

Getting started: A guide to your breastfeeding journey



For support and more information, visit
www.iow.gov.uk/infantfeeding



Isle of Wight
Council

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Welcome



This booklet provides essential information to help you thrive on your breastfeeding journey. There are several options for feeding a baby and each family makes their own unique feeding choices for their baby. However, breastfeeding is a good way to bond with a newborn baby, and for them to have the best start in life.

Breastfeeding can be challenging, whether it is the first time, or you have breastfed before. Inside this booklet you will find:

- answers to frequently asked questions;
- ideas for navigating some common breastfeeding challenges;
- information about a wide range of support and help available locally and nationally.

We recognise the importance of including loved ones in decisions about feeding a baby. We hope the booklet will also help them understand the crucial role they play in supporting you. Nobody should struggle alone with breastfeeding.

We acknowledge that not everyone uses the term **mother** or **breastfeeding**. Although we use these terms, we support all families with any aspect of feeding their baby.

During your pregnancy

Looking ahead

During your pregnancy, you may be starting to think about how you will feed your baby when they are born. Your midwife will help you think through the feeding options. They will explain what to expect and answer any questions you may have about breastfeeding.

You can also speak to a health visitor or local breastfeeding support groups to prepare for your breastfeeding journey.

It is useful to attend antenatal breastfeeding workshops or talk to other mothers who have breastfed their babies to see what it was like for them. There is a range of support available on the island. See page 22 for more details.



Why breastfeed?



It is recommended that a baby is exclusively (breast milk only) breastfed for the first six months of their life. After six months, breastfeeding would ideally continue up to two years of age or beyond, alongside other foods (World Health Organisation).

Breastfeeding has lots of health benefits for both the baby and breastfeeding mother. It helps build a strong emotional bond between them. Breast milk is also free!

Breastfeeding can help to reduce your baby's risk of:

- infections;
- severe diarrhoea and vomiting;
- becoming overweight;
- sudden infant death syndrome (SIDS);
- diabetes;
- asthma;
- eczema.

Breast milk provides optimal nutrition which the body tailors towards the baby's needs. It also provides antibodies that help support a developing

immune system and protect babies from illnesses. Any amount of breast milk is beneficial. Exclusively breastfeeding your baby for six months provides even more protection.

Breastfeeding can also help to reduce the mother's risk of:

- breast and ovarian cancer;
- diabetes;
- cardiovascular disease.

This means that if you have breastfed a baby, you are less likely to experience these conditions than a woman who hasn't breastfed. Breastfeeding also helps your uterus to recover from childbirth. It can have a positive effect on the mental well-being of both mother and baby.

Tips for your breastfeeding journey

You don't need to buy any special equipment or brand-new items to support breastfeeding. However, there are some items and tips that may be useful during a breastfeeding journey.

Nursing bras: Breasts tend to feel heavier during breastfeeding. Wearing a well-fitting breastfeeding bra can be useful. Nursing bras have drop-down cups that can be easily opened when feeding. Some mothers choose to go braless or wear a cropped top instead.

Breast (nursing) pads: After your baby is born and if you are breastfeeding, your breasts will probably leak milk. Some breast pads to line your bra can be useful, and reusable ones are available.

Clothing tip: If you have decided to breastfeed, what you wear is a matter of what feels comfortable. You can buy specifically designed nursing tops and dresses, but you can also use clothes you already have. For example, you can wear a vest under a top, pulling the top up and the vest down to expose the breast while keeping the rest of the body covered. Some mothers feel more comfortable when they have a scarf or muslin to cover their chest when breastfeeding out and about.

Welcoming your little one

Skin-to-skin contact

Skin-to-skin contact means holding your baby naked against your skin. After the birth, the midwife will help you have skin-to-skin contact with your baby. Many women assume that it is not possible to do this after a caesarean section, but you should still be able to have skin-to-skin contact.



It's a wonderful way to greet your baby, start bonding with them, and welcome them to the new world. Skin-to-skin contact helps to keep you and your baby calm and releases hormones for your body to start producing breast milk. Most babies will instinctively follow a natural pattern that leads to their first feed during this time.

