

Off to a  
**Good**  
Start

All you need to know about  
**breastfeeding**

saying hello to your  
**baby today**

**the first**  
magical hour

**helpful tips**  
for when you're  
**out and about**

**involving**  
**family** and  
friends



## We're here to support you

You'll find us at various points in this book. We will inform and guide you on your breastfeeding journey.

Your own midwife or health visitor will be able to provide you with support while you're getting started and can help you with any worries or concerns. If you're a teenager you may have a family nurse.

Why not take a note of their name and number here for quick reference:



**Diane**  
Midwife



**Fiona**  
Health visitor



**Lucy**  
Family nurse

**My midwife**

**My health visitor**

**My family nurse**

You can also call the National Breastfeeding Helpline on **0300 100 0212**. All calls are answered by highly trained volunteers, who are also mums who have breastfed. Open 9.30 am to 9.30 pm every day of the year.

For information about helplines for different languages, see the 'Contact us' section at: [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)



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We want to make sure that this booklet is relevant to a wide range of families in Scotland. We know that families today are different in many ways and can include (not in any order): mums and dads living together; single parents (mums or dads); same-sex couples, and stepfamilies. We have used a number of different ways of describing family support within this booklet – ‘dad/father’, ‘your partner’ or ‘someone close’. These can be swapped to match your own situation.

We’ve referred to your baby as ‘he’ for most of the book. We felt it made easier reading than saying ‘he or she’ throughout. We hope you enjoy this book, your pregnancy and the newest member of your family when ‘he’ or ‘she’ arrives!



## my experience

I just decided to breastfeed this time; no particular reason. A few of my friends were pregnant at the same time as me and they've had their babies and decided to breastfeed, so I thought I would too.

*Sara*

# 1



## while you are pregnant



**Thinking ahead**

**Talking about  
how you will  
feed your baby**

**Saying hello  
to your unborn  
baby today**

**Breast milk  
and formula:  
the differences**

**Great reasons  
to breastfeed**

**How your body  
prepares**

## Thinking ahead

Early in your pregnancy you might be starting to think about how you will feed your baby when he's born. Your decision might be influenced by many things. Your midwife may have talked with you already about the value of breastfeeding for your baby, giving him the best food, comfort and health. (And it's not just good for him; it's good for you too.)

You will probably also have had advice from friends and family members, who may have very differing views. There are also lots of adverts on the television and information in the media so it can be confusing, particularly if you are a first-time mum.

If this is not your first baby, you may have your own experiences, and advice might have changed. It's important to remember that all babies are different.



Much of the development of the human brain, including learning and emotions, happens during pregnancy and in the earliest years of a child's life.





## Talking about how you will feed your baby

You may already have decided how you will feed your baby, but this might change. Keep an open mind while you're pregnant and make a final decision once the baby is actually born.

Feeding is an important time to be in close contact with your baby and is a great way for you to get to know each other and to start to build a close loving relationship, regardless of how you decide to feed him.

You may have lots of questions:



### Ask us about...

### how it can work for you and your family.

I will be able to talk through any concerns with you, so it's important to ask me about these, and any other questions you might have.



**myth**

**'It's easier and more convenient to formula feed.'**

**fact**

**Breast milk is always 'good to go' whenever it is needed.**

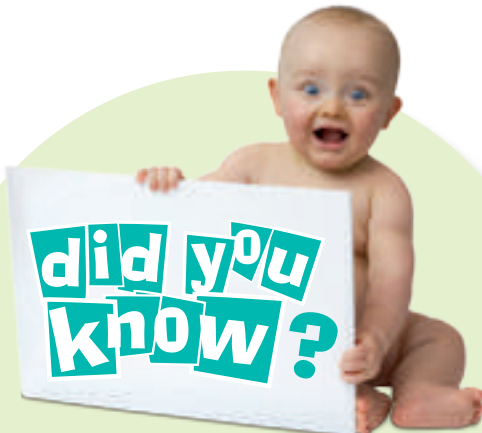
- Powdered formula is not sterile and should be made fresh with boiled water of at least 70°C for each feed – even during the night. If you are out and about this means carrying powdered formula and sterilised bottles with you.

### **Finding out a bit more**

It might be useful to speak to other mums who have breastfed their babies to find out what it was like for them. Your midwife may be able to tell you about peer support (see page 44) if it is available in your area, and let you know how you can make contact with your local breastfeeding support group.

You can contact the **National Breastfeeding Helpline** on **0300 100 0212** during your pregnancy, and your midwife or health visitor/family nurse will also be able to give you support after your baby is born.

We know it is important to involve those close to you when you make decisions about feeding your baby. This book will help them understand how important their role is in supporting you. Much of the following information is relevant however you decide to feed your baby.



**Dads who are positive and involved can help their partner to make a decision to breastfeed.**





## Saying hello to your unborn baby today

Starting to build a relationship with your baby while you are pregnant is helpful to parents in many ways; it supports the move to parenthood and starts to set up a strong and loving bond.

Try to take time out every day to relax, stroke your baby bump, talk, and even sing to your growing baby. It's important to involve someone close to you too.

### Looking ahead

Babies are able to respond, communicate and develop relationships from birth, and feeding your baby is an important way to continue this bond. You can hold your baby close and spend time getting to know each other – no matter how you decide to feed him.

Your midwife will be able to help you think through your options for feeding. She will explain what to expect and answer your questions. Some of the things you will discuss include: skin-to-skin contact (see page 16) and keeping your baby near you.

Your midwife will also talk about responsive feeding. This means not following routines, but taking your baby's lead on when he wants to be fed, and stopping when he is full.

Breastfeeding is also an important way to calm and comfort a baby. New babies need lots of cuddles and to be close to their mums, so remember it's not possible to spoil him.



# breast milk and formula: the differences

Breast milk is very different from formula. The main differences are shown here:

## Formula

- Manufactured from cow's milk and processed so that it meets the basic nutritional needs of a developing baby.
- Does not contain the living cells, enzymes or hormones found in breast milk.
- Does not contain the protective factors that promote your baby's health.
- Your baby will take more formula as he grows, but its composition won't change daily, weekly and monthly to meet his individual needs as breast milk does.





Help with growth and development

Help protect against infection

Promote immunity

Help ensure nutrients are absorbed

Help control how cells and organs do their work

Aid digestion and destroy bacteria

Promote a healthy gut

**breast milk  
contains at least  
34 ingredients  
not found  
in infant  
formula.**

## Breast milk

- Natural and provides all the nourishment your baby needs.
- When your baby is born, his immune system is not fully developed. Breast milk helps your baby fight infections, such as ear and chest infections and tummy upsets. We know that babies who are breastfed are less likely to need to see a doctor with these illnesses.
- Provides long-term health benefits for your baby, such as a lower risk of diabetes and obesity. Breast milk is unique and produced by you to meet the particular needs of your baby; your milk changes as he grows.

# Great reasons to breastfeed

These next two pages show what we know about breastfeeding. You can take it one day at a time but the longer you breastfeed and the more breast milk your baby receives, the greater the benefit.

