GILL RAPLEY &
TRACEY MURKETT

Baby-led Breastfeeding

How to make breastfeeding work with your baby's help

'The book your baby has been waiting for'
Jacqui Stronach, Breastfeeding Network (BfN)

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PART II – WHAT HAPPENS WITH BABY-LED BREASTFEEDING

About the Book

Breastfeeding is easy when you follow your baby's natural instincts to feed

Forget stressful routines and latching worries. This authoritative guide shows you how to follow your baby's lead so you can both enjoy breastfeeding and be confident that your baby is getting the right amount of milk. With practical advice on interpreting your baby's needs, *Baby-led Breastfeeding* explains the whole process in simple terms and shows how to get breastfeeding working right from the very start.

Learn how to:

- get the correct position and technique so your baby will easily latch on
- help your baby follow his feeding instincts
- ensure your baby is getting enough milk and gaining enough weight
- avoid the common problems – from sore nipples to mastitis
- establish and protect the unique mother–baby feeding relationship

Baby-led Breastfeeding is a sensible and sensitive guide that will help you develop a great breastfeeding relationship and have a happy baby.

About the Authors

Gill Rapley has worked as a midwife and a health visitor. She has also been a voluntary breastfeeding counsellor and lactation consultant. More recently, she spent 14 years working for the UNICEF UK Baby Friendly Initiative, helping maternity and community health workers to implement good standards of care for mothers and babies. She and her husband have three grown-up children and live in Kent.

Tracey Murkett is a writer and journalist, and she is also a voluntary mother-to-mother breastfeeding helper. She lives in London with her partner and their daughter, now aged six.

Gill and Tracey are the authors of *Baby-led Weaning: Helping your baby to love good food* and *The Baby-led Weaning Cookbook*.

Baby-led Breastfeeding

How to make
breastfeeding work
with your baby's help

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TRACEY MURKETT

Vermilion
LONDON

This book is dedicated to the memory of Tracey's mother, Ivy, and her sister, Sally, who both championed breastfeeding long before Tracey had the chance to discover why.

Introduction

Breastfeeding is important. It protects against illness, promotes optimal development and helps to build a strong and lasting bond between mother and baby – laying the foundation for a lifetime's good health and emotional wellbeing. It's the natural and normal way to feed a baby.

Yet you are likely to come across an enormous amount of conflicting advice and information about breastfeeding from friends and relatives, in websites and books – and even from health professionals. Much of this advice (and the out-dated practices still common in some hospitals) actually makes breastfeeding *more difficult*. Separating a mother from her baby, imposing parent-led routines, and taking a rigid approach to feeding positions can all interfere with the way a woman's body produces milk.

As a result, many mothers find that breastfeeding is painful or stressful, instead of the joy it should be. More than a third of UK mothers who start breastfeeding have changed to formula by the time their baby is just six weeks old; most had stopped before they planned to and many are bitterly disappointed. But the root of most of the common problems is the same – they're caused by struggling against the baby's instincts.

Baby-led breastfeeding is based on how breastfeeding *really* works. It centres on trusting babies to know what they need. It recognises their innate skills and the powerful effects of hormones and instincts in both mother and baby. And it works *with* those skills and instincts, rather than fighting against them.

This book explains why following your baby's lead makes sense and shows you how to let him use his instincts to help you to breastfeed. It will give you the information and practical tips you need to enjoy relaxed and stress-free feeding for as long as you both want – whether this is your first baby, you've struggled with breastfeeding in the past or you've only ever used formula.

Baby-led Breastfeeding is the book we wish we'd had when our babies were little. Between us we made all sorts of mistakes and encountered a variety of problems. Our experiences since then, as a health professional (Gill) and as voluntary breastfeeding supporters (both of us), have convinced us that babies really do know what they're doing, and that responding to them is the key to getting breastfeeding to work. We hope this book will give you the confidence to trust your baby and follow his lead, so that breastfeeding is happy and rewarding for you both.

Note

Throughout the book when referring to the baby we have alternated between 'he' and 'she', chapter by chapter, to be fair to both sexes. And although the information is relevant for both fathers and mothers, we've addressed the reader as the mother, for ease of understanding.