If you can't have skin-to-skin contact immediately after birth, you can ask for support to start this as soon as either you are, or your baby is, well enough.

Feeding cues

Keep your baby close to you in the first weeks after they are born. This will help you to get to know each other and help you learn when your baby wants feeding (feeding cues). You will start to recognise when your baby needs a feed before they start to cry. Remember, responding to your baby's needs will never spoil them. This will help them feel safe instead!

Babies show signs when they want to be fed. For example, they might:

- root or suck their fingers;
- turn their head;
- lick their lips;
- open their mouth;
- make squeaking noises;
- fuss lightly;
- cry, which is a late sign of hunger.

Your first milk for your baby from birth

Your breasts will start to make the first breast milk called colostrum during your pregnancy until the first few days after birth. Colostrum is very concentrated, thick and may be clear, white, yellow or green in colour. Colostrum is all your baby needs in terms of food in the first few days of their life. It is easy for your baby to digest and provides protection to keep them healthy. Even if you don't wish to exclusively breastfeed, any breastfeeds or breastmilk you give are still valuable to your baby.

Getting started

It is important that positioning and attachment are right when you are breastfeeding. This ensures that your baby takes plenty of milk, you maintain milk production, and breastfeeding is comfortable for both of you.

Information below is from Start for Life. Check the Start for Life 'Off to the best start' leaflet to see more details on breastfeeding.

Good attachment

- 1 Hold your baby's whole body close with their nose level with your nipple. Make sure that their head and body are in a line and facing you, so they are not twisting their head or body awkwardly.
- 2 Support your baby along their back and shoulders rather than their head so they can move their head freely to attach to your breast.
- 3 Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide-open mouth.
- 4 When your baby's mouth opens wide, their chin should be able to touch your breast first, with their head tipped back so that their tongue can reach as much breast as possible.
- 5 With their chin touching your breast and their nose clear, their mouth should be wide open. You will see much more of the areola (the darker skin of your nipple) above your baby's top lip than below their bottom lip. Your baby's cheeks will look full and rounded as they feed.

Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- Your baby rhythmically takes long sucks and swallows.
- Your baby finishes the feed, appears content and satisfied after feeds, and comes off the breast on their own. Your breasts and nipples should not be sore or misshapen.

Breastfeeding positions

For video guidance on breastfeeding positions, scan the QR code or visit: globalhealthmedia.org/videos/positions-for-breastfeeding/?portfolioID=5623



Some of this information is from the Start for Life website (correct as of 7 February 2025). Visit www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/how-to-breastfeed/breastfeeding-positions



Cross cradle hold

This position is useful when first learning to breastfeed.

- 1 Make yourself comfortable with your back supported and your feet flat on the floor (or slightly raised so your lap is flat).
- 2 Hold your baby in a straight line so that they are facing the nipple and breast, holding them close into your body.
- 3 Using the opposite arm to the breast they are feeding from, place your palm on your baby's back, forming a 'c' shape that supports their neck and shoulders. Avoid putting your hand on the back of baby's head as this could prevent them from being able to tip their head back as needed.
- 4 With baby's nose near the nipple look for a wide, open mouth and quickly bring them to the breast, their chin should come into contact with your breast first.
- 5 Once baby is attached and feeding, you can use your other arm to support their body if you wish.

Cradle hold

This is one of the most recognised positions. This position may not be comfortable if the mother is recovering from a caesarean.

For the cradle hold, sit in a comfortable chair, preferably with arms for support. Alternatively, sit on a bed with cushions or pillows around you.



- 1 Lie your baby across your lap, facing you.
- 2 Place your baby's head on your forearm – nose towards the nipple. Your hand should support the length of their body.
- 3 Place your baby's lower arm under yours.
- 4 Check to make sure your baby's ear, shoulder and hip are in a straight line.

Under arm hold (rugby hold)

You tuck your baby under your arm, with their legs pointing towards your back.