**Healthy weight**  
Helps a baby maintain a healthy weight as they grow older

**Protects against diabetes when a child is older**

**Lungs**

less likely to be hospitalised with asthma when they are older

protects against respiratory infections



Breastfeeding is good for your health too! Mums who breastfeed have a lower risk of developing breast and ovarian cancer, and the longer and more exclusively you breastfeed the better your protection. Breastfeeding mums also use more calories (around 335 per day) and this can help you lose any extra weight you put on while you were pregnant.





about how your body gets ready for breastfeeding

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## Breastfeeding – how your **body** prepares

Producing breast milk is a natural process and your body starts to get ready during your pregnancy.

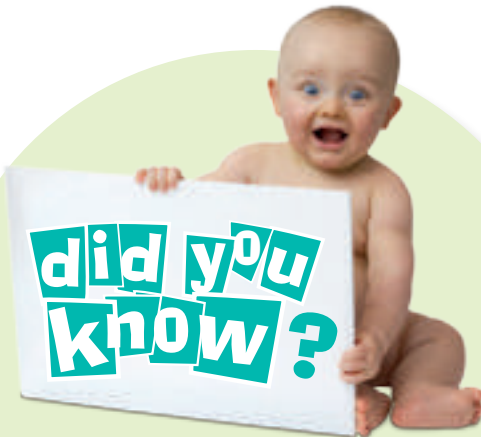
### **In early pregnancy:**

There may be small changes in your breasts as the amount of breast tissue increases for making breast milk. They may feel a bit tender at this time. For many women, these changes in their breasts are the first signs of pregnancy.

You may also notice the dark area around your nipple often becomes larger and darker, and the small spots on this part of the breast can become a bit more obvious. They secrete an oily substance that will keep the area supple and soft, and a scent that will help your baby recognise you as his mum.

### **From the middle of your pregnancy (around 20 weeks):**

Your breasts will start to make an important type of breast milk, called colostrum. This first milk is yellow in colour and is especially for newborn babies. It is very concentrated, easy to digest, and packed with lots of protective factors to keep your baby healthy. Colostrum is all your baby needs in terms of food and fluid in the first few days of life. Sometimes you might notice droplets of this on your nipples before your baby is born, and this is normal.



**All pregnant and breastfeeding women should take a supplement of vitamin D.**



## A word about...

HEALTHY  
START



If you are pregnant, or have children under the age of 4, and you receive income-related benefits, you could qualify for Healthy Start vouchers to spend on milk, and fresh and frozen fruit and vegetables. **Healthy Start** will also give you vouchers for free vitamins for yourself, your baby and any other children you have up to the age of 4. You can ask your midwife for an application form and for help to fill it in. Even if you are already registered, you must phone **0345 607 6823** soon after your baby is born – it's likely you'll be eligible for double the amount.

Your midwife or health visitor/family nurse will be able to tell you where you can swap your voucher for food and vitamins in your area, or visit [www.healthystart.nhs.uk/](http://www.healthystart.nhs.uk/) for more information.

If you're not entitled to **Healthy Start**, ask your midwife or health visitor where you can buy vitamins locally.





## my experience

It's a great thing to sit there and watch him, feeding. There's a really special bond there, especially because he started to feed soon after he was born – so I really do think there is a special bond because of that.

Angela



# 2



## welcoming your new baby

**Skin-to-skin**

**The first  
magical hour**

**One day at a time**

**Keeping your  
baby close**

**How does my  
baby let me know  
he's hungry?**



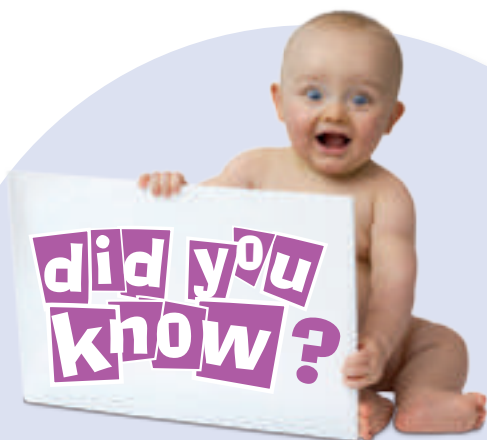
## Skin-to-skin

As soon as your baby is born, he will start to adapt to life outside your womb. Just after the birth, your midwife will dry your baby and give him to you to hold undressed directly next to your skin. This is called skin-to-skin contact. Most babies will follow a natural pattern at this time, which will lead to their first feed. See page 18 for more details.

It's a lovely way to say hello and to start to get to know your baby and welcome him to his new world.

Holding your baby like this will help to calm him, steady his heart rate and breathing, and keep him nice and warm.

If you want to breastfeed, then this is a great time to start.



**Even if you decide not to breastfeed, skin-to-skin contact is still important. You can give your baby his first feed like this. It will help to calm him and make him feel safe and nurtured.**



After the birth, during skin-to-skin contact, your baby's legs and knees massage your tummy. We now know that this can reduce bleeding and help deliver the placenta more quickly.

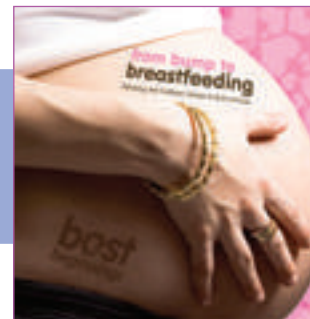
## the science bit

### When can I start skin-to-skin?

As soon as possible. Your baby should either be weighed straight away or left until after his first feed, so there should be no interruptions once skin-to-skin has been started. If you or your baby need medical attention, skin-to-skin contact can start as soon as you and your baby are ready. Getting him washed and dressed can wait until later!

You can also use skin-to-skin contact at any time to calm and comfort your baby and yourself.

See *Bump to Breastfeeding DVD* for more information – you can get this from your midwife.



# the first magic

When a baby is peaceful and in skin-to-skin contact with his mum after he's born, he will go through a series of behaviours, as shown here. Some people call this the magical hour.

This is a natural process and babies should be allowed time to work through the stages as it helps to get breastfeeding off to a good start. Many babies take up to an hour and a half to complete this.

**1**

**A short birth cry**

The baby starts to relax and rest



**2**

**Waking up**



**Oxytocin – sometimes called the 'love' or 'feel-good' hormone – is produced during skin-to-skin and breastfeeding. It has a calming and relaxing effect on you as a mum.**

**Skin-to-skin also releases hormones that tell your body to start to produce breast milk and it stimulates your baby's instinct to look for your breast and his first feed.**

# al hour

4

## Resting

This might be a short or long rest



3

## Being active –

looking at his mum's breast, opening his mouth, putting a hand in his mouth and making sounds



5

## Familiarisation –

crawling towards his mum's nipple, licking/nuzzling and getting ready to breastfeed – this can take half an hour or more



Left unhurried, your baby is capable of finding your breast and having his first breastfeed in the first hour or so of his life! Leaving him in skin-to-skin contact will help him do this.

6

## Attaching and having a feed



7

## Sleeping



## One day at a time

This is an important time for you and your baby, and breastfeeding provides the best possible start, however long you choose to breastfeed. To get the maximum health benefits for babies and their mums, it is recommended that babies are exclusively breastfed (given only breast milk) for the first six months.\* **However, any amount of breast milk is still good for your baby so even if you don't know how long you'll do it for, it's still worthwhile.** You and your baby need to learn together and it will take a bit of practice. It is up to you to decide, but if you're not sure you can start with breastfeeding and see how you feel.