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part I

The basics of baby-led breastfeeding

1

Thinking about breastfeeding

BABY-LED BREASTFEEDING IS all about allowing your baby to use his instincts and understanding how you can help your body to respond to his needs, so that you can both enjoy relaxed and stress-free breastfeeding.

There isn't really much you need to do in terms of preparation and, in a sense, you don't even have to make a decision to breastfeed beforehand, because if you are led by your baby he will instinctively want to feed from your breast. However, it can help to know why breastfeeding is considered so important. This chapter aims to provide you with some of those facts, plus some tips on what to expect and what you can do in advance to help things go smoothly.

Is breast really best?

Breastfeeding is the biologically normal way to feed human babies. All babies are born with the instinct to do it and all mothers have milk in their breasts by the time their baby arrives. So it seems a bit odd to talk about the *benefits* of breastfeeding. We don't talk about the benefits of breathing clean air or drinking clean water – we talk about the *risks* of breathing polluted air or drinking dirty water. So it's more accurate to talk about the risks of *not* breastfeeding. Because of advances in formula manufacture, these risks aren't as big as they were; but they're there, even so. And a growing amount of research means that we now know more about them, and they're getting harder to ignore.

Most people know that breastmilk contains everything a baby needs and that it's always at the right temperature. But there's a lot more to it than that. Research shows that whether babies have breastmilk or formula really does make a difference – not just while they're babies, or children, but throughout their lives, whether their parents are rich or poor, wherever they live in the world and whatever their family medical history (see UNICEF, *Sources of information and support*).

Illnesses that are more common in babies and children who were formula fed

- Gastroenteritis (vomiting and diarrhoea)
- Necrotising enterocolitis (a very serious infection of the gut, which occurs mainly in premature babies)
- Chest infections and wheezing conditions
- Eczema
- Middle ear infections and 'glue ear'
- Urinary tract infections
- Sudden Infant Death Syndrome (also known as 'cot death')
- Leukaemia.

And when they grow up ...

- Obesity
- High blood pressure
- High cholesterol levels
- Diabetes.

It's not just a question of coughs and colds but serious conditions, such as diabetes and leukaemia. The box here

lists illnesses for which there is good evidence of a link with formula feeding as a baby.

The secret lies not so much in the nutrients in breastmilk (which can be mimicked reasonably well in formula), but in its other ingredients (which can't). Breastmilk protects babies partly through antibodies, which protect against infections, and partly through factors that support the baby's immature organs, helping them to mature quickly and function well, and making them more resistant to disease. The action of feeding at the breast is also important: a breastfed baby's mouth develops differently from the mouth of a baby who is bottle fed. Not only are breastfed babies less likely than formula-fed babies to get infectious illnesses, they're also *more* likely to have straight teeth.

Amazing antibodies

Breastmilk contains antibodies that protect the baby from infections the mother has had (or been immunised against) in the past, such as rubella (German measles). But her body is also continually making new antibodies as it detects germs in the air around her and in her food – and it sends them straight to the breast, to be added to her milk. So her baby is protected at his very next feed. This continual updating (like a computer's virus checker) means that breastfed babies are much less likely to catch common infections such as colds, flu and tummy bugs – as well as more serious illnesses – than babies who are not breastfed.

Breastfeeding isn't just good for babies – it's good for mothers, too

Women who breastfeed have less chance of developing breast and ovarian cancers than those who don't. Breastfeeding seems to help reset the mother's metabolism, too, allowing it to return more easily to the way it was before pregnancy, resulting in higher calcium levels (reducing the chance of osteoporosis and hip fractures in old age) and effective insulin production (which makes the development of diabetes less likely). Breastfeeding also helps the womb to return to its non-pregnant size (see here) and has a contraceptive effect (see here).

Of course, breastfeeding doesn't *guarantee* good health but it does make it more likely. And *not* breastfeeding doesn't always lead to illness – but it does increase the risk. The more breastmilk your baby has, and the longer you breastfeed for, the greater the health protection you both gain. Giving nothing but breastmilk for the first six months, and continuing to breastfeed well beyond your child's first birthday, is the way to maximise the advantages for both of you.

> 'I love the feeling that this child is growing big and strong and beautiful because of what I'm doing – it's all my milk. I know I'm giving him the best start that I can.'
>
> *Becky, mother of Jack, five months*

It's not just about the milk

In the same way that *breastmilk* is about more than nutrition, *breastfeeding* is about more than satisfying hunger. The breastfeeding relationship is special, personal and unique – different for every mother and baby. It gives babies much more than food.

