Before we look at how your breasts change, let's look at the bigger picture: your body during pregnancy. Here are some of the key changes you may notice as your body prepares for motherhood.

- Changes in skin colour and stretch marks
- More body hair than usual
- Rapid nail growth, and brittle nails
- More trips to the bathroom as pressure increases on your bladder
- Oilier skin
- Change in breathing as pressure increases on your lungs

How your breasts change

Your body is also busy preparing to produce milk. Before pregnancy, your breasts are mostly fat tissue and now, with a baby to support, they're transforming into a system of glands and ducts that can produce milk.



A closer look

So how exactly do your breasts transform from fat tissue into a milk source for your baby? The changes you'll notice in your breasts are caused by many factors, including:

- Increase in progesterone, prolactin and estrogen hormones
- Increase in water and fat content of breasts
- Increase in blood volume and flow

What you'll notice

During pregnancy and after birth, it's normal to experience these kinds of changes in your breasts:

- Tenderness and hypersensitivity
- Increase in breast size
- Larger and darker nipples
- Raised bumps around the areola
- Darkened veins on breasts
- Leaking of colostrum (the first milk you make)

How breast milk is made

Now that you know how your body is beautifully equipped to breastfeed, let's take a closer look at how breast milk is made.

Your milk-making hormones

Use your regular prenatal check-ups to ask any questions about the changes you're going through. No question is too small or too silly. This is new, after all!

There are lots of different hormones that play a role in producing breast milk. Two of the most important ones for creating and ejecting milk are prolactin and oxytocin.

- **Prolactin is responsible for making milk** and is activated when your nipple or areola is stimulated.
- **Oxytocin is responsible for ejecting milk** and is triggered by the sound, smell, or suckling of your baby.





Beginning to make milk

Did you know that your body starts to produce milk during pregnancy? It's then suppressed by progesterone until your baby is born. After birth, your progesterone levels naturally drop, and the effect of prolactin kicks in. Prolactin is produced when you stimulate your breasts, either by feeding your baby or using a breast pump.

Professional tip

The first 36–72 hours after birth play a big role in determining your milk supply. You can help build it up by stimulating your breasts as much as possible after birth with frequent feeds, or by using a breast pump.

How breast milk develops

Breast milk is breast milk, right? Well, yes and no. When your baby is born, it generally takes a few weeks for your breast milk to develop into what's called mature milk. So, what is it before that? Let us explain.

From colostrum to mature milk

The first milk you produce doesn't really resemble milk at all. It's a thick and sticky-like milk called colostrum that's high in protein, carbohydrates and antibodies; everything your baby needs to meet their nutritional needs and boost the immune and digestive system in their first few days of life.

At around day three, your milk will come in. You can think of the weeks that follow as a kind of fine-tuning period. Your milk supply will build up and the composition of your milk will transition into what's called mature milk.

Between weeks 2-6, most women find that they have established breastfeeding and the overall composition of your milk stays the same.

How breast milk changes during a feed

Breast milk also changes composition over the course of a feed.

Foremilk

This is the milk that comes out at the very beginning of a feed. It's a watery milk that's lower in fat and high in lactose and helps quench your baby's thirst.

Hindmilk

Hindmilk is a thicker and fattier milk that comes towards the end of a feed. It's excellent for giving your baby plenty of calories to help them grow healthily.

Professional tip

Colostrum is perfect for the marble-size of your newborn's tummy. Your body will produce just a small amount of colostrum for every feed. If you have trouble feeding at first, it's also possible to collect colostrum by using a breast pump.



Colostrum

Birth to 3-5 days

Average 30ml of colostrum during the 24 hours after birth

- First stage of breastmilk, usually yellowish color
- Produced in small amounts
- Helps in digestion of your infant
- High in protein, vitamins and protective immunologic components



Transitional milk

3-5 days to 14 days

Average increasing to 500ml per day

- Produced as an intermediate between colostrum and mature milk
- Lasts up to two weeks
- Milk becomes lighter in color
- Continued immunologic components



Mature Milk

From about 14 days

Ranges from 550-1150ml per day

- Larger quantities, the more you stimulate the more you milk
- Fat content is different feed to feed
- Meets all your baby's nutritional needs for the first six months
- Continues to provide nutrition and health benefits during weaning to solids

Professional tip

Make sure you empty one breast before offering the next so your baby gets the benefits of both foremilk and hindmilk.

Developing your milk supply

Breast milk is produced on a supply and demand basis. When your baby stimulates and empties your breasts, this naturally triggers your body to create more. By feeding your baby whenever they show signs of hunger—also known as feeding on demand or responsive feeding—your milk supply will naturally develop to suit your their needs.

Maintaining your milk supply

If you're away from your baby, you'll need to use a breast pump to maintain your milk supply by expressing milk as often as you would normally feed your baby. This means that you're still stimulating your breasts and triggering milk-making hormones, just like your baby would.



Your nutritional needs

Breastfeeding mums have slightly different nutritional needs to mums who don't breastfeed. This is because you're using more energy than you ordinarily might to produce milk.



The ideal amount of calories for you will depend on your weight, age, height and activity level.