### Teats and dummies

While you are establishing breastfeeding, it is recommended that you avoid using teats and dummies and giving other fluids. Using a dummy or teat in the early days or weeks can make it more difficult to notice when your baby needs to be fed or comforted. It can also mean it's more difficult to get breastfeeding started.



### Ask us about...

#### any concerns you have.

Breastfeeding is natural, but you and your baby will learn together about how it works for you both. So it's not always easy. What's important is to ask for help if you need it.



\* (These are the current recommendations from the World Health Organization and the Scottish Government.)



## Keeping your baby close

This helps you to see the signs that your baby is ready to feed and respond to him. This could be comforting or soothing him, and also getting to know when he wants to be fed, and stopping when he is full. This means that as you get to know your baby, you will start to recognise when he needs a feed before he starts to cry.

Remember, babies need a lot of love and attention as they get used to their new world and it's not possible to spoil them. Your baby has been close to you during your whole pregnancy so being held and comforted will help him feel safe.



for support call...



Read on...

about how to recognise the signs that your baby is hungry

## How does my baby let me know **he's hungry?**

### Early cues

**These mean  
'I'm hungry'**

Babies show signs that they want to be fed. Keeping your baby close will help you recognise these signals.

Responding to your baby's needs will not 'spoil' him, but will help him feel safe and secure.

These babies are letting you know when they are ready for a feed.



**Stirring**



**Mouth opening**



**Turning head**

**To calm your baby, try cuddling him, skin-to-skin, talking and stroking.**







**Mid cues**  
These mean  
**'I'm really hungry'**

**Feed him**  
when he shows  
the signs. Watch  
your baby, not  
the clock!



**Stretching**



**Physical movement**



**Hand to mouth**

**Feed me**  
These mean  
**'I'm really upset!'**

**'You need to calm me first, then feed me'**



**Crying**



**Agitated**



**Turning red**



## my experience

I think the turning point for me was whenever we went to the breastfeeding support group. I think it was hearing other women that really made me realise, look, they can do it, I can do it.

Kelly

# 3



## getting breastfeeding started

**Positioning and attachment**

**Comfortable positioning**

**What's 'normal'?**

**What if...?  
(caesarean;  
special care, etc.)**



# positioning and attachment

**Babies know instinctively how to attach themselves to the breast to feed, but mums can help by holding (positioning) their babies in a way that helps them do this. In the early days, it's good to spend some time with your baby working out the best position for you both.**

How you hold your baby ('positioning') and how your baby attaches to your breast ('attachment' or 'latching-on') can make the difference between a pain-free, comfortable feed where your baby gets enough milk, and one which is painful for you and frustrating for your baby. Your midwife will show you how to do this, but these pages will act as a helpful reminder.

You can also find out more about positioning and attachment on the DVD *From Bump to Breastfeeding* (see page 17). Your midwife will be able to give you a copy if you don't have one.

## Step 1

### held close

**Your baby needs to be held close during breastfeeding.** This means she doesn't have to stretch to reach your breast and it will also be more comfortable for you.

Her head, neck, chest and hips should all face the same direction to ensure she comes to your breast at the right angle. This also encourages her to tilt her head back – it is difficult for her to swallow if her body is twisted.

Her nose should be level with your nipple, so that when she tilts her head back to feed, your nipple can safely reach the back of her mouth.



**Every mum and baby is different and you will find a position that is comfortable for you both.**

**Make sure you ask for help if you need it.**

## Step 2

### head free

**Just before she attaches,** her head should be free, so you can support her behind her neck and shoulders. She will instinctively tilt her head back. This will allow her to open her mouth wide, lead in with her chin and get a good mouthful of breast.

Remember – you should bring her swiftly to your breast (not the other way round). Her tongue and lower lip should make contact with your breast first.



## Step 3

### mouth open

**Her mouth should be wide open.**

Her chin should be touching your breast, and her cheeks should be full and rounded.

If any of your areola (the darker area around your nipple) is visible, more should be seen above her top lip than below her bottom lip.

Some mums experience initial discomfort for a few seconds but this should fade quickly and breastfeeding should not be sore. When your baby is well attached you will notice her rhythmic sucking, swallows and pauses during her feed.




It's important for your baby to be properly attached. This means she will get enough milk and the risk of developing problems will be reduced.

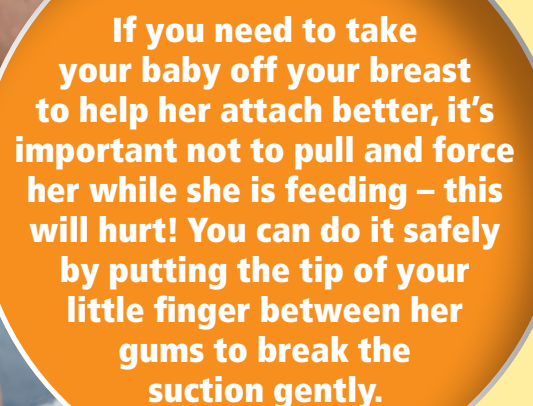
# comfortable positioning

## How to find a position that works for you.


Mums breastfeed in lots of different positions. Sometimes you need to change, depending on where you are. It is important to find a position that suits both you and your baby for the duration of the feed. The photos below will give you some ideas but your midwife or other breastfeeding mums may also suggest some other alternatives.

A photograph showing a man in a dark t-shirt with a cityscape graphic assisting a woman in a red top as she breastfeeds her baby. The baby is lying back against the woman's chest. The man is leaning over, supporting the baby's head and back.


**You may find this 'laid back' position useful in the early days or if you and your baby have difficulty attaching.**

A close-up photograph of a woman's hands gently breaking the suction of a baby's mouth during breastfeeding. Her little finger is placed between the baby's gums to break the suction gently.

**If you need to take your baby off your breast to help her attach better, it's important not to pull and force her while she is feeding – this will hurt! You can do it safely by putting the tip of your little finger between her gums to break the suction gently.**



**It's important to find a position where your breast can hang naturally.**



**When your baby comes off the breast naturally, try winding her and offer your other breast. She may not always take it, but whether she does or not, always start her next feed with your second breast.**

**Remember to tuck her in close.**

### **What if my baby is reluctant to attach to my breast?**

This is fairly common in the early days, and can be caused by many things, including skin-to-skin contact being too brief, and pain relief you may have been given during birth. It is important not to try and force your baby to feed. You might find it helpful to go back to basics, just like after she was born. Lie back and give your baby plenty of uninterrupted skin-to-skin contact. Let her find her own way to your breast where she can attach herself. This will help you relax too!

## What's 'normal'?

Healthy, full-term babies don't always feed very much in the first couple of days. If this happens, don't worry; most babies have built up a store of energy that they can use. For the first few days, colostrum is all your baby needs. Remember, not all babies are the same – if this is not your first baby, your experience may be different this time. For more information about how to know your baby is getting enough milk, see page 45.

**myth**

'Babies must have routines.'

**fact**

It's important **not** to expect your baby to develop a regular routine too soon.

- Letting your baby set the pace for feeding and 'going with the flow' means that he'll be happier because he won't be kept waiting when he's hungry.







## Your baby's tummy

A newborn baby's tummy is tiny and can't take large volumes of milk. In the first day or two, small amounts at each feed will fill him up. This means that babies need to feed frequently in the early days (8 to 12 times in a 24-hour period) and this is normal. It also helps your body to produce the right amount of milk for your baby, and to keep up your supply. It's a great opportunity to put your feet up, have a cuddle and get to know your baby. Remember, it's not possible to overfeed a breastfed baby.

