



Tresillian®

It's in our nature to nurture



tresillian.org.au

Breastfeeding

Frequently Asked Questions

In your baby's first year some mothers may encounter the occasional problem with breastfeeding. In some instances this will cause you some discomfort or pain and you will need medical or other professional help. Acting early at the first sign of discomfort, or when you have a feeling that things are not quite right with your breasts or baby's breastfeeding behaviour, will usually help resolve the problem.

How do I increase my milk supply?

The key to increasing your breastmilk supply is to increase the number of times you feed your baby and therefore effectively drain your breasts of milk. The more milk that is removed, the more breastmilk is produced. Effective positioning and attachment is important for breast drainage and will increase your breastmilk supply.

You could also try:

- encouraging your baby to stay longer at each breast or re-offer the first breast.
- reducing the time between feeds for a couple of days by offering the breast more frequently.
- checking if your baby is well positioned on the breast. If your baby is not well positioned, they may not be able to stimulate a let down or effectively drain your breasts.
- some relaxation exercises before the feed. If you are feeling anxious, this may be impacting on the let down reflex that allows that free flow of your breastmilk.

Not enough breastmilk?

If your milk supply is insufficient for your baby's needs there are many ways to improve the situation. Before weaning your baby onto formula, try to increase your breastmilk

supply first. If you're smoking, consider quitting. Smoking can reduce breastmilk production. Talk to your child and family health or a parenting organisation like Tresillian. They can provide you with support and more information.

When breastfeeding isn't working

For some mothers, regardless of the effort and commitment, breastfeeding just does not seem to work out. Their production of breastmilk remains insufficient to adequately feed their baby. If nothing is working to increase your milk supply, now is the time to:

- Make an appointment to see your doctor – there could be an underlying medical problem preventing you from succeeding with breastfeeding.
- Ask your child and family health nurse to observe a breastfeed.
- Consider asking for a referral to an early parenting centre such as Tresillian.
- Contact a breastfeeding support group such as the Australian Breastfeeding Association. They have trained breastfeeding counsellors that can be of great assistance at this time.

Tender Nipples

It is common for mothers to experience tender nipples during the early initiation of breastfeeding. If your nipples

become sore or painful talk to your child and family health nurse or your doctor about it. Often, the cause of sore nipples is related to incorrect positioning and attachment of the baby to the breast. This can be resolved with the help of a knowledgeable health professional. You could also try:

- feeding your baby before they become too hungry.
- start feeding on the breast that has the least tender nipple.
- stimulating your let down reflex prior to putting your baby on the breast.
- If you are unable to feed because it is just too painful, make sure you express regularly in place of breastfeeding. This breastmilk could then be offered to your baby in a bottle or cup.

Engorgement

Engorgement is a build up of milk, blood and other fluids in the breast or surrounding tissue. It may temporarily affect milk flow and your baby's ability to attach to your breast due to flattened nipples. Breasts can become very hard, swollen and painful. To reduce the onset of engorgement it's recommended:

- you feed baby regularly on demand from birth, allowing your baby to drain the first breast well before offering the second breast.

- Mothers who experience severe engorgement often find it helpful to use a breastpump to completely express the milk from their breast.
- Applying a coolpak intermittently and taking pain relief medication can also help.
- If you do take over-the-counter medications while breastfeeding, it's important to speak to your pharmacist to ensure it is safe for you and your baby.

Mastitis

Having full breasts in the few weeks of breastfeeding is often a normal occurrence as breastfeeding is becoming established. However having inflamed, sore, red or swollen breasts or feeling like you are getting the flu (chills, fevers, shivers, shakes, lethargy and generally feeling terrible), is not. You may be developing mastitis. The treatment for mastitis is similar to that used for a blocked milk duct. The main thing is to continue breastfeeding your baby. You should also:

- visit your doctor as soon as possible. Your doctor will usually prescribe antibiotics to help relieve the inflammation.
- keep breastfeeding, as your baby is the most efficient expresser of breastmilk.

Until the inflammation resolves, your baby may fuss for a few days on the affected breast but by feeding more frequently your supply will increase.

Most breastfeeding problems are short-lived and easily managed. If you feel things aren't right, act on it and call Tresillian's Parent's Help Line or make an appointment to visit your Child and Family Health Nurse or doctor.

NOTE: It is extremely rare to have to stop breastfeeding because of a breast problem.



**Our friendly team at
Tresillian are here to support
your family!**

Book a visit to Tresillian:

Visit tresillian.org.au, fill in the short
online contact form and one of our
Nurses will call you back



Ask your local Health Professional,
Child & Family Health Nurse, GP or
early parenting support service to
refer you and your child



**Tresillian Parent's Help Line
FREECALL 1300 272 736**



Acknowledgement of Country

Tresillian acknowledges Aboriginal and Torres Strait Islander People as the First Peoples of Australia, the Traditional Owners and Custodians of the land in the countries on which we live and work in NSW, the ACT and Victoria. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present and acknowledge all Aboriginal and Torres Strait Islander people living in the communities we serve.



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