As a guide, the average energy needs for women who are exclusively breastfeeding, with no formula or solids, during the first six months are 2100 to 2800 calories per day. From six months onwards, the average energy needs increase to 2200 to 2800 calories per day. The slight increase happens because your baby is now bigger and is drinking more milk.

What about fluids?

Breastfeeding can also be thirsty work. So, in addition to making sure you're eating enough, be sure to get enough fluids too. Keep a water bottle by your side when you're breastfeeding, and pay attention to your body when it's thirsty.



Learning about your baby

Just like your body is beautifully designed to breastfeed, your baby is also equipped with everything they need to feed. In this next section we'll explain the unique way babies drink, the feeding reflexes all babies are born with, and how they're linked to growth and development.

How babies drink

Did you know that babies only breathe through their nose? This means that they have to coordinate between drinking and breathing while they breastfeed.

Babies drink using a suck-swallow-breathe action to coordinate between drinking milk and taking in air.

A closer look

1. Suck

Your baby's lips will draw in to suck on your nipple. Their tongue will also move in a wave-like motion to draw out milk.

2. Swallow

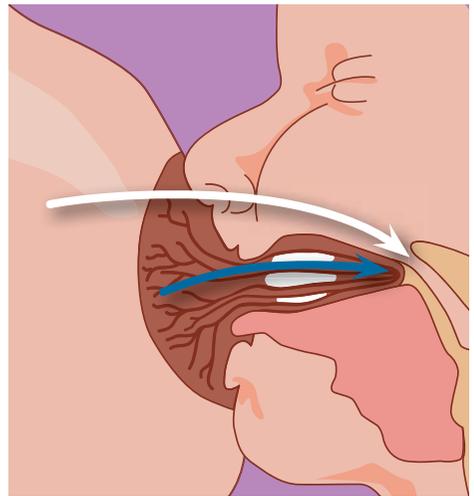
You will hear a gulp as your baby swallows and a c-sound like the c in cat.

3. Breathe

There will be a short pause as your baby takes in air, and then your baby will begin to suck again.

Why it's important

Sometimes you'll wonder if things are going well, or if your baby is taking in enough milk. If you can see this pattern of suck-swallow-breathe, it's a good clue that your baby is feeding effectively and efficiently.



— Air
— Food

The wonderful world of reflexes

All babies are born with a set of reflexes that help them breastfeed. It's Mother Nature's way of helping them latch and drink milk, even before they're able to do basic things. Over time, your baby's reflexes will disappear. This happens as your baby naturally gains more self-awareness and more control of their body while they feed.

Here are some of the most common reflexes you'll notice when your baby is feeding.

Rooting reflex

Trigger: Touch your baby on the cheek or around the mouth and you'll notice them turning their head, and opening their mouth like they're searching for something to suck.

Why it's important: This reflex is a handy way to encourage your baby to latch at the beginning of a feed. By positioning your baby so their head is turned towards your breast, their mouth will naturally open and search for your nipple.

Sucking reflex

Trigger: The sucking reflex is triggered when your nipple touches the roof of your baby's mouth.

Why it's important: Sucking has a naturally soothing effect on babies. This is why a pacifier can also help calm them. At around 3-4 months, you'll probably notice this reflex begin to disappear. Your baby might become more distracted during feeds and want to play a little more.

Tongue thrust reflex

Trigger: Ever noticed how babies love to stick their tongues out? They can't help it. It's a reflex that's triggered when their lips are touched.

Why it's important: The tongue thrust reflex acts as a kind of protective mechanism. For instance, if your baby is weaned to solids too early, or is unable to allow a spoon in their mouth, they'll push it out with their tongue.

Gag reflex

Trigger: This reflex is also triggered when something solid such as food or a spoon is placed too far into the mouth.

Why it's important: Just like the tongue thrust reflex, the gag reflex is protective. It blocks off the airway and moves the object back out of the mouth.



Your baby's growth and development

You can think of your baby's reflexes as markers for their feeding and growth development. By keeping an eye on reflexes, and when they begin to disappear, you and your healthcare professional will be better able to anticipate the next stage.



Here are some of the key development stages and what to expect.

0-3 months

Reflexes: Rooting and sucking reflex

Milestones: Your baby is able to effectively latch on and feed from your breast.

4-6 months

Reflexes: Tongue thrust and gag reflex begin to disappear

Milestones: Your baby will begin sitting upright and showing an interest in solid foods. The ability to hold themselves upright means they're now able to do things like put things in their mouth and begin to use a cup to drink. It may well be a messier time all round!

7-12 months

Reflexes: As your baby gets bigger, and more able to move around on their own, their reflexes will disappear completely.

Milestones: Your baby now has much more control over their body, and with this comes an ability to self-feed. They can begin eating thicker, mashed food, will show preferences and stay fuller for longer because of solid foods.

Professional tip

Know that every baby develops at their own pace. Your healthcare professional will monitor your baby's development at regular check-ups after you give birth.

Let's talk volume

One of the tricky things about breastfeeding is that it's hard to know how much milk your baby is drinking. No wonder many new mums worry about whether their baby is getting enough milk

The good news is it's not all guess work. You can put your mind at ease by staying in tune with your baby's appetite, monitoring their feeding patterns, and watching for signs that your baby is getting enough milk.