His tummy will start to grow in size over the next few days and weeks, and he will start to take a bit more at each feed. The drawings below will give you an idea of the size of a baby's tummy.



**day 1:**  
size of  
a cherry



**day 3:**  
size of a  
walnut/  
Brussels sprout



**1 week:**  
size of an  
apricot/plum



**1 month:**  
size of a  
large egg

Gradually the amount of milk you make will increase to match the needs of your baby. Feeding him as often as he wants will help your body prepare a good supply of milk for the days, weeks and months ahead.

As he feeds more, your breasts will make more milk and the gaps between some of the feeds will get longer as he grows. Responding to your baby's feeding cues (see page 22) will ensure he feeds frequently and this is entirely normal.

---

## What if...

### ...I have a caesarean section?

If you need a caesarean section you should be able to have skin-to-skin contact with your baby straight away or in the recovery room. It may take a little longer for feeding to get going, but we know that most women who have had a caesarean section can go on to breastfeed their babies successfully.

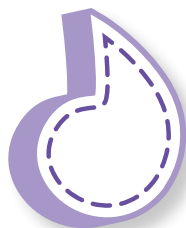
### ...I'm given medication?

Some medications used during labour can affect the baby by making him sleepy after birth. If this happens he just needs more time and you will have help from the hospital staff. You can express your milk for him until he is ready to feed. (For more about expressing breast milk, see page 50.)



My boobs were numb after the epidural I'd had from having a caesarean, so I couldn't really feel if she was on right, or anything. So I had to get the midwives to help. I felt a bit embarrassed because I've had one before and I thought, they're going to think I'm stupid but it was actually all right.

Melissa





### ...my baby needs special care?

If your baby is born early, breast milk gives the best possible start in life. Preterm babies are especially vulnerable to illness and infection, and in particular a serious gut infection (often called NEC) that can be reduced, or even prevented, by giving him expressed breast milk. Breast milk will protect your baby against these infections and will help him grow.

If he's not able to feed at your breast after he's born you can express your breast milk for him to have until he is ready to start breastfeeding. You may also be able to hold your baby in skin-to-skin.

Even if he isn't able to take breast milk straight away, it is important to start expressing your breast milk as early as you can. It can then be stored for him.

Expressing your breast milk will also help your body build up a supply so you will have enough milk for your baby when he is ready to breastfeed. Expressing frequently will help this (at least 8 times in 24 hours). A dummy may be recommended by a speech and language therapist if your baby is being tube-fed. This will help prepare him for breastfeeding when the time is right.

In most cases, your own breast milk is best for your baby, but where this is not available or enough, donor milk from the Scottish Donor Milk Bank Service is a safe alternative to formula. Donor mothers have been screened before they donate and donated milk is tested for bacteria and heat-treated for extra protection.



Read on...

about what you might expect in the first week of breastfeeding



## my experience

The time a midwife sat with me during the first days helped build my confidence.

Laura

# 4



## the first week

**What to expect -  
day by day**

**Night-time feeds**



## What you **might expect** – day by day

If this is your first baby or you haven't breastfed before, you might not know what to expect in the first days and weeks. The information on the following few pages comes from real mums' experiences and will give you some pointers that might help.

Remember, though, that all mums and babies are different. Some of the things mentioned may happen on a different day or may not happen at all!



### day



Immediately after birth, your baby has a pretty good idea of what to do. Make the most of it and let your baby attach to your breast and feed when he needs to, or if he wants a cuddle – in skin-to-skin contact if you like.

He will be getting used to his new world, with different noises and smells, and being held close will help him to feel safe and secure. He may be quite sleepy, but lots of skin-to-skin contact and closeness will be soothing for him and will give him the opportunity to feed.

Keeping your baby close: babies are often sleepy and feed frequently in the early days. At home, it is recommended that your baby sleeps in a cot in your room until he is at least six months old. It is also now advised that your baby should be in the same room as you when they sleep during the daytime too.

#### **Night-time feeds**

Your baby will need to feed during the night in the early stages. It can be a lovely quiet time, away from the hustle and bustle of the day. Keeping your baby in the same room will help you know when he is hungry – you might be woken up with some murmuring noises and movements. Keep things as calm as possible. Try low lighting, a soft voice and don't change his nappy if you don't need to.



## day



Today you may be ready to feed when your baby is still sleeping and when you are about to fall asleep he wants to be fed! Your baby will also be starting to get used to his new surroundings. Remember that breastfeeding can be used to comfort him as well as providing food. Instead of your baby being fed in your womb without any effort, he now has to work for his food and he might need a little practice. Remember, newborn babies come with a 'packed lunch' saved from your womb and they won't come to any harm. Colostrum is just right and all that's needed today.

## day



Today your baby may be more awake and beginning to get used to his new world. This could be the day that he is ready to feed and your body has made sure your breasts are full of milk – perfect timing! They may feel more solid. (This may happen any time between today and day 5.) It's not just milk but also extra fluid in your breast tissue. You might think 'Where did all this milk come from?'. It's quite normal and it won't last forever. A good supporting bra can help you feel comfortable. Making sure your baby is well attached (see page 26) and allowing him to feed as often as he wants is the best thing to do. If your breasts feel uncomfortably full, you should feed frequently. If necessary, you can express some milk by hand to allow your baby to attach properly.

day



For some mums and babies, everything is going well. For others it might not be! Remember – you may have been feeling like this yesterday, and today might be a breeze. You might feel that it's all too much – sore nipples, full breasts and frequent feeding and crying. On top of everything, you may be feeling a bit weepy too, as your hormones settle down. However, feeding and comforting your baby when he needs it means that he will cry less, and feel safe and secure. This will all make life easier for you.

If you have had a bad day, try to think of the reasons you want to breastfeed. Whatever you do, don't give up today. Persevere and work with your baby's behaviour, skin contact and responsive feeding. Support and help with feeding will also get things back on track. See page 44 for the different sorts of help available.

Today you should notice that the content of your baby's nappies will gradually be changing from something like black tar to a greenish-yellow mess (hurray!). When this begins to happen, you know you are on the right track. It's a sign that your baby is getting enough milk. If you are finding it hard-going, it's good to know that from now on things will gradually get better and every day will be different.

**for support call...**







# day



Things are getting better today.

You may feel as though you have been up all night feeding and changing. It seems amazing that such a small baby can feed so often and produce so many wet and dirty nappies. (Most babies should produce at least six heavy wet nappies and at least two yellow poos today.)

Is it because you've eaten something you shouldn't have? Probably not! Today it's more likely that your baby's system is just settling down. Keep going with lots of feeds. It's best to feed when your baby wants to be fed.

You will soon learn to recognise when your baby wants to be fed, if he needs his nappy changing or he wants a cuddle.



I've been breastfeeding my baby for 20 months now. I know it's good for me, it's good for Marlyn, it keeps us close.

Shannon, 19



day

6

Hopefully today things might be looking a bit more reasonable. Your milk is still there, and lots of it, but some of the discomfort is probably going away. Your baby may be calming down.

The dirty nappies are becoming the yellow colour they will now remain.

