

Maternity

How to start breastfeeding your baby

This information leaflet will help you learn about feeding your baby. It tells you when to feed, how to know if your baby is getting enough milk, and what to do if breastfeeding is hard. This is great to read when pregnant or after your baby is born.

Breastfeeding:

- Helps protect your baby from diseases, cancers and infections
- Is free, easy, and ready anytime – you don't need to sterilise bottles and teats
- Changes to give your baby exactly what they need
- Helps you bond with your baby
- Supports your baby's brain, eyes, and nerves to grow well

Breastfeeding is good for you too. It can lower your risk of:

- Breast cancer
- Ovarian cancer
- Weak bones (osteoporosis)
- Heart problems (cardiovascular disease)
- Being overweight and may help you lose weight

It can take time for you both to feel comfortable and relaxed when you're breastfeeding, but it's much easier when you learn the best way to hold and attach your baby to the breast.



Starting breastfeeding

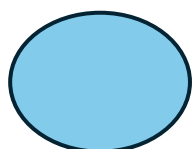
All babies are different. Some are born ready to feed straight away and know what to do. Others may take longer and need some help, especially if they are tired from birth, or if the mum had medicine during labour.

Some babies need extra monitoring and feeding support when they are born. If your baby needs this, the staff will explain what is happening and make a special plan for your both.

How much milk is your baby getting?

In the first few days, your breasts make a milk called colostrum. It may only be a few drops, or 1 to 2 teaspoons per feed. Your breasts might not feel heavy or full until the milk increases 'comes in around days 3 or 4. This is just right for your baby's needs. Your baby's tummy is tiny, about the size of a small marble, so they only need small amounts at first. They need little and often.

You might not hear your baby swallow, and you won't see milk around the baby's mouth after a feed.



Approximate size of a baby's stomach (1 to 5 mls) per feed

Colostrum:

- It is very rich and has all the nutrients your baby needs.
- It helps your baby's digestive system and microbiome to develop in the best way.
- It helps your baby's immune system to develop, as it has live cells and fats. This helps your baby's brain grow.
- It acts like a laxative, helping your baby pass the first black poo (meconium). This can help lower the chance of jaundice.
- It is high in protein and antioxidants. It also changes to meet your baby's needs - a living dynamic fluid.

How often should your baby feed?

Babies do not feed at regular, timed intervals. They may ‘cluster feed’ with short gaps between feeds, then later have longer gaps between feeds.

From days 2 or 3, your baby should have at least 8 to 16 feeds in 24 hours. This helps your body make enough milk for the future.

The following table is for a healthy term baby (37+0 weeks gestation)

Age of baby	Number of feeds
1-2 hours old	At least 1
12 hours	At least 2 in total
24 hours	At least 3-4 in total
Day 2	At least 6-8 in 24 hours
Day 3 onwards	At least 8 in 24 hours

What you should see in a nappy

The contents of your baby’s nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns.		
Baby’s age	Wet nappies	Dirty nappies
1-2 days old	1-2 or more over 24 hours. Babies may pass a pink/orange substance called urates. It is not a problem at this age, but please tell your midwife if you see this after your baby is two days old.	1 or more dark green/black ‘tar like’ (called meconium) per day
3-4 days old	3 or more per day Nappies feel heavier	2 or more per day, changing in colour and consistency: brown/green/yellow, becoming looser (‘changing stool’)
5-6 days old	5 or more Heavy wet	2 or more Yellow; may be quite watery
7-28 days old	6 or more Heavy wet	2 or more, at least the size of a £2 coin Yellow and watery, ‘seedy’ appearance

Patient Information

How you know your baby wants a feed

When your baby is hungry, they will start showing signs they would like to feed (feeding cues). There are early, mid and late signs.

Early signs of hunger can include:

- Turning their head from side to side, or looking for the breast (rooting)
- Moving a little (stirring)
- Opening their mouth

Mid signs of hunger can include:

- Stretching
- Moving more
- Lip smacking, fist sucking and tongue poking.

Keeping your baby close to you will help you notice these signs early. Swaddling can make these signs harder to notice.

Crying is a late sign of hunger. It is better to respond to the early signs because it makes it easier to attach baby to the breast.



Responsive feeding

Responsive feeding is feeding when your baby shows they are hungry. You can offer the breast when:

- Your baby shows early signs of hunger
- Your breasts feel full
- Your baby needs comforting
- You or your baby want to rest and relax together
- Understanding that your baby cannot be overfed, and it is always appropriate to offer the breast

Feeding your baby when they need it helps form a bond with them and releases the love hormone called oxytocin. Oxytocin helps your baby feel secure and loved which is good for their **brain development** now and in the future.