Breastfeeding involves close contact. This closeness means that you and your baby are communicating throughout every breastfeed, even if you don't say a word. Your nipple and your baby's mouth are both very sensitive, with lots of nerve endings, and your baby is near enough while he's feeding to hear your heart beating. Together, you pick up even the slightest movements and mood changes in each other. Of course, you can hold your baby very close while bottle feeding – but it's not an intrinsic part of feeding in the way it is with breastfeeding.

Breastfeeding mothers and their babies are attuned to each other on a deep biological level. In fact, a breastfeeding mother and her baby are sometimes referred to as a 'dyad' – two individuals so closely linked they are considered one unit. Her body nourishes him; his feeding determines her milk production (see here). He relies on her for food; she relies on him to keep her breasts producing milk without becoming uncomfortably full.

Most people know it's important for mothers and babies to bond and that breastfeeding can play an important role in this. A strong bond between mother and baby makes the baby feel secure and loved, and ensures that his mother cares for him. Bonding isn't unique to breastfeeding – formula-fed babies bond with their mothers too. But, because of the hormones it triggers (*The role of the 'love' hormone*), breastfeeding provides a shortcut to bonding.

Bonding is not only good for babies' development and happiness; it also makes parenting easier. The hormones of breastfeeding make a mother want to respond to her baby and help her to interpret his needs. And, because it provides pretty much everything a healthy newborn could want (apart from a clean nappy!), breastfeeding makes parenting less stressful and tiring than it would otherwise be.

A breastfeeding mother who is following her baby's lead can often sense when he is going to want to feed – and she

doesn’t need to decide whether he’s hungry, thirsty or just a bit miserable, nor how much milk to give. She can also offer him a quick snack now and then, to help her fit his feeds around her other commitments. This level of flexibility isn’t available with formula feeding.

Research also shows that breastfeeding mothers get more restful sleep than those who bottle feed, especially if they keep their babies near them at night. This isn’t just because the baby doesn’t have to wait for the feed to be prepared; it’s because the hormones of breastfeeding are designed to make both of them feel relaxed and woozy, helping them to go back to sleep quickly.

Finally, let’s not forget that – when it’s going smoothly – breastfeeding *feels* nice! Most mothers find it soothing. Some say it gives them a warm ‘glow’. Others say it makes them feel relaxed and slightly ‘spaced out’. This feel-good factor is a natural part of breastfeeding and the special closeness that it brings.

> ‘I find breastfeeding really enjoyable – I love the feeling of Evie being on my breast, the close physical contact, and her lying in my arms. She’s almost three now – hopefully she’ll have memories of being close to her mum when she was little.’
>
> *Maria, mother of Evie, two years*

Why doesn’t everyone breastfeed?

Although most people now know that ‘breast is best’, in many western countries – including the UK – formula feeding has become the usual way to feed babies. A key reason for this is that, until relatively recently, the advice mothers were given about how to breastfeed actually made it more difficult for them. Practices such as feeding ‘by the clock’ (every four hours for ten minutes on each breast)

and separating babies from their mothers at night were commonplace until the 1980s. Restricting breastfeeding and mother–baby contact like this is almost guaranteed to prevent mothers from making enough milk for their babies, so many women found that, within a few weeks, they had to resort to formula. As a result, several generations of women believed they 'couldn't breastfeed' and, over time, formula feeding became the norm.

Another piece of the jigsaw is the fact that many parents today don't live close to their extended family so, even in families where breastfeeding is usual, many children grow up without ever having seen it done. All of this means that knowledge about breastfeeding is no longer passed down through the generations in the way it once was and formula feeding is often taken for granted.

Will I be able to breastfeed?

Many women worry whether they have the right type of breast (or nipple) for breastfeeding. **The size and shape of your breasts will only affect how you hold your baby for feeding – they won't make any difference to how much milk you produce.** It doesn't matter, either, whether your nipples are large, small, prominent, flat or inverted (tucked inwards instead of pointing outwards), because babies don't feed by sucking on the nipple; they take a big mouthful of breast (*Getting the angle right*). Gadgets on the market designed to help nipples stand out are for cosmetic purposes only – they aren't necessary for breastfeeding.