At the moment your baby may only manage one breast at a time, or may drop off to sleep after starting the second breast. That's fine. Just make sure you start with the second breast at the next feed, and then back to the first, and so on.

Respond to the signs that your baby is getting hungry (these are sometimes called 'feeding cues' – see page 22 which shows what to look for). After a while, you might see a pattern. At this stage, though, it's still important to feed your baby when he is hungry rather than trying to develop a regular routine.

myth

**'Men can't get a look-in if the baby is breastfed.'**

fact

Wrong. Men are great at calming a crying or unsettled baby. Bath time is fantastic for playing and bonding with your baby.





# day



You will be starting to recognise when your baby wants to be fed or wants a cuddle. Remember, you can breastfeed your baby to comfort him too! Of course there may still be a few tough days but you and your baby are learning to deal with them together. Remember, it's still OK to ask for help if you need it. You are both beginning to enjoy the warmth and closeness that comes with breastfeeding.

You will notice that your milk is changing. It will start to look more watery. This is less concentrated mature milk and just what the baby needs. Your breasts will start to feel less full (but may still feel full at times for the next few weeks). Don't be fooled into thinking that you no longer have enough. You and your baby are starting to work out between you exactly how much he needs. (It may take a few weeks to settle completely.)

Some mums do feed while still in bed but ask your midwife or health visitor/family nurse about a safe and comfortable position. **Do not put yourself in the position where you could doze off with your baby.** For some safety tips, see this leaflet:

[www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/caringatnight\\_web.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf)



about how to build your confidence



## my experience

Breastfeeding was something I didn't really know much about. My wife was keen to try, although at times I felt it was quite hard for her. In the early days, the baby seemed to want to feed all evening and that was tiring for both of us! But it was magic seeing him fall asleep, full up, content, with that wee half smile on his face! I didn't feel left out. She needed me there. It's a great start you can both give your baby.

Andrew

# 5



## building your confidence

**What help is available?**

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

**What's in a nappy?**

**How can dads/partners support?**

**Friends and family**

**Expressing milk**



## What **help** is available?

There is lots of support and information available to help breastfeeding go smoothly.

**Peer support** – there may be a breastfeeding peer support programme in your area. Peer supporters are local women who have had experience of breastfeeding and have received additional training. Ask your midwife or health visitor/family nurse about what is available in your area.

**Breastfeeding support groups** – Scotland has a network of about 150 breastfeeding support groups. Ask your midwife about groups in your local area. They offer friendship, support and advice. They're especially helpful if you have a concern about breastfeeding, or if you don't feel you know many mums who are breastfeeding. Your maternity hospital, your midwife or your health visitor should know where your nearest group is. Local groups are also listed on the FeedGood Factor website: [www.feedgoodfactor.org.uk/](http://www.feedgoodfactor.org.uk/)

Enter your postcode to find out where your local group is held.

**Telephone helplines** – you can talk in confidence to trained volunteers who have all breastfed their own babies and can offer support and information as well as someone to chat to. Phone the **National Breastfeeding Helpline** number – **0300 100 0212**.



**Breastfeeds vary in length. If your baby seems to have fallen asleep, you may want to stroke his cheek or feet to stimulate him.**



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

There are a few ways that you can tell if your baby is feeding well and getting enough milk. Look for these tell-tale signs:

- Your baby's sucking pattern will change throughout his feed.
- Your baby will suck quickly at the beginning of his feed to get your milk to flow. He will then have big, deep sucks and you will hear him swallow – this is easier to hear from day 3. At the end of his feed, he may have short shallow sucks. It is important not to take him off your breast at this time – this is when he is getting the fat-rich milk that is full of the calories he needs.
- Generally, you'll find that your baby comes off your breast himself when he has had enough. Babies can also fall asleep with the breast in their mouth. He can easily be eased off if you need to get up and move.
- The amount of wet and dirty nappies will be right for his age – see 'What's in a nappy?' on pages 46–47.
- Your breasts will start to feel heavier before a feed than after.
- Your baby will gain weight, although in the early weeks this can vary from baby to baby.



### Ask us about...

### your baby's weight gain.

Slow weight gain can be normal. However, for some babies it can be a sign that they are not getting enough. If you're in any way concerned, talk to one of us about this.



# what's in a nappy?

**Wet and dirty nappies tell you if your baby is getting enough milk. This table shows photographs of the typical changes that occur in wet and dirty nappies in the first 28 days of life.**

**You can use this to help you to decide if you need help with your baby's feeding.**

## day 1-2

**Wet – one or more per day**

Dirty – one or more, dark green/black, 'tar-like', (called 'meconium')



## day 3-4

**Wet – three or more, nappies feel heavier**

Dirty – two or more, changing in colour and consistency, now brownish, greenish, yellowish (changing)



**Colour changes are normal**



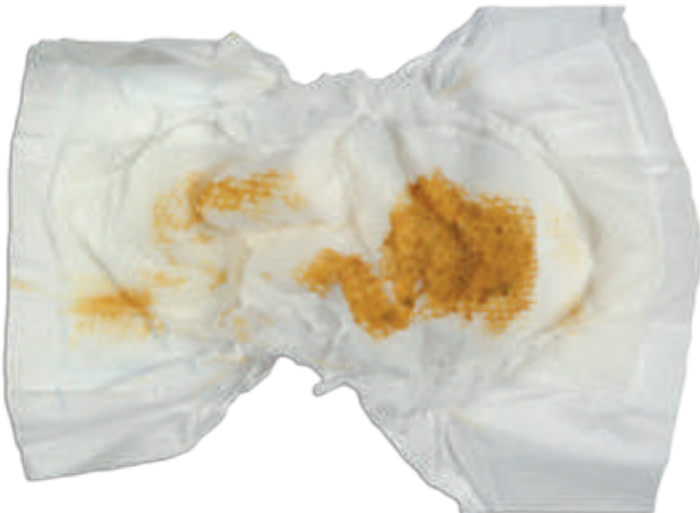
**Babies may not pass urine more than once in the first 24 hours and that's normal.**



## day 5-6

**Wet – five or more heavy wet nappies\***

Dirty – at least two or more, yellow, can be quite watery if you are breastfeeding



## day 7-28

**Wet – six or more heavy wet nappies**

Dirty – two or more, at least the size of a £2 coin, yellow in colour, watery, mustardy or budgie seed in consistency



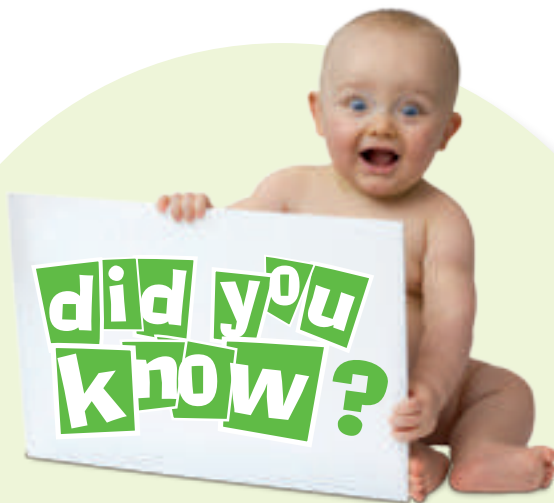
\* If you pour three tablespoons (45 ml) of water into a dry nappy, this will feel as heavy as an average wet nappy.