- 1 Sit in a chair with a cushion or pillow along your side.
- 2 Position your baby at your side (the side you want to feed from), under your arm, with their hips close to your hips. Your baby's nose should be level with your nipple.
- 3 Support your baby's neck with the palm of your hand.
- 4 Gently guide them to your nipple.



Lying down position

Both you and your baby lie on your sides facing each other. This position is particularly useful for a mother who has perineal pain, has stitches, or is recovering from a caesarean.



- 1** Start by getting comfy lying on your side. Your baby lies facing you, so you are tummy to tummy.
- 2** Check to make sure your baby's ear, shoulder and hip are in a straight line – not twisted.
- 3** Put some cushions or pillows behind you for support. A rolled-up baby blanket placed behind your baby will help support them - remember to remove it after you have finished feeding. If you've got a pillow under your head, make sure it's not too close to your baby's head or face.
- 4** Tuck the arm you're lying on under your head or pillow (ensuring your baby's position isn't altered by the pillow) and use your free arm to support and guide your baby's head to your breast.

Laid-back position

This position can help with skin-to-skin.

The mother reclines comfortably, and baby lies on the mother's chest.

- 1 Lean back (but not flat) on a sofa or bed.
- 2 Prop yourself up with cushions or pillows so your back, shoulders and neck feel supported.
- 3 When you are comfortable, place your baby on your front. Their tummy should be resting on your tummy – but if this is uncomfortable, lie them to one side.
- 4 Make sure you are upright enough to look into your baby's eyes.
- 5 While supporting your baby, gently guide your baby to your nipple.



What if my baby seems unwilling to feed?

In the early hours and days, this could be for a number of reasons. This includes not enough skin-to-skin contact, a stressful birth or pain relief medications you have been given. It is important not to force your baby to feed. Trying the laid-back position and having plenty of skin-to-skin contact can be helpful. If you are still worried, speak to a midwife, health visitor, or breastfeeding peer supporter.

What is responsive breastfeeding?

Responsive breastfeeding means responding to your baby's feeding signals as well as your own desire to feed them. There are no limits to how often you can offer your breast. You can breastfeed your baby whenever they want it. It is important to remember that it is not possible to overfeed a breastfed baby or spoil your baby by breastfeeding them too much.

Breastfeeding gives your baby more than just nutrition. A breastfeed can also be offered, for example, if you want to rest and relax together, to comfort your baby when they are distressed or when your breasts feel full.

Your baby's tummy

A newborn baby's tummy is tiny, and small amounts at each feed will quickly fill them up. During the first week, a baby may want to feed frequently, eight to 12 times in a 24-hour period but often more, and this is normal.



Day One
Size of a cherry
5 to 7ml (2oz)



Day three
Size of a walnut
22 to 27ml
(0.75 to 1oz)



One week
Size of an apricot
45 to 60ml
(1.5 to 2oz)



One month
Size of a large egg
80 to 150ml
(2.5 to 5oz)

Day two or three

During the first few days, your breasts will produce colostrum. Your baby might want to feed very often as their tummy fills up and empties quickly. Some mothers may worry that they aren't producing enough milk for their baby, but there is no need to panic if baby is being fed responsively for as long as they need, breastfeeding is comfortable, and nappy output is as expected. See page 17 for more information.

Day three or four

The appearance of the milk will change, and it will start to look whiter and be more liquid. It is often described as **milk coming in**. As the milk comes in, your breasts may feel fuller and heavier, and mothers often feel very emotional due to a hormone surge. This is normal and usually calms down after 24 to 48 hours. Continue to feed your baby whenever they show early feeding cues so your breasts receive the signals about how much milk they need to produce.

Day five

Your baby may have lost a little weight, but this is normal for all babies. Continue feeding your baby whenever they want to feed. You should expect at least eight to 12 feeds including overnight. This will help your breasts produce plenty of milk. If you have concerns about your baby's weight, discuss with a midwife.