Although all kinds of nipples and breasts will 'work' for breastfeeding, the following circumstances can sometimes give rise to concerns:

- *Pierced nipples* don’t usually cause a problem with breastfeeding. Occasionally, nipple piercings cause some of the milk ducts to seal over, so milk can’t get out from those sections of the breast. If this happens, milk production will stop in those areas and the rest of the breast will produce more. You should remove any rings or bars before you feed, though, so they don’t hurt your baby’s mouth, or you may prefer to let the holes close and have your nipples re-pierced later.

- *Implants* (to increase the size of the breasts) are inserted behind the milk-making tissue, so they don’t interfere with milk production or with the baby getting milk out. Some women who have had implants find that their breasts are a bit tight, making them uncomfortable very quickly if feeding is delayed. You can prevent this by encouraging your baby to feed frequently and by hand expressing your milk whenever he has a longer gap.

- *Breast surgery* can affect breastfeeding, depending on the reason for the operation and the way it was carried out. Surgery to remove a breast lump usually causes damage to the ducts, but only in one area of the breast. The rest of the breast (and the other breast) will work quite normally. After a mastectomy it’s usually possible to fully breastfeed from the remaining breast. However, you should check with your surgeon whether the reason for the surgery, or any other treatment it involved, might mean that breastfeeding is not advisable.

- *Breast reduction* usually relies on removal of fat tissue (rather than milk-making tissue) but sometimes it involves cutting the milk ducts and the nerves that supply the nipple. If your nipples have been re-sited – and especially if they are no longer sensitive –

breastfeeding may be difficult. Surgery to alter the shape of the nipples can have the same effect. However, breastfeeding *can* work after surgery and even if you can't breastfeed your baby fully, he may be able to have some of your milk.

How do I prepare?

There are a few things you can do while you're pregnant to get ready for breastfeeding. For example, taking some time to learn how breastfeeding works and how you can help your baby follow his instincts, and to think about how a new baby will fit into your family, will make things easier for all of you.

It's good to be ready for any stories of breastfeeding failure you come across, from friends, family or in the media, which can be demoralising. Almost all women *can* breastfeed – but the wrong advice, especially early on, is sometimes all it takes to make it very difficult. An understanding of what your baby needs to do, and respect for his and your instincts, will help you decide which suggestions are going to be helpful and which may lead to problems.

> 'All the way through my pregnancy Paul went on about "When life gets back to normal …" I don't think either of us realised life would never be the same again. I had more of an idea than him, though – he really wasn't ready for it!'
>
> *Anna, mother of Joseph, 20 months*

Anticipating a change in lifestyle

Some people imagine that breastfeeding is very time-consuming. This is true in the early weeks, while you are

both learning, when it can take more time than bottle feeding. However, as mother and baby get more skilled it becomes quicker and easier, and from about six weeks onwards (sometimes earlier), breastfeeding is much less hassle than using formula.

Whichever way you feed your baby, the first few weeks are a period of huge adjustment. Many expectant women find it hard to imagine just how much their baby will need them and how urgent his needs will be, day and night. When a baby needs his mother it's impossible for him to wait patiently, even for a few minutes, because he only understands the way he feels *now*. Some of the things you currently take for granted (such as being able to spend an hour cooking a meal) may benefit from a bit of re-thinking, so that you'll be able to interrupt what you're doing easily to feed him.

Breastfeeding will work best if you keep your baby close to you, especially in the first few hours and days, and let him lead the way. It's important that your main supporter (whether that's your partner, your mother or a close friend) understands how much this matters and the difference it will make to how easy or difficult you find breastfeeding. He or she will have a crucial role to play in protecting you and your baby from other people who may – with the best will in the world – want to suggest things that could interfere with your chances of problem-free feeding.

Preparing your breasts – what you need to do (or not)

In the past, women were told they should do certain things to their breasts towards the end of pregnancy to get them ready for breastfeeding. They were advised to toughen up their nipples, to do 'exercises' (or wear devices called breast shells) if their nipples were inverted, and to express

a little milk now and then to clear out the ducts. All of this is unnecessary. In fact, a mother's breasts prepare perfectly well for breastfeeding all by themselves (see box below).