## How can **dads/partners** support breastfeeding?

Dads have a really important role to play in supporting breastfeeding, particularly in the early days when breastfeeding is getting established.

Some dads say that they can feel left out when their partner is breastfeeding, but research tells us that:

- dads who encourage and reassure their partners are a great source of emotional support for breastfeeding mums
- dads who are supportive in this way are more likely to help their partner to continue to breastfeed successfully
- dads are a great source of emotional and practical help. With a breastfeeding mum, helping with feeding may not be an option, but there will be plenty of other opportunities to bond that don't involve breastfeeding; for example bathing, changing, playing, dressing and storytelling
- dads have a crucial role in caring for the mother and baby together, especially in the early days – and in making sure visitors don't get in the way too much!



**Skin-to-skin is a lovely way for dads to feel close to their baby too. Many dads speak of the special bond that forms when they hold their baby next to their skin in this way.**





## Your friends and family

It's important for you to spend the first few days and weeks close to your baby to make sure he is fed and happy and also to start to build your relationship. Having eye contact with your baby is really important.

You need to make sure he feels safe and secure in his new world. Plan which day-to-day chores must be done (and who could do them). Ask a friend or relative to bring a meal with them, or ask them to come prepared to do some ironing or wash dishes. Cut everything down to a minimum. Concentrate on looking after your baby while everyone else does the shopping, cooking and washing.



**for support call...**



## Expressing milk

Expressing breast milk, by hand or using a pump, is a useful skill in many ways. Hand expressing works best in the beginning – it can help if your breasts are very full and heavy. It can also provide relief and then help your baby attach to your breast, and help to resolve problems such as blocked ducts and mastitis. Your midwife should show you how to do this by hand, but pages 52–53 can act as a helpful reminder.

Expressing breast milk can also help to fit breastfeeding in with your life (including going back to work – see page 59). It helps you to protect your milk supply so you can feed your baby when he is with you.

Once breastfeeding is going well for you and your baby, you can use a breast pump to express milk for someone else to give to him if you are not around. There are many types on the market, and you can rent or buy them. Some are cheap and work very well, and others are more expensive. Before you buy, ask other mums or your midwife/health visitor for some pointers. It's important that the suction setting is at the right level for you and the shield fits your breast size. Mums are all different shapes and sizes, so one size doesn't fit all! If you are using a pump, you will also need to massage your breast first to start your milk flowing.

Giving your baby a bottle while you're establishing breastfeeding can interfere with her sucking technique for breastfeeding – your midwife or health visitor/family nurse will be able to show you how to feed with a spoon or a cup.

**The best time to express milk is when your breasts feel at their fullest. You could feed from one breast and express from the other.**





## Storing breast milk



Breast milk should be stored in a sterile container (this could be an ice cube tray for small amounts):

**In the fridge (not in the door) at 0–4°C for up to five days.**

**In the freezer compartment of the fridge for up to two weeks.**

Breast milk can be stored in a freezer below -18 °C or lower for six months.

**Ask your midwife or health visitor about the best way to keep clean any equipment you use.**

## Defrosting breast milk



Thaw in the fridge and use immediately.

If needed quickly, stand the bottle (with the cap on) in a jug of warm water, making sure only  $\frac{3}{4}$  of the bottle is sitting in the water to avoid water leaking into the milk.

Gently shake to mix the milk.

Use immediately – defrosted milk does not keep.

Microwaves should **never** be used to heat or defrost breast milk – they may heat the milk unevenly, which can scald the baby.



## How do I **express by hand**?

### Step 1

Start off by encouraging your milk to flow – being near your baby will help. To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.



### Step 2

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple.



### Step 3

Gently press and release, press and release, and keep repeating until your milk starts to flow. This may take a few minutes.





## Step 4

When the flow slows down, move your fingers round to a different part of your breast and start again.

If your baby only feeds from one breast, you could express from the other.



## Donating breast milk

Breast milk is particularly important for premature and ill babies but sometimes mums are not able to provide breast milk. For more information see page 33. Donated breast milk is often given to such babies until the mum can produce milk of her own. If you think you would be a suitable donor, staff at the Scottish Donor Milk Bank Service will be happy to talk about the screening process and to answer any questions you may have. For more information, email [Donor.MilkBank@ggc.scot.nhs.uk](mailto:Donor.MilkBank@ggc.scot.nhs.uk)

Read on...

about how to fit breastfeeding into your life



## my experience

Practise feeding your baby in front of a mirror first. I did that and realised that other people could see nothing, not even a flash from the front when I was getting him on and off. I, of course, could see everything because I was on the other side looking down.

Helen



# 6



## fitting breastfeeding into your life

**When you're out  
and about**

**Looking after  
yourself**

**Going back to work**

**Mixed feeding**

**Starting solid foods**



## When you're out and about

A real advantage of breastfeeding is that it is 'ready to go' no matter where you are. Breastfeeding your baby means that your milk is available for him at the right temperature and in the right quantities, at any time of the day and wherever you happen to be.

Some mums can feed happily enough in their own home or when family or friends are around but feel awkward when they are feeding outside the home. Others find it's the other way round. During your baby's early days, you may prefer to breastfeed only where you feel most comfortable. But as you get more used to doing it, you're likely to feel more confident about breastfeeding in front of other people and when you're out and about. Also, your baby's feeds will become less frequent, so you can plan outings between feeds, if you want to.

If the prospect of breastfeeding your baby outside your home makes you feel uncomfortable, then planning ahead can make all the difference.

Here are some ideas to help get you started:



**myth**

'You can be asked to stop breastfeeding in a public place.'

**fact**

It is an offence to stop a baby being breastfed in places such as shopping centres, bars and cafés.

- The Breastfeeding (Scotland) Act means that you can be confident that the law supports your decision to breastfeed.



## Where to feed

Sometimes it helps to go with a friend who has an older baby and can take you to places that she already knows. Or go with someone like your mum, partner, sister or friend so that there's always someone to talk to.

Before you go out, it can help to think about where you will feel comfortable breastfeeding when your baby gets hungry. Ask a friend if they know of a spot, such as a café, that they've found to be 'breastfeeding-friendly'. Build up a bank of places where you feel happy to breastfeed, whether it's a café, shops with a comfortable space, or your local library.

A public toilet is not the best place to breastfeed. You wouldn't eat in there, so why should your baby?

## What to wear

What you wear when you're breastfeeding is a matter of what feels comfortable. Some mums like to wear baggy tops without buttons. Others, who prefer to keep their tummy covered, wear two stretchy tops so that the top layer can be lifted up and the bottom layer can be pulled down. Having a scarf or muslin with you is helpful – this can be used to cover your breast.

There are lots of different bras on the market so it is helpful to choose one that suits you and that you find easy to get undone – particularly with one hand! A soft non-underwired bra can easily be pulled up or down when you want to feed your baby. Breast pads can be useful, but are not always necessary. Some baby slings are designed in such a way that you can breastfeed while your baby is still in the sling.



## Ask us about...

### breastfeeding in public.

In some parts of Scotland there are 'Breastfeeding Welcome' schemes so it is worthwhile asking your midwife or health visitor/family nurse about those.



## Enjoying the experience

For some mums, the first breastfeed outside the home can be nerve-racking but remember, once your baby is attached to your breast, his head will do the job of covering you up.