Professional tip

At first you'll probably notice your baby dropping weight, rather than putting it on. Know that it's normal for babies to lose weight in the days after birth, and that they should regain their birth weight again by two weeks of age.



In the beginning

When you're beginning to breastfeed, it's a good idea to feed your baby whenever they show signs of hunger rather than a set schedule. It's a way to build up and calibrate your milk supply so it's finely tuned in to your baby's needs.

Developing a feeding pattern

Over time, you'll probably notice a feeding pattern and will get to know when and for how long your baby usually feeds. The length of your feeds will also shorten over time as your baby becomes more efficient at drawing out milk.

When things change

Also keep in mind that it's not unusual for your baby's feeding pattern to change a little during growth spurts, or times when they're perhaps not feeling well.



You might still be wondering...

How long should a feed take?

Some babies like to take their time, while others are speedy little things. Generally, a breastfeed can take anywhere from 5 minutes to an hour from the beginning to the end. The length of the feed will also depend on your baby's size, age and how often they feed.



How long should I spend on each breast?

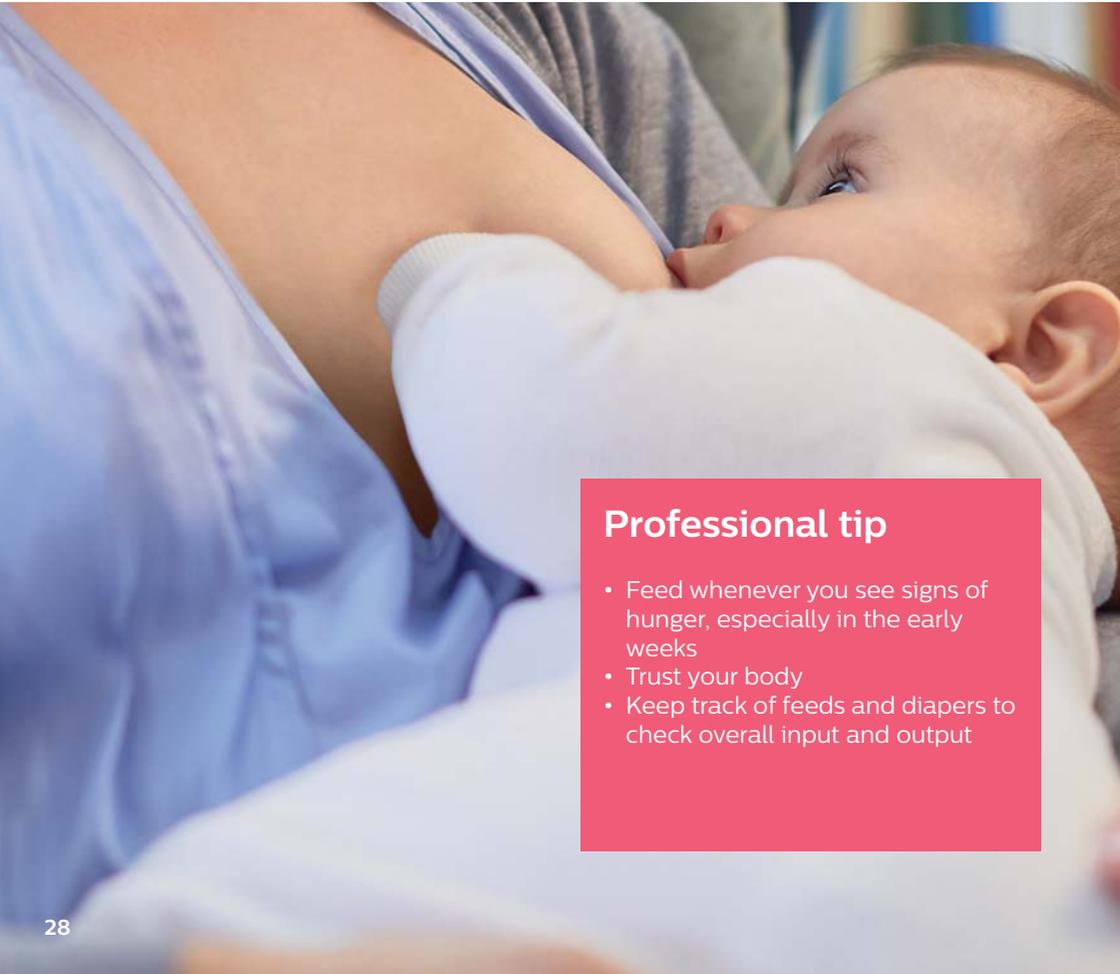
How long you spend on each breast will depend on how much milk you store in your breasts. It's best to empty one breast before offering the next, and if you only offer one breast in a feed, be sure to offer the other at the beginning of the next.

How many feeds per day does my baby need?

Although the amount of feeds per day will vary from baby to baby, there are some guidelines you can use to reassure yourself. Newborns need to nurse at least 8-12 times per day, which works out to roughly one feed approximately every three hours (timed for the start of one session to the start of the next).

Signs your baby is getting enough milk

In addition to feeding whenever you see signs of hunger, you can also monitor things like wet diapers and stools to make sure your baby is getting enough milk. After all, what goes in must also come out! Here's what to look out for.