Rubbing your nipples or applying strong ointments may be harmful, causing pain and damaging sensitive skin. You don't need tough nipples to breastfeed and there are no treatments or creams that will prevent you from getting sore – only attention to how your baby feeds can do that (see Chapter 3).

It *is* a good idea, though, to avoid using soap on your breasts, and anything that could make your skin extra-sensitive or mask your natural smell (for example, perfumed bath products), towards the end of your pregnancy.

How your body prepares for breastfeeding

As soon as you become pregnant, your body starts to get ready for breastfeeding. For many women, tender breasts – caused by the changes happening inside them – are the first sign that a baby is on the way. Here's what's going on:

- The network of blood vessels that supplies your breasts is expanding, helping them to prepare for milk making. Some of these blood vessels may show through your skin, giving an effect known as 'marbling'.
- The milk-producing cells in your breast (see here) are multiplying rapidly. If you've had a baby before, a few of the cells you made in that pregnancy will still be there – but mostly it's a whole new batch.
- You'll notice your nipples and areolas (the dark skin around your nipples) gradually getting darker and more sensitive – and your nipples may stand out more.

- You may notice small bumps on the skin around your nipples. These are glands known as Montgomery's tubercles. They produce an oil that keeps the skin clean and supple and has a smell unique to you, which will help your baby to recognise you and trigger his instincts for feeding.
- From about 16 weeks of pregnancy your breasts will start to produce colostrum, a thick, sticky fluid that looks a bit like honey. This is concentrated breastmilk (*The first milk*). It may leak, or form a dry layer on the tips of your nipples, or you may be able to squeeze a bit out (see below). Or you may not be aware of it at all.

Expressing colostrum during pregnancy can be a useful way to learn how to hand express (see here) – or to reassure yourself that your breasts are doing what they're supposed to (and that your nipples really do have holes in the ends!) – but it isn't necessary and it won't affect your ability to breastfeed. The exception to this is if you know your baby is going to be born early, or if you have a condition such as diabetes (see here). In that case your midwife may suggest that you express and freeze your colostrum from about 36 weeks of pregnancy onwards, in case your baby needs extra when he's born. Every time you express colostrum, more is made, so there's no need to worry that you'll use it up.

What to buy – or not

Although it can be tempting to buy lots of equipment ready for your new baby, there's really very little you need for breastfeeding – nature has equipped you with the most important items. There are some extras, though, that may make life easier.

Do I need a breastfeeding bra?

You don’t have to buy special nursing bras for breastfeeding and, if you don’t normally wear a bra, there’s no reason to feel you have to buy one just because you’re planning to breastfeed. However, your breasts will be heavier than usual at times (including while you’re pregnant), so you may welcome some extra support. A bra is also useful for holding breast pads (see here).

It’s best to get yourself properly fitted, especially if you have large breasts. Around 36 weeks of pregnancy is a good time to do this, because your breasts will have done most of their growing but your rib cage won’t yet have expanded fully, so the bra should fit well when you no longer have a bump. Badly fitting bras can squash the milk ducts, and may cause them to become blocked.

Tips on buying bras for breastfeeding

- Make sure the bra fits well, with enough space in the cups to allow for some expansion when your breasts are full.
- If you’re buying a bra near the end of your pregnancy, make sure you’re not using the tightest fastening already.
- Avoid styles with underwiring or tight edges that could press into your breasts and squash some of the ducts.
- Go for cups that open fully, so your baby’s access to your breast isn’t restricted.
- Wide straps are more comfortable than narrow ones if your breasts are heavy.
- If possible, choose a style that’s easy to unfasten and re-fasten with one hand.
- Choose cotton bras; synthetic fabrics will prevent your skin from breathing.

- Expect to need at least three bras, to cope with leaks (especially in the early weeks).

Wearing a bra at night will allow you to wear breast pads if leaking is a problem. Night-time feeding bras are usually light and stretchy with no hook fastenings at the back, making them comfortable to sleep in.

Do I need special clothes?

There are special clothes you can buy for breastfeeding, such as tops with hidden openings and breastfeeding shawls, but there's really no need to kit yourself out with these unless you want to. Ordinary loose-fitting tops can usually be lifted up with one hand without exposing too much flesh, enabling feeding to be discreet if it needs to be. (Tight-fitting tops can encourage leaking and tend to show off breast pads.)