Your local breastfeeding group is a great place to practise breastfeeding in front of others in a safe, supportive environment. Breastfeeding mums are a great source of tips too.

Stay calm. Concentrate on getting your baby attached without worrying about the reactions of people around you. Focus on making sure you and your baby are both comfortable. In no time it will become second nature.

Remind yourself that what you're doing is a completely natural part of being a mum. Most people won't notice and will leave you to feed your baby in peace.



I thought I would need special clothes but I realised that my normal clothes all worked so much better. I could pop my baby under a baggy top to feed her, and she would be tucked up next to my skin. It took me a while to get the hang of it without looking, but soon I felt confident feeding almost anywhere. I've never had any negative comments from other people, and I don't think people realise I'm feeding a baby most of the time.

Karen





## Looking after yourself

What you eat won't affect your milk supply, but just like any new mum, you need to eat enough and include a variety of foods to meet your needs and those of your baby. It's also good to get regular exercise.

For more information on healthy eating, exercise, alcohol and smoking when you're a new mum, see your copy of *Ready Steady Baby!* or visit [www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)

**If you are worried about taking medications; for example, antibiotics or the pill, ask your GP, midwife, health visitor or pharmacist.**

## Going back to work

Going back to study or work may be the first time you have been separated from your baby for long periods. Continuing to breastfeed during those times when you're not at work helps to keep the close relationship you've built up, providing your baby with extra comfort and security for as long as you both want. This can make it easier to cope with being separated during the day. You can express your milk in advance for your baby to have while you are at work. For more information on expressing and storage of breast milk, see pages 50–51.

However soon you plan to go back to work, breastfeeding is possible even if your baby is still quite small and it will continue to provide benefits for both of you.

**Making early plans will help your start back to work as smooth as possible, both for you and your employer. For more information, see [www.hse.gov.uk/mothers/](http://www.hse.gov.uk/mothers/)**

The Maternity Action website may also be helpful: [www.maternityaction.org.uk/wp/](http://www.maternityaction.org.uk/wp/)


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## Mixed feeding – breast and formula feeding

### What should I know?


Giving your baby formula as well as breast milk is known as 'mixed feeding'. In the early days after the birth it's normal to be tired – you're feeding your baby often, during the day and night. This can be a time when you may think about changing to formula, or mixing breast and formula feeding. Continuing to give as much breast milk as possible is important for your baby's health. Giving formula regularly will also reduce the amount of breast milk you produce. There are a few things to think about to help you make up your mind what is best for you and your baby.

### What do I need to think about?



'I don't think I have enough breast milk'

Remember that after a few weeks of breastfeeding your breasts will not feel as full as they did at the beginning. This doesn't mean that you are not producing enough milk – it just means that you and your baby have worked out exactly how much milk he needs. If you are unsure, speak to your health visitor/family nurse.



'I'm worried that my baby won't put on enough weight'

Breastfed babies grow differently from babies fed with formula. Breastfed babies grow at a rate that is better for their future health. They can put on weight more slowly and some early weight loss is normal. If you are concerned about your baby's weight, speak to your health visitor/family nurse or midwife.



'Giving a bottle of formula might make my baby sleep better at night.'

There is no evidence that this is true. Night-time breastfeeds are important to tell your body to keep making milk – especially in the early weeks. As your baby grows, he can take more milk and sleep for longer. Looking at how family and friends can give practical help, so that you can have some rest during the day, may be a way of helping you through those first weeks until your baby naturally wakes less to feed. If you do decide that the baby should have a bottle of formula at night, try to give this occasionally rather than every night. This will help keep your milk supply up.

'Giving a bottle of formula means that a member of my family can feed my baby.'

While this is a lovely idea (and you may feel under pressure to do so), you need to think about whether the advantages of this are more important than the risk of reducing your milk supply and losing some of the benefits that breastfeeding brings. If it's important for your partner or maybe your mum to be involved with feeding the baby, once breastfeeding is working well, you could express your breast milk for your baby. Remember, there are lots of other ways for your partner and family to bond with your baby. Make sure you keep the people who feed him to just your partner or someone who is close to you – this will help him feel safe and secure.

Sometimes babies find it difficult to breastfeed after they have been fed with a bottle, or to change from one to another. However, other babies seem to have no trouble with this. Because we don't know which babies might find this difficult, it would be best to avoid giving bottles and teats in the early days and weeks.

It is usually a good idea to get breastfeeding working well over a few weeks before a bottle is introduced, so that the milk supply is completely established and the baby knows how to breastfeed well.

If you change your mind about mixed feeding, it is possible to go back to solely breastfeeding – but remember, giving formula will reduce your milk supply.

**Safety note: if you are introducing formula, always ask your health visitor/family nurse about how to make it up safely.**

## Starting solid foods

Most babies are ready to start eating solid foods at around six months.

Every baby is different, but there are some signs that your baby is ready to begin solid foods. These are:

- he can stay in a sitting position and hold his head steady
- he can reach out and grab things accurately; for example, look at food, pick it up and put it in his mouth all by himself
- he can swallow food. Babies who are not ready will push their food back out so they have more on their face than in their mouths.

It is still important to give breast milk to your baby – it will benefit both of you. The number of feeds he takes will reduce as the amount of food increases. Your baby is likely to let you know when he wants to stop, but it's up to both of you to decide.



As a parent, you want the best start for your baby. What he eats and drinks is important for his health now and in the future. This revised booklet gives information on the different stages of weaning with tips, advice and recipes.

Before six months, your baby's immune and digestive systems and kidneys are still developing. Waiting until six months will make sure these systems are developed enough to cope with solid foods.

the  
science  
bit



# troubleshooting and further information

**Remember, don't be afraid to ask for help.**

Many mums and babies enjoy the experience of breastfeeding but this does not mean it is easy for everyone all the time. About one in three mums will need extra support at some point. Some common problems are listed below and overleaf, and the next section gives information on where you can get help if you need it.

Many difficulties that you might encounter are because your baby's position is not quite right or he isn't attached to your breast correctly. Often, only small changes are needed to help things go smoothly again. Listed below are some of the more common problems and some tried and tested solutions.

## Troubleshooting guide

The issue	Why it is happening	What you can do
<b>I have sore, cracked nipples.</b>	Your nipple skin is easily grazed or cracked as a result of your baby's gum pinching it, or the tip of your nipple becomes sore because it hasn't been far enough back in your baby's mouth, and has rubbed against the roof of his mouth.	Make sure that you and your baby are in a good position and he is attached properly – see page 26.  Ask your midwife or health visitor/family nurse as soon as you can to help you. You could also go along to a local breastfeeding group or ring the National Breastfeeding Helpline on 0300 100 0212 – see page 66 for contact numbers.
<b>My baby is very sleepy.</b>	This is more common in the first days after birth. Some babies are tired and may need to be woken for feeds to make sure they get enough milk but this is only temporary.	Lots of skin-to-skin contact and closeness will be soothing for him and will give him the opportunity to feed. Try massaging his skin, changing his nappy, expressing a little milk for him to taste, and other gentle efforts to waken and interest him in feeding. See page 45 for how to tell your baby is getting enough milk. Your midwife will check on you both to make sure your baby is well. In the meantime, start hand expressing your milk and giving it to him with a spoon, dropper or cup – your midwife will show you how.