Professional tip

- Feed whenever you see signs of hunger, especially in the early weeks
- Trust your body
- Keep track of feeds and diapers to check overall input and output

The first week

<p>Day 1-2</p>	<p>Expect your baby to pass their first stool. It's called meconium and looks black or greenish-black and is thick and tarry in consistency.</p>	
	<p>wet diapers per day</p>	<p>yellow stools diapers per day</p>
<p>Day 3</p>	<p>3 </p>	<p>2 </p>
<p>Day 4</p>	<p>4 </p>	<p>3-4 </p>
<p>Day 5</p>	<p>5 </p>	<p>3-4 </p>
<p>Day 6</p>	<p>6 </p>	<p>3-4 </p>
<p>Day 7</p>	<p>7 </p>	<p>3-4 </p>
<p>Weeks 2 to 4</p>	<p>6-8 </p>	<p>3-up </p>
		<ul style="list-style-type: none"> • Appear content after most feedings • Gain 4-8 ounces per week after regaining birth weight
<p>One month onwards</p>	<p>6-8 </p>	<p>1 </p> <ul style="list-style-type: none"> • Gains 4-8 ounces per week

A hospital packing list

You're probably not short on advice on what to take to the hospital. But what about things that can help you breastfeed? Here are some things that can help get you off to a good start.



Your breastfeeding support kit

Breastfeeding pillow

Use a breastfeeding pillow to help position your baby and feel more comfortable when you feed.



Breast pads and shells

It can take a little time to get used to your milk letting down. Breast pads help protect your clothing from excess milk, and breast shells collect excess milk when you're feeding or expressing.

A nursing bra and front opening shirt

Feel more at ease from the start by wearing a top that opens easily from the front and a bra that's designed for breastfeeding.

Nipple cream

Nipple cream protects the skin around your nipple and is safe for your baby to ingest. Many mums find it handy if they're having trouble with latching at first.



Breast pump

A breast pump can help build up your milk supply in those critical days after giving birth. Most hospitals will have their own pumps, but you might like to take your own and then have it on hand at home. Expressing milk by hand is best in the first 36 hours after birth, then, once you've established breastfeeding, you'll find that an electric pump is the most efficient way to express.

Professional tip

Your time in hospital will be the first time you're putting all the things you've learnt about breastfeeding into practice. Be gentle with yourself and don't be afraid to ask your healthcare professionals for advice or reassurance.



The moment of feeding

Now it's time to dive into the moment of feeding. Here we'll cover the more technical side of things, like how to know when your baby's hungry, finding a comfortable position, helping your baby latch, signs it's going well and the end of a feed.

Your first moments together

Hooray! Your little one is finally here! If you're able to, take the time to sit quietly with your baby skin-to-skin and enjoy the wonderful feeling of closeness together.

By lying skin-to-skin in the first hour—also known as “The Golden Hour”—you'll also encourage your baby's natural feeding instincts to kick in. You might notice them searching for your breast or trying to crawl towards it.

Professional tip

The “Golden Hour” has plenty of other benefits too. Lying skin-to-skin helps to regulate your baby's body temperature and heart rate. You'll also start the wonderful process of bonding.





How to tell if your baby is hungry

You can think of hunger cues as the trigger for the beginning of a feed. Feeding your baby when they first show signs of hunger, or feeding on demand, gives your baby a wonderful feeling of comfort, allows for better weight gain, and ensures your supply is in tune with their needs.

There are a few signs that you'll need to be on the lookout for:

- Moving head from side to side with mouth open
- Sticking out tongue and mouth movements
- Sucking on fists

Professional tip

Did you know that crying is actually a late sign of hunger? You'll find that latching and feeding comfortably are much easier when you catch hunger nice and early.

Setting yourself up

Now it's time to get comfortable. Here are some key things to keep in mind at the beginning of every feed.

1. Get comfortable

Use back support such as a couch, armchair or pillows, and support under your arms with pillows too. Also think about the overall atmosphere. Lighting and music can help you feel more relaxed too.



2. Hold your baby close

Bring your baby in close, rather than leaning forward, so that their mouth is opposite your nipple, and their head slightly extended. Their head, shoulders and hips should be in line.



3. Support your breast

Use your free hand to support under your breast, or use a rolled towel if you like.



Getting into position

There are many breastfeeding holds to choose from and you'll get to know the ones that work best.

Why position matters

Did you know that stress and discomfort blocks oxytocin, the hormone that's responsible for ejecting milk? The more comfortable you feel when breastfeeding, the easier it will be to eject milk and have a smooth feed. A good breastfeeding position can also encourage bonding, decrease strain on your body and make it easier for your baby to latch.

The most common breastfeeding holds



Cradle hold

A popular all-rounder

Support your baby with the arm on the same side as the nursing breast. Your baby's head rests in the crook of your elbow and their head should face your breast.



Cross cradle hold

Can help with latching

Hold your baby with the arm opposite the side you're nursing from. Use your hand to support your baby's head and bring them up to your breast so that they're lying on their side with their tummy facing yours. Use your other hand to support your breast from below.



Underarm hold

Ideal for C-section recovery and women with large breasts

Hold your baby beside you, with your elbow bent. With your open hand, support your baby's head and face him or her toward your breast. Your baby's back will rest on your forearm. Place a pillow on your lap for extra comfort and support your breast with your free hand.