Checking baby's nappy

When you first start breastfeeding, you may worry if your newborn is receiving enough milk. One way to check is by keeping track of nappy changes. Wet and dirty nappies will let you know if your baby is getting enough milk.

Breastfed baby poo can vary in colour, consistency, and frequency as the baby grows. Here are the common types that might be seen by days since birth:

Day one and two – Meconium nappies (pictured)

Appearance: Dark greenish black to greenish brown.
One or more dirty nappies.
one, two or more wet nappies per day.



Day three and four – Greener and wetter nappies

Appearance: changing in colour and consistency, greener poo.
three or more wet nappies per day. At least two dirty nappies per day.

Day five and six – Yellow poos

Appearance: Yellow, soft runny poos.
Six or more heavy and wet nappies per day, at least two dirty nappies.

Day seven to 28 – Mustard poos

Appearance: Yellow or mustard.

Soft runny or seedy poos.

Six or more heavy and wet nappies per day, at least two dirty nappies (poos should be a minimum of the size of a £2 coin).

For the first four to six weeks, an exclusively breastfed baby should be pooing twice a day and every day. If your baby is under six weeks and has not had a poo for 24 hours, please seek breastfeeding support from the health visiting team.



If you notice any unusual changes in baby's poo, it is always a good idea to talk to a midwife, health visitor, GP or other healthcare professional to ensure everything is okay.

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

Check if:

- the baby's nappies are as expected for their age;
- the baby is settling between feeds;
- you can hear baby swallowing when feeding;
- your breasts feel heavier before a feed than after;
- the baby is gaining weight steadily.

If you are worried about whether your baby is getting enough milk, discuss it with a midwife or health visitor.

How partners and grandparents can support breastfeeding



Partners and grandparents have a crucial role to play in supporting breastfeeding, especially in the early days when breastfeeding is getting established.

While recognising the benefits of breastfeeding, some may say they experience a feeling of being 'left out'. However, there will be plenty of other opportunities to bond with the baby for both partners and grandparents that don't involve breastfeeding. Some of these opportunities are listed below.

Speak and communicate with the newborn.

Babies can recognise voices while they are in the womb. Continuing to talk to them after birth can help soothe and relax them and help them develop their own language as part of overall development.

Get involved with playtime.

Newborn babies tend to enjoy making faces, playing peek-a-boo, or using soft toys. These can be a great way to bond with your baby.



Skin-to-skin contact (kangaroo care).

This is one of the best ways to bond with a newborn. Lay the newborn on a bare chest. This will help regulate the baby's heart rate, temperature and strengthen the emotional bond. Cuddling and holding the newborn can also help to build a physical bond and connection.

Storytelling and singing.

This could be a perfect opportunity to pass down family traditions to the newborn.

What breastfeeding mothers said when asked what would be helpful

Quotes taken from breastfeeding mothers on the Isle of Wight:

"Bring me a glass of water or a snack if I am sitting down feeding, I need them!"

"If I don't feel okay with visitors straight away, please respect that."

"Please understand that stopping breastfeeding won't fix the sleepless nights!"

"Don't say 'well, you are breastfeeding' when I say I am tired."

"Encourage other family members and friends to respect boundaries"

"Direct me to a website that may have other useful information."

Gaining confidence in breastfeeding

Local help and support

Many mothers and babies find breastfeeding an enjoyable experience, but this doesn't mean it is always easy for everyone all the time. There is a range of breastfeeding support and information available to help on your breastfeeding journey.

Visit www.iow.gov.uk/infantfeeding



Infant feeding support on the Isle of Wight

During your pregnancy: **Ask your midwife or health visitor.**

0 to 9 days old:

Ask your midwife or maternity team anytime, or phone 01983 534329.

10 to 28 days old:

Ask your midwife or health visitor.

Over 28 days old:

**Ask your health visitor or contact the duty desk: 8.30am to 4.30pm, Monday to Friday.
Phone: 0300 123 5224**

Any time: **Free infant feeding stay and play sessions.**

Free pregnancy breastfeeding workshops

www.isleofwightfamilycentres.org.uk/breast-feeding-support



National breastfeeding helpline: 0300 100 0212

Common challenges, and ideas to try

Challenges may occur if your baby is not attached to your breast correctly or the position is not quite right. Some changes may help you to continue your breastfeeding journey smoothly. Ask a midwife, health visitor, or local breastfeeding group as soon as you can to help you. Don't be afraid to ask for help!

You don't have to be experiencing a problem to attend the infant feeding stay and play sessions. Drop in to chat to other mothers and become familiar with the sessions. If you do then experience any challenges, you'll already have that support around you.

Listed below are some of the more common challenges and ideas to try if you are experiencing them.



Sore or cracked nipples

Try ensuring you and your baby are in a good position and attachment is correct (see page 10). Apply expressed breast milk to soothe the skin. Avoid harsh soaps and tight clothing.



Breast engorgement

Try making sure you are feeding your baby often enough to relieve pressure. If this isn't possible, it may help to express some breast milk. Apply cold compresses.



Concerns about supply

Try increasing skin-to-skin contact, breastfeed frequently, and ensure proper latch. Avoid fixed feeding times and encourage your baby to feed responsively. Remember to check nappy output as the baby may be getting enough milk.



Blocked duct and mastitis

See advice below. If you develop a fever or flu-like symptoms, consult a midwife, health visitor, or GP.

Mastitis care

Feed or pump for your baby as normal.

Take regular pain relief (ibuprofen or paracetamol).

Ice packs and cold compresses used inbetween feeds can help to reduce inflammation and swelling.

Gentle sweeping massage towards the armpit can help to drain extra fluids (not milk) in the breast and reduce inflammation

No extra pumping.

Do not try to 'empty' the breast or infected area. You cannot pump or express mastitis out. Increasing supply can make inflammation worse.

Avoid hot compresses as they can increase inflammation and make swelling and pain worse.

Do not use firm massage, kneading and squeezing of the breast as this can make the inflammation, pain and swelling worse.

Mastitis is **not** always a bacterial infection.

Antibiotics are **not** always required.

Sometimes antibiotics have an anti-inflammatory side effect and appear like they are improving the mastitis when they are not.

Source - The Academy of Breastfeeding Medicine 2022

Scan the QR code or visit www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-problems/common-problems for information and advice



Concerns about the baby's nutrition and weight?

If you have concerns about your baby and their weight, it is important to seek advice from a midwife, health visitor, or another health professional. It is natural for babies to lose a little bit of weight when they are first born.

Your baby will be weighed at visits by the health visiting team when they are around:

- 10 to 14 days old;
- six to eight weeks old;
- nine to 12 months old; and
- over two years old.

Weekly clinics are also available across the Island for weight checks. If you have any concerns about your baby's weight, you can contact the health visiting team's duty desk (**0300 123 5224**) to book a clinic slot or request a visit.

What can impact breastfeeding?

Breastfeeding and medication

Most medications are usually safe to take when breastfeeding and will not harm your baby. However, as small amounts of medications may pass through the breast milk to your baby, it is advisable to speak to a midwife, GP, or health visitor. You can also contact the drugs in breastmilk service if you have any concerns.

Scan the QR code or visit www.breastfeedingnetwork.org.uk/drugs-factsheets to see The Breastfeeding Network drugs in breastmilk factsheet.



Breastfeeding after a caesarean

Breastfeeding can sometimes be uncomfortable while recovering from a caesarean birth. Try positions that avoid putting any pressure onto the scar. Refer to the section on breastfeeding positions for one that will be more comfortable following a caesarean section. Ask for help with finding the most comfortable position from a midwife, health visitor, or the breastfeeding peer supporters in Family Hubs.

Scan the QR code or visit www.isleofwightfamilycentres.org.uk/breast-feeding-support to see upcoming breastfeeding groups in Family Hubs.



Breastfeeding with a tongue tie

Tongue-tie is where the piece of skin connecting the tongue to the bottom of the mouth is shorter or tighter than usual. This can sometimes make it difficult for a baby to breastfeed.

Some babies who have a tongue tie have no problems with feeding. Therefore, not every baby with a tongue tie needs to be treated. However, if you suspect your baby may have a tongue tie which is causing problems, contact a midwife or health visitor for a feeding assessment.

Expressing and storing breast milk

Expressing means taking milk from your breast. You may wish to express breast milk for several reasons, for example:

- when you have to be away from your baby;
- if your breasts feel uncomfortably full;
- if you want to boost your milk supply once breastfeeding is established;
- if your baby is not ready to feed yet.

However, if you don't need to express your milk straight away, it is advisable to wait until both you and your baby feel comfortable and confident with breastfeeding before you begin expressing milk regularly.

You can express milk either by hand or with a breast pump. The frequency and quantity of the milk you express will depend on your reasons for doing so. It is important to note that how much you express is not an indication of how much milk your baby is getting.

How to hand express

You may find it easier to express breast milk by hand, especially in the first few days or weeks,. Hand expressing encourages milk to flow, and this can be useful if one of the milk ducts in your breast becomes blocked.

The steps below are from the NHS website (correct as of 7 February 2025). Visit www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/expressing-breast-milk



- 1 Before you start, wash your hands with soap and warm water.
- 2 Have something clean and sterilised to collect the milk in.
- 3 Some find gently massaging their breasts before expressing helps their milk to let down.
- 4 Cup your breast with one hand then, with your other hand, form a 'C' shape with your forefinger and thumb.
- 5 Squeeze gently, keeping your finger and thumb a few centimetres away from your nipple, just outside the darker area around it (areola). Do not squeeze the nipple itself as you could make it sore. This should not hurt.
- 6 Release the pressure, then repeat, building up a rhythm. Try not to slide your fingers over the skin.
- 7 Drops should start to appear, and then your milk usually starts to flow. If no drops appear, try moving your finger and thumb slightly, but still avoid squeezing the darker area near your nipple.
- 8 When the flow slows down, move your fingers round to a different section of your breast, and repeat.
- 9 When the flow from one breast has slowed, swap to the other breast. Keep changing breasts until your milk drips very slowly or stops altogether.

Scan the QR code or visit

www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFN%20Expressing%20Leaflet%202019.pdf
to see **The Breastfeeding Network, expressing and storing breast milk**



Expressing with a pump

You can express breast milk with an electric or manual pump, whichever is more comfortable for you. You will need to ensure all parts of your pump are clean and sterile before using them. It is important that you have a correct fitting flange.



How to store breast milk

- You can store breast milk in a sterilised container or in special breast milk storage bags.
- Breast milk can be stored at room temperature for up to six hours.
- In the fridge, you can keep breast milk for up to five days at 4°C or lower. If your fridge has a temperature of higher than 4°C, you should use it within three days. Avoid storing the milk in the fridge door.
- Breast milk can be kept for up to six months in a freezer if the temperature is -18°C or lower.

Ask a midwife or health visitor for advice on maintaining and cleaning the equipment you use.

Defrosting and warming breast milk

If you are using breast milk which has been frozen, it is recommended that you defrost the milk slowly in the fridge before giving it to your baby. If needed quickly, you can defrost it by putting it in a jug of warm water or holding it under running warm water. Do not use microwaves to heat or defrost breast milk. This may heat the milk unevenly and can scald the baby.

Once the milk has been defrosted, give it a shake if the milk has separated. Do not refreeze the milk once it has been defrosted. Once your baby has drunk from a bottle of breast milk, it should be used within one hour. Anything left over should be thrown away.

You can feed your baby expressed milk which is straight from the fridge, as long as they are happy that it will be cold.

Responsive and paced bottle feeding

It is possible to overfeed a baby with a bottle. Feeding your baby when they show signs of feeding cues rather than following a schedule can reduce the risk of overfeeding. It is also important to pace a bottle feed. This means taking small amounts of milk, stopping for a rest, and mimicking breastfeeding. It allows your baby to have more control over feeds.

It may be useful to learn this method if you will be returning to work and pumping, exclusively pumping, or if your partner will be feeding your baby an occasional bottle of breast milk.

To find out how to pace bottle feed, scan the QR code or visit www.youtube.com/watch?v=4Rpl8H5V0pY



Safer sleep for babies

Safer sleeping tips. The safest place for a baby to sleep for the first 6 months is in a cot or Moses basket, lying on their back, in the same room as their caregiver. Breastfeeding can also help to reduce the risk of sudden infant death syndrome (SIDS).

Advice below provided by the **every sleep counts** leaflet.

It is important that:

- the baby is placed to sleep flat on their back with their feet at the bottom of the cot or Moses basket for every sleep;
- a room temperature of 16 to 20°C with light bedding or a lightweight, well-fitting baby sleep bag is comfortable and safe;
- you use a new, firm and flat mattress that is protected by a waterproof cover;
- you check the baby's sleeping place for hazards;
- the cot is as clear as possible with no soft toys, cot bumpers, duvets, or pillows;
- the cot adheres to British safety standards;
- you are aware that having a smoke-free household helps to reduce the risk of SIDS;
- you keep pets away from the cot or Moses basket even when the baby is not in it;
- everything bought for your baby complies with British safety standards

Visit The Lullaby Trust (www.lullabytrust.org.uk) for more information, or scan the QR code or visit www.hampshirescp.org.uk/wp-content/uploads/2024/08/Draft-leaflet-v9-Individual-Pages_compressed.pdf to see the **every sleep counts** leaflet.



Breastfeeding on the go

Breastfeeding on the go can be a smooth and convenient experience with a bit of preparation. Start by wearing comfortable, easy-access clothing. A lightweight scarf or nursing cover can provide privacy if you prefer. Find a comfortable spot to sit, whether it's a park bench, a quiet corner in a café, or keep an eye out for the Isle of Wight breastfeeding-friendly stickers (pictured)! Remember, you have the legal right to breastfeed anywhere. (Equality Act 2010).





Useful things to support breastfeeding on the go.

It might be useful to carry a small bag with essentials like muslin cloths, breast pads, and a water bottle to stay hydrated. With these tips, you can confidently and comfortably breastfeed your baby wherever you are. It might be helpful the first time feeding out and about to go with a friend who has an older baby.

The friend can take you to breastfeeding-friendly venues she may be familiar with. You can check the list of breastfeeding-friendly venues on the island at familyinfohub.iow.gov.uk/breastfeedingfriendly



Promoting your health and well-being

It is important that you let your body recover after giving birth. When the time is right for you, regular physical activity will be of benefit. Physical activity can help build your overall strength as well as improve your mental wellbeing.

You do not need to follow a special diet while you're breastfeeding. However, having a new baby is a big life event, it can be stressful and overwhelming. Keeping well hydrated and eating a balanced diet can support you in the early days.

To find out more information, scan the QR code or visit www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/diet



Vitamins and breastfeeding

- Everyone including pregnant or breastfeeding women should consider taking a daily vitamin D supplement, especially through the autumn and winter months. Vitamin D comes from the sunlight, so it can become challenging to obtain enough of this in the winter months.
- Free vitamin D supplements are available if you are eligible for the **healthy start** scheme.

Healthy start vouchers

If you are over 10 weeks pregnant or have a child under the age of four, as well as claiming certain benefits, you may be entitled to get support to buy healthy food and milk. Information is listed on the Healthy Start website, or you can speak to a midwife or health visitor for further information. Visit www.healthystart.nhs.uk

Things to avoid while breastfeeding.

Alcohol

The advice below is taken from the NHS website (correct as of 7 February 2025). Visit www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/alcohol



It is safest not to drink any alcohol while breastfeeding, but an occasional drink is unlikely to harm your baby, especially if you wait at least two hours after having a drink before feeding.

You should not drink regularly or heavily (e.g. binge drinking) without considering how to limit the baby's exposure. Alcohol can pass into your breast milk and then into your baby when you feed them. Regularly drinking above the recommended limits can be harmful for you and your baby.

Aside from the known health risks of excessive alcohol to yourself, drinking too much can decrease your milk supply. It may also cause sleep, growth, and developmental problems for your baby. Never share a bed or sofa with your baby if you have drunk any amount of alcohol.

Caffeine

The advice below is taken from the NHS website (correct as of 7 February 2025). Visit www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/diet



Did you know that caffeine is contained in chocolate, various energy drinks and soft drinks, as well as in tea and coffee? There is not enough information to say how much caffeine is too much, and babies respond to caffeine differently. But if you are breastfeeding, it's recommended that you have no more than 200mg a day.

This may include one mug, can, or bar of:

- instant coffee (100mg);
- filter coffee (140mg);

- tea (including green tea, which can have the same amount of caffeine as regular tea) (75mg);
- cola (40mg);
- energy drink (a 250ml can is 80mg);
- plain dark chocolate (a 50g bar is less than 25mg);
- plain milk chocolate (a 50g bar is less than 10mg)


Mental wellbeing

It is natural for some new mothers to experience anxiety and low mood, especially as they adjust to the challenges of caring for a newborn baby. These feelings are often temporary. Seeking support early on from family and friends or a healthcare professional can help manage these feelings. It is important to make sure you have enough time for self-care and that you can do things you enjoy including getting out and about.

Perinatal mental health conditions are those which arise during pregnancy and up to one year after having a baby. These can include a difficulty bonding with the baby, changes in appetite, or impacted sleeping patterns. Perinatal mental health conditions can be experienced differently from woman to woman. Women could also have feelings of hopelessness and start to withdraw from social interactions. Some women may have existing mental health conditions that can be affected by pregnancy or giving birth.

Whatever your situation, it is important that you speak to a GP, midwife, health visitor, and mental health services, so the right support can be put in place for you. For further information, visit www.mind.org.uk

Returning to work or study



You don't need to stop giving your baby breast milk because you are going back to work or study. Here are some tips to make it a bit easier:

Talk to other mothers: Join local breastfeeding or baby groups to discuss experiences by visiting www.isleofwightfamilycentres.org.uk

You can express milk for your baby while you are away. You can still breastfeed your baby when you are not at work. See page 27.

Inform your employer or tutor before going back to work or study: Let them know you are breastfeeding. They have to support you and your baby to stay healthy. For further information, visit maternityaction.org.uk

If your baby is over six months, try mixing your milk with solid foods.

Introducing solid foods

A wonderful milestone that usually happens at six months of age is starting to give your baby solid foods. Every baby is different, but your baby will eventually show signs that they are ready to begin solid food. It's still important to keep breastfeeding while introducing new meals gradually.

Check if your baby can:

- stay in a sitting position with a little support
- hold their head steady
- reach out and grab food and put it in their mouth
- chew and swallow food safely

Visit www.nhs.uk/start-for-life/baby/weaning for further information.

Scan the QR code to sign up for a free introduction to solids workshop: www.isleofwightfamilycentres.org.uk/five-to-thrive-new-parents



National contact

National breastfeeding helpline

In collaboration with Breastfeeding Network (BfN) and the Association of Breastfeeding Mothers (ABM)

English line: **0300 100 0212**

Welsh or Polish line: **0300 100 0212**

(Press 1 for Welsh and 2 for Polish)

Bengali or Sylheti line: **0300 456 2421**

National Childbirth Trust (NCT) helpline

0300 330 0700

Association of Breastfeeding Mothers (ABM) helpline

0300 330 5453

La Leche League (LLL) helpline

0345 120 2918

Breastfeeding Network (BfN)

Drugs in breastmilk information service visit www.breastfeedingnetwork.org.uk/drugs-factsheets

If the information isn't covered in factsheets, contact via Facebook:

www.facebook.com/BreastfeedingNetworkDrugsInBreastmilk

or email: druginformation@breastfeedingnetwork.org.uk

If you have difficulty understanding this document, please contact us on 01983 821000 and we will do our best to help you.