The issue	Why it is happening	What you can do
<p><b>Engorgement – the stage beyond normal fullness of your breasts. They will be swollen, lumpy or full. If it's severe they will be tender, shiny, red and very swollen.</b></p>	<p>This would usually be in the first few days after your baby is born but could also happen at later stages too – when feeding patterns change or weaning foods are introduced. It can also happen if you miss a feed while having to be away from your baby. If he has been delayed in receiving a feed or is not attached correctly or not feeding enough, milk builds up.</p>	<p>Make sure you are feeding your baby often enough and your baby is attached as well as he can be. It might help to express some breast milk. This should help to reduce the discomfort and allow your baby to attach more easily. A well-supporting bra or vest can help with the discomfort. You can also use a warm or cool pad, for example a cloth that has been in the freezer or a small hot water bottle wrapped in a cloth. Fullness will often go away by itself as your baby gets interested in feeding. Hand expressing milk can also relieve enough tension for your baby to feed more easily.</p>
<p><b>Blocked ducts – these can lead to mastitis, but not always.</b></p>	<p>This can happen at any time but usually two to three weeks after your baby is born. It means that milk is unable to flow and it builds up, resulting in swelling.</p>	<p>It's very important to carry on breastfeeding at this time. Make sure your baby is properly attached. Feeding often, on the affected side first, over the next few feeds will help. Also massage the affected area or try a different feeding position.</p>
<p><b>Mastitis – you will see a red area on your breast, usually with a lump. Your breast may be painful and hot and you may develop flu-like symptoms.</b></p>	<p>Blocked ducts and mastitis are linked but they are not the same condition. Mastitis is an inflammation or an infection of the breast or breasts. This can be caused by a blocked duct so it is important to clear this by massage or frequent feeding.</p>	<p>It is important to keep your milk flowing in your breast and to ensure that it is draining well. Massaging your breast and frequent feeding can help clear a blocked duct. If your baby won't breastfeed on the affected breast, you may need to hand express to remove your milk. If your symptoms don't improve, you may need medication, particularly if you feel fluey, so it is important to speak to your midwife, health visitor/ family nurse or your GP.</p>

**If you have any doubts, speak to your midwife, health visitor or family nurse.**

The issue	Why it is happening	What you can do
<p><b>Thrush – your nipples are sore and may be ‘flaky’ in appearance, look red or pale, possibly shiny and feel itchy and burning. You may also have a sharp shooting pain during or after feeds. Your baby may have a white coating in her mouth.</b></p>	<p>A thrush infection can happen at any time but it seems to be more common after taking antibiotics or after the early days of breastfeeding. Thrush can thrive on broken skin and in warm, moist conditions and can be passed between mum and baby.</p>	<p>Check your baby’s position and attachment, as this is the most common cause of sore nipples. If this doesn’t help, speak to your midwife/health visitor for advice. Your GP will be able to give you and your baby medication if thrush is diagnosed. If you have thrush, any expressed breast milk should not be stored, as the thrush infection will be present in the milk. As you and your baby will be having treatment at the same time, it is fine to carry on breastfeeding. It is also a good idea to put your bra through a very hot or boil wash to help kill the thrush, and to change your breast pads frequently as these could cause reinfection.</p>
<p><b>Refusing the breast – some babies get cross and frustrated, and seem to fight, tossing their heads from side to side.</b></p>	<p>Babies refusing to suck at some point is quite common. There can be many reasons for this. It’s important to try and find out what’s causing it, but sometimes patience is all you need.</p>	<p>Hold your baby next to you, skin-to-skin, as often as you can so that you can respond straight away when he shows signs of wanting to feed. That way he learns that your breast is a comforting and soothing place to be.</p>
<p><b>Slow weight gain.</b></p>	<p>Babies are individuals and gain weight at different rates, so slow weight gain can be normal for some babies. However, for others it can be a sign that they are not getting enough milk to grow.</p>	<p>Make sure your baby is well positioned and correctly attached and feed him as often and for as long as he wants. Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all he needs when in reality he is resting before wanting to feed more. It is important to talk to your midwife, health visitor/family nurse or GP if you have concerns.</p>

# Support and sources of help

## UK-wide voluntary organisations

There are a number of voluntary organisations and charities that support breastfeeding across the UK. Many have support lines and run local groups. More information can be found on their websites or by telephone:

### The NCT

(Formerly the National Childbirth Trust.) The NCT gives parents accurate, impartial information so that they can decide what's best for their family, and it introduces them to a network of local parents to gain practical and emotional support. This site is for parents and professionals.

**[www.nct.org.uk](http://www.nct.org.uk)**

Helpline for all pregnancy, birth, feeding and postnatal questions.

**0300 33 00 700**

### La Leche League Great Britain

La Leche League (pronounced 'la lay-chay') is an international charitable organisation founded to give information and encouragement, mainly through mother-to-mother support, to all women who want to breastfeed their babies.

**[www.laleche.org.uk](http://www.laleche.org.uk)**

Helpline **0845 120 2918**

### The Breastfeeding Network

Independent, evidence-based information and mum-to-mum support.

**[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)**

BfN supporterline **0300 100 0210**

### National Breastfeeding Helpline

**0300 100 0212**

Talk to a mum who knows about breastfeeding.

Lines open 9.30 am–9.30 pm every day of the year.

## Further information

### Ready Steady Baby!

Provides information to parents from pre-conception to the age of 1 and has breastfeeding information.

**[www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)**



#### Ready Steady Baby! goes mobile

Ready Steady Baby! is now available as a free smartphone app. So it's even easier for you and your partner to find out about pregnancy, birth, feeding choices and early parenthood from the NHS.

### *Bump to Breastfeeding*

This DVD follows real mums' stories to show parents how to get started with breastfeeding – see clips online or ask your midwife for a copy.

**[www.bestbeginnings.org.uk/watch-fbtb](http://www.bestbeginnings.org.uk/watch-fbtb)**

### FeedGood Factor

Scottish Government website with practical information on breastfeeding in Scotland, including local peer support groups and mums' stories.

**[www.feedgoodfactor.org.uk](http://www.feedgoodfactor.org.uk)**

### UNICEF UK Baby Friendly Initiative

The UNICEF Baby Friendly Initiative works to protect, promote and support breastfeeding and to strengthen mother–baby and family relationships. The initiative is being implemented across Scotland and includes standards for hospital and community settings. At present approximately 90% of babies in Scotland are born in a Baby Friendly Hospital. The initiative aims to support you to start and continue to breastfeed for as long as you wish. UNICEF also provides a range of information materials for families, for example *Caring for your baby at night*.

**[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)**



We are happy to consider requests for other languages or formats. Please contact 0131 314 5300 or email [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)

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[www.bestbeginnings.org.uk/](http://www.bestbeginnings.org.uk/)

[www.fatherhoodinstitute.org/](http://www.fatherhoodinstitute.org/)

We would love to hear your thoughts about this guide. Please send any comments and feedback to **[nhs.HealthScotland-EarlyYears@nhs.net](mailto:nhs.HealthScotland-EarlyYears@nhs.net)**

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How you are going to feed your baby is an important decision and is something you will be thinking about before your baby is born. Now is a good time to find out all you need to know. This book has been designed to support you in making your mind up about how you will feed your baby. It also gives you lots of up-to-date, practical information about breastfeeding. Your midwife and other mums are good sources too.