Is your baby getting enough milk?

Signs to look out for include:

- Your baby has at least 8 feeds in 24 hours
- Each feed last between 5 and 45 minutes
- Your baby has enough wet and dirty nappies (check the table above)
- Your baby is calm and relaxed while feeding, and settles for around 30 minutes after
- Your breasts and nipples feel comfortable and look the same shape after feeding

If your baby is not interested in feeding

If your baby is more than 6 hours old, and they have not shown any signs of wanting to feed, try this:

- Take your baby out of the cot and undress them, leaving them in just their nappy.
- Lie back in the bed so that you are almost flat.
- Put your baby tummy-down on your bare chest. This is skin-to-skin.
- Position your baby so their head is on your chest, and their shoulders are touching you. Their body should be lying between your breasts and not across them.
- Make sure you can see your baby's face, especially their mouth and nose.
- Cover your baby's back with a blanket.

Patient Information

Skin to skin contact:

- Keeps the baby warm
- Helps to regulate baby's breathing and heart rate
- Calms both you and baby
- Helps start baby's natural feeding reflexes.
- Increases your breastmilk supply.

When your baby is ready to feed, they might:

- Move their head up and down against your chest
- Mouth and lick your skin
- Use their legs and arms to move closer to the nipple
- Attach themselves and start feeding

This can take some time. You can ask a member of staff to help you, but remember the baby does most of the work!

Skin-to-skin is not just for in the hospital; it can be done at home too. It helps your baby feed better, regulate their breathing, temperature and heart rate, and helps you bond with your baby.

What to do if your baby still doesn't want to feed?

If you've tried skin-to-skin and your baby still isn't feeding, ask a member of staff to show you how to hand express some colostrum. They can give you a leaflet about hand expressing.

Hand expressing:

- Gives your baby the small amount of colostrum they need.
- Helps your breasts make more milk both now and, in the future,

You can watch a video about hand expressing by scanning this QR Code:



When the baby has been given the colostrum, keep the baby on your chest for a little longer as they may start to look for more colostrum after this little 'feed'.

Try to do skin-to-skin as much as possible and hand express colostrum regularly, until your baby starts feeding by themselves.

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If your baby wants to feed all the time

You might worry that you are not making enough milk, but this is usually not the reason. A crying baby may not be hungry but just needs a cuddle.

Tips:

- Ask a member of staff to check if your baby is positioned and attached properly.
- Hold your baby skin-to-skin on your chest, as most babies find this very comforting.
- Remember, feeding your baby often in the first few days helps your body make enough milk for the future.
- If you want to breastfeed, try to avoid giving formula unless it is medically necessary. Formula can make it harder for your baby to learn to breastfeed and may lower your milk supply. It can also cause allergies for some babies. Ask your midwife for more information.

Where can you get more support and information?

- Coventry Infant Feeding Support Team: 0790 4984 620
Monday to Friday, 9am to 5pm
<https://linktr.ee/coventryift>
- Warwickshire SWFT Infant Feeding Support Team:
swg-tr.breastfeedingnorth@nhs.net
<https://linktr.ee/nhswarwickshirebreastfeeding>
- National Breastfeeding Helpline: 0300 100 0212
(09:00am to 09:00pm)
- NCT Breastfeeding Helpline: 0300 330 0700 (08:00am to 10:00pm)
- The Breastfeeding Network Support line: 0300 100 0210
- La Leche League Helpline: 0845 120 2918
- Association of Breastfeeding Mothers: 08444 122 949

You may find it useful to visit the [UHCW Infant Feeding Linktree](#) for more information about antenatal expression of colostrum, and for a video showing how to hand express.



Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format, please ask the ward staff and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.



Have your say. Scan the QR code or visit:
www.uhcw.nhs.uk/feedback

Document History

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How you and your midwife can recognise that your baby is feeding well					*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about					
Your baby: has at least 8 -12 feeds in 24 hours* is generally calm and relaxed when feeding and content after most feeds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wet nappies: Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
will take deep rhythmic sucks and you will hear swallowing*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stools/dirty nappies: Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
has a normal skin colour and is alert and waking for feeds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
has not lost more than 10% weight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sucking pattern: Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Your breasts:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breasts and nipples are comfortable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nipples are the same shape at the end of the feed as the start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
How using a dummy/nipple shields/infant formula can impact on breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Midwife's initials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Care plan commenced: Yes/No:
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	