Lying down

A relaxed way to feed at night

Lie on your side with your baby facing you, and hold your baby close with you upper hand.

Twin feeding

In the beginning, you might simply feed your babies at different times and use any of the above positions. Later on, when you're more established you could try to feed both at once by using the underarm position on both sides.

Helping your baby latch

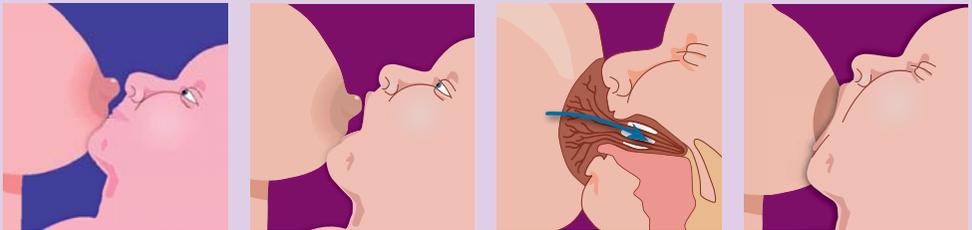
When you've found a comfortable position, it's time to help your baby latch on to your breast.

Why it's important

A good latch can make you feel like you have the keys to the breastfeeding universe. It means that your baby has enough breast in their mouth to easily extract milk and they aren't causing any nipple pain. In the long run, this means that you'll be able to maintain your milk supply and breastfeed comfortably.

Professional tip

It can take a little time to get the hang of latching your baby. Be gentle with yourself when you're it out for the first time, and be sure to ask for help immediately if it's not working.



How to get a good latch

- Bring your baby's head and body into a straight line.
- Hold your baby's body close to yours, at right angles to your body.
- Touch your baby's mouth, lips and chin with your nipple.
- The tip of your baby's nose should be opposite your nipple.
- Your baby's head will naturally tilt back and mouth will open wide.
- Aim your nipple to the top of your baby's mouth.
- Bring your baby to your breast, rather than leaning forward.
- Your baby will suck quickly to stimulate your milk flow, and slow down when milk begins to flow.

Signs of a good latch

You can use these signs to check that your baby has latched on correctly:

- Top lip is in a neutral position
- Lower lip is turned outward against the breast
- An angle of around 120-160 degrees between the top and bottom lip
- Chin and nose are in close to the breast
- Full cheeks
- Tongue is extended over the lower gum
- Tongue in contact with the breast if lower lip pulled away

Sometimes, you might need to readjust and try again

If you see any of these signs, try changing position or gently readjust and offer your breast again.

- Sunken cheeks
- Contact between upper and lower lip at the corners of the mouth
- Clicking sounds
- Tongue not visible below the nipple when lower lip pulled down
- Creased or misshapen nipples at the end of a feed

Common latching problems

Strong milk flow

Some mums find that their milk flow is too strong at the beginning of a feed, making it difficult for their baby to drink at first.

Try this: If you notice your baby coughing or gagging on milk, try a more laid-back position, or expressing a little milk before you feed to slow down your flow.

Difficulty with milk let-down

Other mums find that their milk flow can take a little while to get going.

Try this: Remember that the more relaxed you feel, the easier it is to eject milk. Make sure you're in a quiet and comfortable spot. It can also help to gently readjust your baby for a deeper latch.

Hunger cues

If you find your baby doesn't want to latch on, it could also be that you're misreading their hunger cues.

Try this: Before a feed, double check that your baby is showing signs of hunger and is interested in the nipple.



Checking things are going well

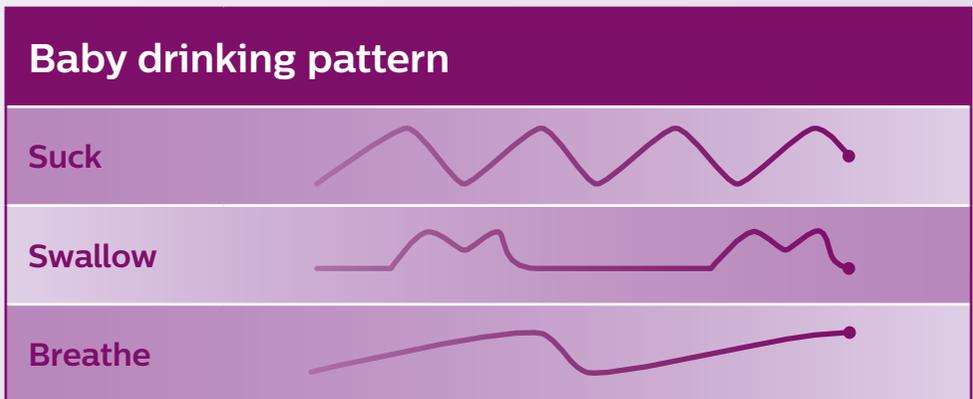
Remember the suck-swallow-breathe action babies use to coordinate between drinking and breathing? You can use this pattern to check that things are going well during the feed.

Here are some signs that your baby is drinking effectively.

- Every suck is followed by a swallow, and then an inhale of air
- You hear gulps and a c-sound, like the c in cat
- You don't hear clicking sounds
- Your baby isn't taking long pauses

Why it's important

Breastfeeding can feel a bit mysterious at times. After all, you can't really see how much milk your baby is taking in. The suck-swallow-breathe pattern is a good clue that your baby is feeding effectively and comfortably.





The end of a feed

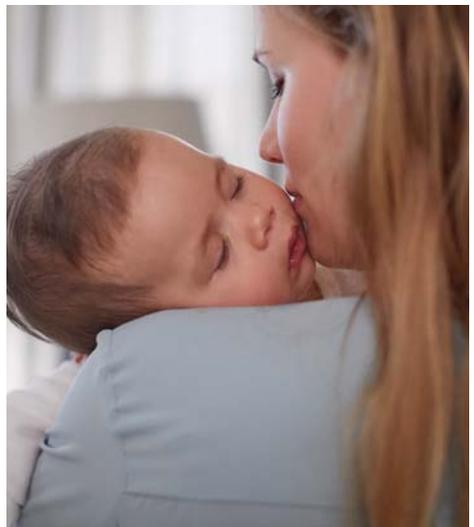
Whether your baby feeds for just a few minutes or thirty, you'll eventually see signs that they've had enough milk for now.

How to tell if your baby is full

Some babies push away the breast with their hand or turn their head away, while others simply fall asleep after a feed. Overall, you'll notice that your baby's face and body will look more relaxed, and their limbs heavy.

A final pat

When you see signs of fullness, take your baby off your breast, prop them upright and gently rub or pat their back to help get rid of any air.





Overcoming breastfeeding challenges

Your breastfeeding journey will be full of precious moments, and some not so easy ones too. This next section will help you understand the most common challenges breastfeeding mums experience, and how to overcome them.

The most common problems

Low milk supply

Most women can produce enough milk to meet their baby's needs, but sometimes medication or a poor latch can lead to a low supply.

Try this: Try using a breast pump at regular intervals to stimulate your milk supply, and ask your healthcare professional to check that your baby is latching on correctly.

Wait, you might have enough milk....

It's normal to worry that you don't have enough milk, but it's important to know the difference between real and perceived low milk supply. If your baby is putting on weight as expected and they appear alert and content, they're probably getting enough milk.

Newborn Stomach Size

Day One	Day Three	One Week	One Month
			
Size of a cherry	Size of a walnut	Size of a apricot	Size of a large egg
5 to 7 ml	22 to 27 ml	45 to 60 ml	80 to 150 ml
.5 tsp	.75 to 1 oz	1.5 to 2 oz	2.5 to 5 oz

Too much milk

Some mums find that they produce more milk than necessary. This tends to happen in the early weeks, when your body is still fine-tuning your milk supply, and is generally resolved during this time too.

Try this: The strong flow of your milk can make it difficult for your baby to latch on. Try lying down or leaning back when you feed to slow it down. You might also like to try feeding from one breast per feed to slow down demand, and allowing your baby to take breaks so they can catch their breath.

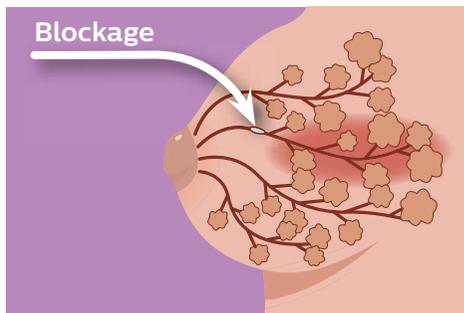
Engorgement

Engorgement is a feeling of fullness and firmness in your breasts that happens when your milk first comes in. It's caused by swelling, fluid retention and inflammation and can make it difficult for your baby to latch.

Try this: Help your baby latch by softening your areola before a feed. You can do this by expressing a little milk, or applying warm compresses to your breasts. Be sure to feed your baby frequently and if you're having trouble, don't be afraid to ask for guidance on feeding technique.

Plugged ducts

A plugged duct is a blockage in one of your milk ducts that prevents your breast from draining. It can happen if your baby isn't draining milk from your breast effectively, clothing is compressing your breasts, or while you're weaning. You might feel a tender or painful bump in your breast, and see red skin around it.



Try this: Feed your baby frequently to keep your milk flowing as much as possible. Apply warm compresses over the area before feeds and stimulate milk flow by massaging the area before and during feeds. It's also a good idea to avoid underwire bras.

Sore nipples

In the early days you might feel some tenderness on your nipples, but don't feel like you need to bear any pain.



Nipple protector

Mastitis

Mastitis is an inflammation of the breast tissue and can turn into an infection if the inflammation isn't resolved quickly. It's sometimes caused by blocked ducts, unresolved engorgement and sore and cracked nipples. You might notice a red patch on your breast, or experience flu-like symptoms such as a fever.

Try this: Get in touch with your healthcare professional immediately. They'll perform some tests to figure out the cause of the problem, such as blocked ducts or unresolved engorgement. The good news is that it's still possible to breastfeed.

Sore nipples can be caused by lots of different things, such as a shallow latch, inverted nipples, mastitis or tongue-tie. So, if you're experiencing pain for most or all of a feed, be sure to ask for help to figure out what's going on behind the scenes.

Try this: Check that your baby is has enough breast in their mouth when latching. It's also a good idea to have your healthcare professional check for signs of thrush infection or tongue tie. You might also like to use a nipple shield to protect your nipples in between feeds.

Flat or inverted nipples

Up to 10% of women are affected by inverted or flat nipples. Often the sucking action of your baby will naturally draw the nipple out if your baby has a good latch.

Try this: Ask for extra support with positioning and latching. You can also consider using a nipple, a thimble-like cup, to help expose your nipple. A nipple shield can also help you maintain shape and be sure to get guidance from your healthcare professional before using this. Expressing can also help.



Nipplette



Breastshell

Yeast infections

Sometimes, sore nipples can actually be a sign of a yeast infection. This can happen if your baby has a diaper or oral yeast infection, or you may have one yourself. It's not unusual to feel a deep shooting or burning pain in the nipple or breasts. Yeast infections can be tricky to diagnose, so your healthcare professional will take a smear test of the cells around your breast as well as check your baby's mouth for sore white patches.

Try this: Your doctor will give you a medicinal cream to put on your nipples that can be used while you breastfeed. They might also give your baby medication to treat you concurrently or to stop transmission.

Colic

Colic is a period of inconsolable crying that many babies go through. It's characterized by at least three hours of crying for no apparent reason, for more than three days a week, up to three months of age. There's no single cause behind it, but it's sometimes linked to air in a baby's belly or a developing digestive system.

Try this: Colic can be a stressful time so be sure to have lots of support from family and friends. If you're worried about it, or feel like you aren't coping, reach out to your healthcare professional for guidance. If you're not exclusively feeding from the breast, try using a bottle with an anti-colic valve that keeps air out of the belly, or a teat with a lower flow rate.

Reflux

You might notice your baby spitting up milk after a feed. This is called reflux and although it's completely normal, it can be really frustrating.

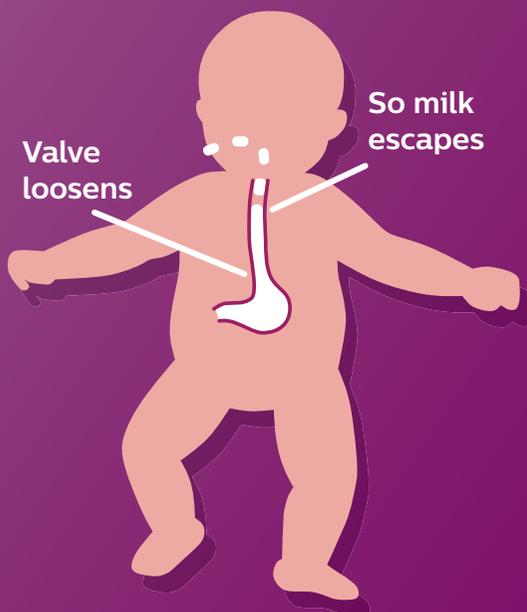
It tends to happen in the first four months and will gradually disappear by around one year of age.

Try this: Reflux happens because the valve connecting your baby's belly to their esophagus doesn't mature until 18 months of age. This means that if you overfeed, or let too much air into the belly, the valve opens and allows milk to come up. You can help your baby by feeding smaller amounts more frequently to avoid overfeeding, or feeding in an upright position to help keep milk down.

A final note on reflux

It's handy to know that there are two types of reflux.

The first is very normal, whereas the second is a medical condition called gastroesophageal reflux disease (GERD). Your healthcare professional can check this for you.







Continuing to breastfeed

Let's look a little further into the future. This next section will help you navigate things like breastfeeding away from home, and maintaining your milk supply when you can't be there for a feed.

Breastfeeding away from home

The beauty of breast milk is that it's easy to take everywhere. You'll always be ready for a feed and sometimes this might be away from home. Many new mums find that it can take a bit of practice to get the hang of it.

Top tips for breastfeeding away from home

- Practice in front of the mirror at home
- Use a shawl or scarf to make yourself feel more comfortable
- Look for special feeding rooms in shopping centres and supermarkets
- Wear clothes that are easy for you to feed in
- Feel confident knowing that you're giving your baby a healthy start in life



Maintaining your supply when you can't be there

There might be times when you can't be there for a feed and want to keep on breastfeeding. The good news is that you can still give your baby all the benefits of breastmilk and maintain your supply by expressing milk.

3 keys to expressing milk

1. Plan ahead

If you're returning to work, or know that you'll be away, start to incorporate a breast pump into your daily routine a few weeks beforehand. You'll start a supply of milk for your baby and get used to using a breast pump.

2. Find a comfortable place

The more comfortable you are, the easier it will be to let down milk. Find a quiet place where you feel comfortable, and if you're at work, ask your employer for a space that's private so you can easily express whenever you need.

3. Express as many times as you would feed

To maintain your supply, be sure to express milk at least as many times as you would normally feed. So, if you would normally feed three times during the time that you're away, be sure to express milk at least as many times as this.





Storing breast milk

When you express milk be sure to freeze or refrigerate it. You can then thaw or warm it up when you'd like to feed your baby. Here are some guidelines to keep your milk safe.

- Use clean storage containers or freezer milk bags to store milk
- Label milk with the current date
- Refrigerate milk at 0–4C (32–39F) for up to 48 hours
- Freeze milk as soon as its expressed for up to 3 months
- Place it in the back, rather than in the door, to keep the temperature consistent
- Use thawed milk transferred to the refrigerator within 24 hours
- Don't refreeze thawed milk
- Transport milk in an insulated container with an ice pack

Preparing expressed breast milk

Use these tips to prepare a feed for your baby using expressed milk.

- Thaw or warm breast milk under warm water or with a bottle warmer
- Don't use a microwave to warm up milk
- Don't warm it to boiling temperature
- Shake to mix the cream of the milk
- Test the temperature before serving. Somewhere between body and room temperature is best.







Support is always there

As you move between excitement and fear and back to excitement again, know that support is always there.

Feel free to come back to this guide whenever you need. It's based on science and will give you more confidence in the moments when you're feeling unsure about things.

There's also great power in talking about your experience—the precious moments, and the not so easy ones too.

You'll find great support by talking regularly with your healthcare professional, family, friends and other new mums about your breastfeeding journey.

FAQs

Got more questions? We have you covered.

I'm not sure if things are going well. When should I ask for help?

No matter how small your question or concern, never hesitate to reach out to your healthcare professional.

These are some signs that your baby might need help from a healthcare professional:

- Your baby isn't asking to be fed regularly – at least 8-10 times in 24 hours.
- Your baby doesn't have the expected number of wet and soiled diapers.
- Latch on is painful or you have sore nipples.
- Your breasts don't feel full with milk by the third or fourth day of delivery.
- Your baby is unsettled and seems unsatisfied after most feeds.
- Your baby hasn't gained weight or is losing weight.

I feel some pain. What should I do?

A little pain or tenderness at the beginning of a feed—especially when you're starting out—is normal, however any ongoing pain should be addressed immediately. There's definitely no need to feel like you need to bear it. Pain while breastfeeding can normally be resolved with some guidance on latch and feeding technique from your healthcare professional.

I'm taking medication. Can I still breastfeed?

A lot of medications can be taken while you're breastfeeding, but it's always good to check with your pharmacist.

What about alcohol?

It's best not to drink alcohol while you're breastfeeding. Your healthcare professional can also give you more specific guidance on this.

And how about caffeine?

One or two caffeinated drinks usually won't bother your baby. This might be a coffee, tea or a carbonated drink. That said, too much caffeine might make your baby irritable or keep them up. And good news for chocolate lovers: chocolate in moderation is generally okay.

How do I know if my baby is getting enough milk?

Breastfeeding does have an element of mystery. There's no sure way to know how much milk your baby is drinking but there are milestones you can use to check they're getting enough:

- Your baby begins to gain weight once your milk has come in
- By around day 10-14, your little one has regained their birth weight
- They continue to steadily gain weight as expected

The takeaway? The best sign will be those chubby cheeks in front of you. A happy, alert and growing baby is the best sign that you are producing enough milk.

How can I increase my supply?

Breast milk is created on a supply and demand basis, so regular nursing sessions will naturally trigger your body to create more milk. Making more milk also requires more energy, so be sure to eat regular meals and drink plenty of water. And don't underestimate comfort. The more comfortable you feel, the easier it will be to produce milk.

Does my baby need any other drinks?

Breast milk is all your baby needs for the first 6 months or so of life. Thank you, breast milk.

Can I combine breastfeeding with other ways of feeding?

It normally takes at least three to six weeks of exclusive breastfeeding to establish a good milk supply for your baby, and for your baby to become a good feeder. This means that introducing a bottle in the early weeks might bring breastfeeding to an early end.

Once you've established breastfeeding, most babies have no problem alternating between breast and bottle if this is what you prefer.

Do I need to feed my baby at night?

In the beginning, your baby will be feeding about 8-12 times in 24 hours, so this means you'll be feeding at night as well. Most babies wake when they need a feed and this also helps to keep up your milk supply.

What's cluster feeding?

Cluster feeding is a series of short feeds in a short amount of time. Some babies really like to feed like this, especially in the early months, either for comfort, or perhaps because of a growth spurt. Know that it's normal and that it can also help build up your supply.

My baby spits up and hiccups while feeding. Should I be worried?

It's normal for babies to spit up a little bit of a feed, but any strong or repeated vomiting should be checked by your healthcare professional. Most babies also hiccup from time to time. They'll stop on their own and don't cause your baby discomfort.

When can I begin giving my baby solid foods?

It's best to wait until your baby is 6 months old before introducing any solid foods and this doesn't mean you have to stop breastfeeding. You can keep on breastfeeding for as long as you like. When you're ready, ask your healthcare professional for guidance on what kind of foods to introduce and how.

Where can I read more online

American Academy of Pediatrics

www.aap.org

Philips AVENT:

www.philips.com/avent

Healthy Children.org from the
American Academy of Pediatrics

www.healthychildren.org

La Leche League

www.llli.org

Lamaze International:

www.lamaze.org

WebMD:

www.webmd.com/parenting/baby

U.S. Department of Health & Human
Services Offices of Women's Health

www.womenshealth.gov/breastfeeding

World Health Organization:

www.who.int/topics/breastfeeding



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