If you're worried about displaying your post-pregnancy 'jelly-belly' when you lift your top, you may want to buy a breastfeeding vest or nursing top which has a second, shorter layer of fabric underneath the main T-shirt. This layer stays in place over your tummy when the outer bit is raised. Alternatively, you can create something similar by wearing a low-cut vest underneath a loose top – just pull the loose top up and the vest down for feeding. Another option is to wear maternity trousers or leggings, with a high waistband that comes up to your breasts, covering your stomach.

If you want to cover up when you are feeding outside the home, a simple muslin square over your shoulder, or a loose-fitting cardigan or scarf pulled around you, may be the easiest solution. Whatever you decide, after a little practice you'll probably find you can breastfeed without anyone knowing what you're doing.

What equipment do I need?

If you're planning to breastfeed you don't really need many of the baby-feeding products aimed at expectant parents. Although most women find breast pads and muslins useful it's probably best to wait until your baby arrives before buying other things.

If you're going back to work you may want bottles and perhaps a breast pump, but you won't need them straight away – and if you wait until you're ready to express, you may get a better feel for which models will suit your needs. Many women find they don't need to express milk, or that it's just as quick – and more effective – by hand. You may think you're bound to need dummies but they can seriously interfere with breastfeeding in the early days (see here and here), so are best avoided for at least the first few weeks.

Some mothers find breastfeeding pillows useful but one size doesn't fit all, and using a pillow in the early days may prevent you and your baby finding the most comfortable position for feeding (see here). Experimenting with a normal bedroom pillow, or with different types of breastfeeding pillows (maybe at a breastfeeding group or in the shop) once your baby is born will help you decide, but many mothers find that a scrunched-up cardigan or baby blanket is more flexible and easier to carry around.

A sling (or baby carrier) is probably one of the most useful pieces of baby equipment but it's worth waiting until your baby arrives to buy one. That way you can experiment with friends' slings or those in shops to find out which style works best for you – especially if you want to be able to feed your baby while you're 'wearing' him.

> 'I love the freedom breastfeeding gives me compared to bottle feeding. I'll just put him in a sling, shove a nappy, spare babygro and a muslin into a little bag

and that's all we need. My friends doing formula always seem so weighed down with stuff.'

Nicky, mother of Charlie, five months

Key points

- Almost all women can breastfeed.
- Breastfeeding can help your baby resist infections and diseases throughout his life. Not breastfeeding carries health risks for your baby, and for you.
- The more you breastfeed, and the longer you do it for, the greater the health protection for you and your baby.
- Breastfeeding isn't just about nutrition – it can make parenting easier.
- There is a lot of out-dated and confusing advice around breastfeeding. Take time to learn how breastfeeding works and why letting your baby lead the way makes sense.
- Make sure your partner and family understand about breastfeeding, too, so that they can support you.
- All sizes and shapes of breasts work for breastfeeding. You don't need to do anything special to get yours ready.
- Breastfeeding bras should be fitted when you are around 36 weeks pregnant. Avoid underwires and non-cotton fabrics.
- It's usually better to buy pumps and bottles once you know what will suit you and your baby – you may not need them at all.

- Trying out different slings and pillows once your baby is born is the best way to work out what you need.

2

How milk production works

BABY-LED BREASTFEEDING MEANS helping your breasts to work naturally. This means getting milk production kick-started in the first two weeks and always letting your baby feed whenever she wants, for as long as she wants. Feeding this way will ensure that she gets the nourishment she needs and that your milk supply keeps pace with her changing appetite.

The early days and weeks after the birth are enormously important for breastfeeding. What happens during this time can make a big difference to how much milk you are able to produce later on. This chapter explains how breastmilk is made and how frequent feeding and keeping your baby close will help you make as much as your baby needs for as long as she needs it.

What your breasts look like inside

To understand how to get the best from your breasts, it helps to understand their structure. Whatever your breasts look like from the outside, the inside is pretty much the same for all women – except for the amount of fat. Large breasts contain more fatty tissue than smaller ones, not more milk-making tissue – so size doesn't matter when it comes to breastfeeding.

Here's what your breasts look like inside: