



BREASTFEEDING 101

A GUIDE FOR NEW MOTHERS

by Lola&Lykke



L O L A & L Y K K E ®

Of the many things that make being a new mother challenging, breastfeeding is certainly one of the most testing. And, while yes it is a completely natural and intuitive process - which mothers (both human and animal) have been engaging in for, well, forever - on the other hand, it can be complicated, nerve wracking and upsetting, especially when you're new to it.

So many questions and potential issues are bound to arise, including how to get your baby to latch, nipple pain, breastfeeding logistics and timing, as well as whether or not you should even be breastfeeding in the first place. And, as you can imagine, the experience of breastfeeding differs hugely from mum to mum. But, whatever your fears, difficulties or questions may be, this guide is here to walk you through everything you need to know about breastfeeding.



Contents

The basics of breastfeeding	4
Get ready before baby arrives	
The first 2 weeks with your baby	
How to get a good latch	
How much and how often	
Breastfeeding positions	
Common breastfeeding challenges	10
Mastitis	
Cracked nipples	
Thrush	
Clogged ducts	
Nursing strike	
Baby fussy at breast	
Breastfeeding essentials	13
Breast pumps: Manual vs Electric	
Baby bottles	
Nursing bra	
Nursing pads: Reusable vs disposable	
Pumping and storing	18
Breastfeeding diet	21
Breastfeeding and your mental wellness	23
Breastfeeding stress is real	
How to cope with breastfeeding anxiety and stress	
FAQs	26

The basics of breastfeeding



1. Get ready before baby arrives

Breastfeeding starts with the latch, which can be a little tricky to get right. But getting your baby in the proper position will make the whole thing much more comfortable for you, so it's important to get right. Ideally, your baby's mouth will cover your entire nipple and areola so that he or she can use their tongue, mouth, and lips to massage milk from your milk glands.

We would recommend that you take a breastfeeding class. This will help you to get to grips with the process, provide you with actionable advice to resolve common challenges, and give you invaluable confidence.

Once you have learned about the basics, prepare everything in advance, so that you will be ready to breastfeed when your baby arrives. For example, colostrum harvesting is a great way to develop a mother's confidence, while also producing colostrum, which will be a huge help if your baby is having difficulty feeding.

And finally, to give you a sense of security and preparedness, we would recommend adding details about breastfeeding to your birth plan. There are a number of people that you may want to discuss breastfeeding with, such as your doctor, birth team and your partner. By expressing your wish to breastfeed before the baby arrives, this support team will be able to advocate for your needs, ensuring that you have everything in place to be able to start breastfeeding immediately.

2. The first 2 weeks with your baby

The first few weeks of motherhood are, at once, the most beautiful and the most nerve-wracking time imaginable.

Many mums feel huge anxieties revolving around breastfeeding. We often see mums fearful that their ability to breastfeed is somehow tied to their worth as a mother. While we completely understand this feeling, it is in no way accurate.

So, first and foremost, we would like to give new mums this most important piece of advice: be kind to yourself.

If breastfeeding is simply not for you, that's completely fine. It's perfectly all right to substitute with formula, right from the get-go. Remember, your wellbeing is just as important as your baby's. And taking care of your own health will also directly benefit the care that your baby receives. After all, there's a reason that Giovanna Fletcher's mantra 'Happy Mum, Happy Baby' concept is so popular.

Beyond that, the basic rules that we would recommend following are:

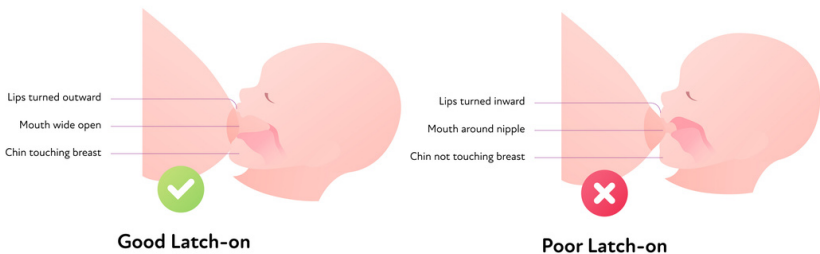
- **For days 1 and 2** - focus on recovering from the birth, while learning how to latch properly. During this time, you'll also start to understand your baby's different hunger cues.
- **For days 3 and 4** - breastfeed frequently, in order to relieve breast engorgement (caused by the increased milk production). At this stage, if you're struggling to produce milk, or if you see signs of increased jaundice or weight loss in your baby, consult your doctor.
- **For day 5** - at this stage, you can expect to see changes in your breasts and your baby's bowel movements.
- **For days 6 to 10** - continue to monitor the growth of your baby, how regularly they follow the eat-sleep-wake pattern, and the consistency, frequency and colouration of their excrement.
- **For days 11 to 14** - it is common for babies to experience a growth spurt at this stage, so you can expect to see an increase in breastfeeding. At the same time, be sure to take care of your own wellbeing, too.

Although this is the typical feeding pattern of a newborn, this is by no means gospel. If your baby's feeding patterns are different, that's absolutely fine - just remain flexible, and monitor your baby's weight and nappies carefully, to ensure that they are happy and healthy.

The first two weeks are both the most emotionally challenging and the most important time for establishing a milk supply. With these steps, you'll have a greater understanding of the different stages that you can expect to see (and how best to prepare for them!).

3. How to get a good latch

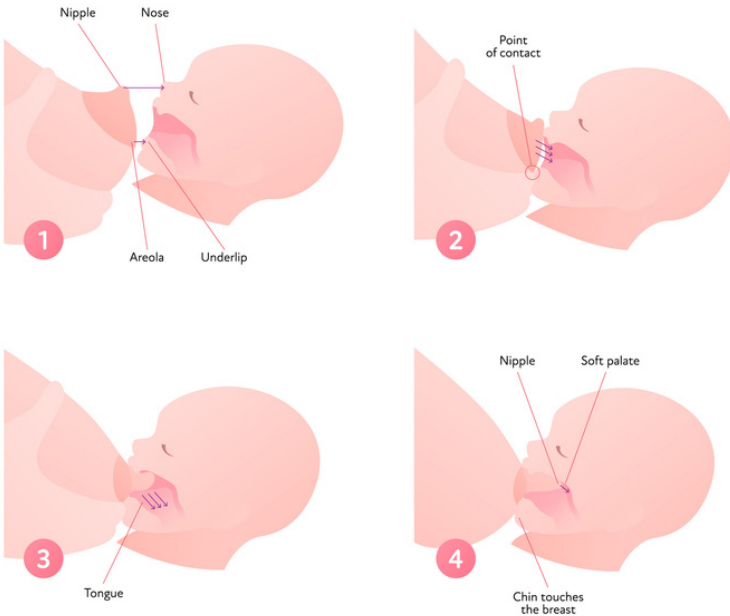
Breastfeeding starts with the latch, which can be a little tricky to get right. But getting your baby in the proper position will make the whole thing much more comfortable for you, so it's important to get right. Ideally, your baby's mouth will cover your entire nipple and areola so that he or she can use their tongue, mouth, and lips to massage milk from your milk glands.



Here are the steps you should take to get a good latch:

- Hold your baby in front of your breasts, tummy to tummy with you, with their head straight-on, aligned with the rest of their body.
- Encourage your baby to open their mouth wide by tickling their lips with your nipple. If they're not responding, you can squeeze a bit of your breast milk onto their lips.
- If your baby turns away from your breast, you can stroke the cheek on the side of theirs that is closest to you to get them to reflexively turn back toward you.

- When baby’s about to latch, their nose should be facing your nipple, this way baby will naturally tip their head back a little and you will get a wider latch.
- Once your baby’s mouth is wide open, bring them to your breast, allowing them to take the lead in grasping onto you.
- At this point, you’ll be able to tell if you have a proper latch when your baby’s lips are flared out and chin and nose are touching your breast. You may have to pull down their lower lip to prevent your baby from sucking on its own mouth.
- Make sure your baby is suckling by looking for a strong rhythmic steady pattern of sucking, swallowing, and breathing, with motion visible in the baby’s cheek, jaw, and ear. A proper suckle sounds like swallowing and gulping, and clicking noises can indicate that the latch is not correct.
- If the latch is off, you can break the suction and start the process again. As mentioned above, it can take a few tries to get this right, which is perfectly normal. Just be patient and try again.



4. How much and how often

When you are new to breastfeeding, the sessions might feel quite long, but it's important that your baby can take their time. Most sessions will last between 20 - 30 minutes on average. You should keep your baby on one breast until it drains fully, as your hindmilk is rich in fat and calories. Only after one breast is drained should you offer the second. You can follow your baby's lead in being able to tell when to finish up, either as they let go completely or slow down the suck-swallow rhythm. A lot of the time, your baby will fall asleep after feeding.

Generally speaking, a newborn should feed **8 - 12 times per day**, which breaks down to you nursing about **every 3 - 4 hours including the night**. At the very beginning, your baby may not have their appetite yet, so you might have to initiate feedings for the first few days. After that, you can follow your baby's lead, feeding them when they show signs of being hungry, such as:

- Nuzzling your breasts
- Sucking on their hands, lips, or tongue
- Opening their mouth
- Making lip-smacking sounds
- Crying in a low-pitched wail

Don't forget that every baby is individual, and all of these are just general guidelines. You will get to know your own baby over time, learning his or her unique needs and patterns.



5. Breastfeeding positions

Some mums find that the following positions are helpful ways to get comfortable and support their babies while breastfeeding. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support. You can try out each one until you find the one that you and your newborn prefer.

CRADLE HOLD

Your baby's head rests in the bend of your elbow on the side you're breastfeeding on, with that same side's hand supporting the baby's body. Use your opposite hand to hold your breast and point your nipple toward your baby.



CROSSOVER HOLD

Like the cradle hold, but you hold your baby's head with the hand opposite to the breast you're nursing from.



CLUTCH OR "FOOTBALL" HOLD

This is useful if you have had a C-section, or if you have large breasts, flat or inverted nipples, or a strong let-down reflex. This hold is also helpful for babies who like to be in a more upright position when they feed. On the side you are nursing from, tuck your baby's legs under your arm. Use your other hand to cup your breast.



LAID-BACK HOLD

A more relaxed, baby-led approach. Lean back on a couch or bed with pillows supporting you. Place your baby lying on your chest, belly to belly, with their cheek on your breast.



SIDE-LYING POSITION

This position is also useful if you have had a C-section, but also allows you to rest while the baby breastfeeds. Lie on your side with a pillow under your head. Place your baby facing you, with their head in line with your nipple.



Common breastfeeding challenges

Like so many other realms of motherhood, breastfeeding may lead to all sorts of different types of problems, which are mostly rather easy to troubleshoot. Here are a few issues you may come across.

MASTITIS

Mastitis is an infection that involves inflammation of the breast tissue, which can happen when the breast doesn't drain sufficiently. Bacteria from your skin or baby's mouth can get in through your nipple or milk duct, leaving you with a sore breast and flu-like symptoms such as fever and fatigue. If you have these symptoms, you will want to immediately call your healthcare provider, who will diagnose you and probably prescribe oral antibiotics. While there is not too much you can do to prevent this, taking care of your immune system by getting enough sleep and eating a healthy diet can help protect you from infection in general.



CRACKED NIPPLES

Unfortunately, nipple pain from sore and cracked nipples is a pretty common part of breastfeeding. However, it can be made worse by improper latching or positioning, so double-check that your baby is latching onto both your nipple and areola. To ease nipple pain, you can use a variety of products like lanolin oil, cool nipple pads, and various creams.

THRUSH

Thrush, also called candida or a yeast infection, can occur in your baby's mouth or in your breasts. Symptoms include pink, burning, and crusty nipples as well as sharp, shooting pain in the breast upon latching. Treatment is fairly straightforward, involving antifungal medication creams. Though this is also sometimes unavoidable, washing your hands and consuming probiotics can help.

CLOGGED DUCTS

When milk gets obstructed in a milk duct, you can get a painful red lump on your nipple. Massages, warm showers, and warm compresses can relieve pain, but the only solution to make it go away is to keep breastfeeding. The milk flow will eventually unclog the duct.

BABY FUSSY AT BREAST

It is by no means uncommon for babies to be fussy during feeds. Fussiness is particularly common amongst babies who are around 6-8 weeks old, but equally it can occur at any age, often without any cause for concern.

There could be a number of reasons for fussiness at the breast. If the baby is going through a growth spurt, then fussiness is often exhibited. Equally, if the baby is distracted by their surroundings, particularly if they are going through a phase of development, then nursing can be repeatedly interrupted.





NURSING STRIKE

Nursing strike is when a baby suddenly, and abruptly, stops breastfeeding. They will refuse the milk, or to latch onto the breast altogether.

Remember, nursing strike is not a case of the baby pulling away or getting distracted mid-feed. Instead, it is a complete refusal to feed altogether.

But how do you tell the difference between nursing strike and self-weaning? Well, if your baby is still young, and they are showing signs of general distress, this tells you that they are not self-weaning. It is very rare for babies under 2 years to self-wean. And, you'll probably see your baby show signs of fussiness and general unhappiness, which is being caused by the fact that they aren't nursing.

It is very rare for nursing strike to occur before the child is 3 months old. It can be caused by a wide range of different factors, both emotional and physical. These include, for example, teething, overstimulation in their surroundings, feeling frustrated about a low milk supply or a fast milk flow, or generally anything that would make feeding uncomfortable (such as an earache, an ulcer or hand, foot and mouth disease).

Nursing strikes can be frustrating for both you and your baby and can be caused by a variety of physical or emotional circumstances. But a nursing strike is usually temporary, and it doesn't mean that your breastfeeding journey is ending. After a few days (or even weeks) and with a little extra coaxing and support, you and your baby will likely be back to nursing like normal!

Breastfeeding essentials

While it is beautiful and incredibly moving, in practice, breastfeeding definitely has its challenges. Thankfully, modern developments have created a huge range of products to support mums during breastfeeding, making the process more manageable across the board.

There is a wide variety of breastfeeding items out there, and we highly recommend that you do a bit of exploring before the baby arrives. This way, you can find the products that would provide the best help for you personally.

Breast pumps: Manual vs Electric

Breast pumps are a fantastic helping hand for new mums who are busy, struggle with unaided breastfeeding, or simply want to spend less time feeding.

Breast pumps are available in a range of different types, each one offering their own unique pros and cons. The most common types of breast pumps are manual, electric and double electric.

Manual breast pumps are small enough to be used subtly while you're out and about. Their small size also makes them ideal for a mum who only needs to feed occasionally. Although they require more time than electric options, manual pumps allow mums to fully control the way that their milk is expressed, managing things like pump speed and suction.

Single electric breast pumps allow mums to quickly express milk from a single breast. Electric breast pumps are available in a wide range of different options, sizes and styles, so look for the option that best suits you. Electric pumps are a great way to help mums both speed up and increase their lactation.

Lola&Lykke®
Smart Electric Breast Pump

Lightweight, silent, portable pump with USB charger – perfect for mums on the go. Smart touch screen technology with streamlined design builds in a super-convenient pumping experience. The digital display features a memory button and timer for easy tracking and recording of pumping sessions.

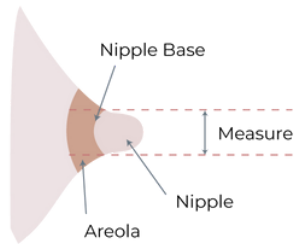
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Double electric breast pumps operate in the same way as single electric breast pumps, but feature two pumps, one for each breast. This makes double electric breast pumps even more time-saving. But, the two pumps are less subtle than the other options, which can make some mums feel uncomfortable.

Breast shields are the area of the breast pump that attaches to the nipple. In order to maximise the benefits of using a breast pump, you'll need to find the breast shield size that fits you best.

To do this, we recommend measuring the diameter of your nipple (not including the areola). Then, you can use this measurement to find the right breast shield size for you. You can use converter tables to help you find the corresponding size - note that your breast shield will be slightly larger than the nipple itself, to allow the optimum range for fitting and suction.



Measure the diameter of your nipple at the base in mm

Baby bottles

Baby bottles are available in a wide range of different sizes and designs, and while no one model has 'officially' been named the best, you'll probably find that one option is the best fit for you personally.

Alongside the bottle itself, you'll also need to buy a range of accompanying equipment, including a bottle brush, sterilising equipment and different teats.

Teats come in different sizes, to provide the right milk speed for the baby's age:

- A **slow flow teat** is designed for babies aged **0-3 months**
- A **medium flow teat** is for **3-6 month old babies**
- And a **fast flow teat** is for babies aged **6 months to 1 year**

Once you have got all your equipment together, there are a few key bottle-feeding points to be aware of.

Firstly, and most importantly, don't ever leave your baby alone with a bottle that has been propped up, as this is a serious choking hazard.

Secondly, if you are using formula to bottle feed, you will need to start by using first milk infant formula. This formula is designed for infants, and can be used right up until their first birthday.

And finally, let your baby guide the feed. As you would with breastfeeding, allow your baby to determine the length of the feed and how much milk they would like to drink.

Lola&Lykke® NaturalFlow baby bottle

This bottle offers your baby a natural way to bottle feed. The ergonomic design and non-collapsible teats with an anti-colic valve mimic the natural feeling of the breast for a better latch.

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Nursing pads: Reusable vs disposable

It's extremely common for new mums to experience leaking. This is when little spots of breast milk seep through unexpectedly, appearing as two little damp spots on your clothes. If this is something that happens to you regularly, then it's well worth investing in nursing pads.

Nursing pads are designed to be placed over the breast so that, if leaking does occur, the pads will soak up the excess milk. They can be used throughout the breastfeeding period, either applied when you leave the house, or kept in your bag as spare pads, in case you feel your breasts start to leak.

The two most common types of nursing pads are reusable and disposable. As the name suggests, reusable nursing pads are designed to be washed and reused, while the disposable ones are only suitable for single-use.

Disposable nursing pads contain an adhesive strip, making them quick, easy and convenient to apply. However, although they are super handy, they aren't great for the environment, and need to be discarded after use.

Reusable nursing pads are ideally suited for mums that have reached a well-established milk supply (because, at this point, leaking is less common). These pads are discreet, affordable, and made of soft and comfortable fabric. But, the obvious downsides are that they are less convenient to apply, and need to be washed after use.

Lola&Lykke® Curved bamboo nursing pads

Waterproof, absorbent and leakproof. These unique curved nursing pads match mum's silhouette perfectly for optimal comfort. Machine washable and reusable.



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4. Nursing bra

Nursing bras are a simple yet incredibly effective aid to breastfeeding. They look just like a normal bra - offering the same level of comfort and support - but contain flaps within the bra cups. When opened, the nipple can be exposed and the mum can breastfeed, without needing to remove the bra.

Nursing bras are a great investment for mums with larger breasts, who would feel more comfortable having their breasts supported throughout the day. These bras are extremely convenient, especially when you're taking your little one out for the day.

In addition, nursing bras are also ideally suited for use in conjunction with a breast pump, for hands-free pumping. The nursing bra will support the breast and keep it in position, and the pump can be applied easily, without requiring you to hold your breast the entire time!



Pumping and storing

One important part of breastfeeding that many people forget to prepare for is pumping, which has many benefits including giving you a break from breastfeeding, maintaining your milk supply, relieving breast engorgement, and allowing you to create a back-up stash of breastmilk for when you might need it. Check out the [Lola&Lykke Smart Electric Breast Pump](#), a modern smart pump that allows you to pump on your own terms.



While some babies go back and forth from breastfeeding to bottle feeding from the very beginning, many mothers prefer to establish a breastfeeding routine before starting to use the bottle. You will usually find that by 6 weeks in, your routine will be well-established, and you will have enough time between feedings to use electric breast pumps. If you're on maternity leave and going back to work, it's a good idea to create a stash of breast milk storage by starting to pump a few weeks ahead of time.

You can pump whenever it's convenient for you, though morning is a great time as that is when your breasts are at their fullest. If you use a single electric breast pump, you can even pump one breast while your baby nurses on the other. A portable electric breast pump will also allow you to pump whenever you like. Many mothers bring these to work with them so they can pump throughout the day.

When you pump, try to relax and get comfortable. Encourage letdown by massaging, leaning over, or using a warm compress. Like with your baby, focus on getting a good seal on your nipple and areola with the pump flange. 20 - 30 minutes on the pump is usually enough time to feel well-drained.





STORING

Once you pump, you will have to find a place to store your milk. You can use plastic bags and bottles, though it may be more convenient to choose an electric pump that allows you to *pump directly into a milk bag*. You will want to freeze your milk in batches of up to 150ml for easy thawing. Label each bag with the date so you don't keep it for more than 6 months.

AFTER EACH PUMPING

- Label the date on the storage container.
- Gently swirl the container to mix the cream part of the breast milk that may rise to the top back into the rest of the milk. Shaking the milk is not recommended — this can cause some of the milk's valuable parts to break down.
- Refrigerate or chill milk right after it is expressed. You can put it in the refrigerator, place it in a cooler or insulated cooler pack, or freeze it in small (60 – 120ml) batches for later feedings.

TIPS FOR FREEZING MILK

- Wait to tighten bottle caps or lids until the milk is completely frozen.
- Try to leave an inch or so from the milk to the top of the container because it will expand when freezing.
- Store milk in the back of the freezer — not on the shelf in the freezer door.



TIPS FOR THAWING AND WARMING UP MILK

- Clearly label milk containers with the date it was expressed. Use the oldest stored milk first.
- Breastmilk does not necessarily need to be warmed. Some mums prefer to take the chill off and serve at room temperature. Some mums serve it cold.
- Thaw frozen milk in the refrigerator overnight, by holding the bottle or frozen bag of milk under warm running water or setting it in a container of warm water.
- Never put a bottle or bag of breastmilk in the microwave. Microwaving creates hotspots that could burn your baby and damage the milk.
- Swirl the milk and test the temperature by dropping some on your wrist. It should be comfortably warm.
- Use thawed breast milk within 24 hours. Do not refreeze thawed breastmilk.

Lola&Lykke® Breast milk storage bags

The Lola&Lykke milk bags are pre-sterilised, leak-proof and ready to use. The bags are designed to lay flat for fast freezing and thawing to protect breast milk vitamins and nutrients.

Easy to pump to and feed directly from milk bags using Lola&Lykke Smart Electric Breast Pump

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Breastfeeding diet

You will be happy to hear that your breastfeeding diet is in many ways similar to your pregnancy diet, with much more relaxed rules.

Your body generally burns around 300 - 500 extra calories a day while you're breastfeeding depending on whether you're nursing exclusively or not (if you are, it's typically up to 450 - 500). If you are worried about eating enough calories to meet your baby's needs, don't be. It is actually not that much more than you would typically eat, and just 1 or 2 extra servings at a couple of your meals will be plenty to get you there.

Eating well when you're nursing means getting a **variety of nutritious foods**. And since a varied diet changes the taste and smell of your milk, it will expose your baby to many different flavors (so the carrots, Thai or salsa you're eating today may have your baby reaching for those foods in the future). In fact, expanding your little one's culinary horizons well before she starts solids might even minimize the potential for pickiness.





While breastfeeding, be sure to get the following key nutrients into your diet:

- Vitamin A
- Vitamins B1, B2, B6, B12
- Vitamin C
- Vitamin D
- Selenium
- Iodine
- Calcium
- Folate
- Iron
- Copper
- Zinc

Most of these nutrients are plentiful in a lot of common (and delicious) foods that you probably already eat. Here are some of the best foods to eat while breastfeeding.

- **Fruit:** Apples, bananas, blueberries, oranges, strawberries, tomato, avocado, apricot
- **Vegetables:** Kale, spinach, onions, garlic, carrot, cucumber, asparagus, bell peppers, broccoli, cauliflower, potatoes, sweet potatoes
- **Legumes:** Beans, lentils, chickpeas
- **Nuts and seeds:** Almonds, chia seeds, walnuts, macadamia nuts, coconut, pumpkin seeds, peanuts, flaxseed, brazil nuts
- **Grains:** Brown rice, oats, quinoa
- **Healthy fats:** Coconut oil, olive oil, cod liver oil, avocado oil, chia seeds, flaxseeds
- **Animal products:** Eggs, lean meat, oily fish, milk, yoghurt, cheese, liver, shellfish, crab, shrimp, oysters

Aim to **drink more water than usual** a day, at least 3.75 liters of water together with fluids from other sources (fruits, vegetables, etc.). Of course, your particular water needs are going to be unique to you, based on your activity level, where you live, and other factors, so try to keep track of how you feel.

If you feel fatigued, headache-y, faint, or - of course - thirsty, use that as a cue to drink some water. It is also a good idea to monitor your urine. If it is a medium or dark yellow, that is a definite sign that you are dehydrated. To help remind yourself to hydrate, consider drinking a glass of water along with each breastfeeding session.

Breastfeeding and your mental wellness

When it comes to breastfeeding, there is no one 'correct' response. While some mums have a blissful, seemingly angelic experience of breastfeeding, for others, it can evoke a range of negative and distressing emotions.

Either end of the spectrum, and every emotion in between, are perfectly normal. So, whatever you do, don't feel guilty or shameful about how you are feeling. And remember, if you ever feel like breastfeeding is damaging your mental wellbeing, seek support from a specialist.

1. Breastfeeding stress is real

Throughout our lives, we experience stress as a natural reaction to situations that are unfamiliar or nerve wracking.

It is by no means uncommon for new mums to experience breastfeeding stress. In fact, breastfeeding stress can arise in a wide range of different forms. These include (but aren't limited to):

- A painful childbirth
- Pain when breastfeeding
- Feeling self-conscious or anxious about breastfeeding in public
- Struggles with confidence about breastfeeding
- Experiencing early breastfeeding difficulties
- Exhaustion
- Fluctuations in your hormone levels
- High waves of negative emotions - Dysphoric Milk Ejection Reflex (DMER) causes a woman to feel a sudden and significant drop in their emotions, just before they express milk. Although the feeling only lasts for a couple of minutes, many mums can find it a highly distressing experience.
- Anxieties about breast milk (for example, whether you're producing too much or not enough, or whether it is nutritious enough)
- Tensions within your relationship or with other family members
- Social media (and the 'perfect' image that it conveys)

If you're experiencing one or several of these symptoms, don't feel like you're alone. It is perfectly natural to experience stress during breastfeeding and, although it can be upsetting and anxiety-inducing, these feelings are completely normal.

Equally, if you don't feel comfortable or happy breastfeeding, don't force yourself to do so. If breastfeeding is not for you, that's ok too.



2. How to cope with breastfeeding anxiety and stress

While a certain level of stress is to be expected - and, to an extent, unavoidable - it is important to recognise when breastfeeding stress has reached a point where you need to do something about it.

Your mental health matters, and no mum should ever have to suffer in silence. If you are finding things difficult and you need some support, you can get help from your friends and family, your doctor, nurse or therapist, and virtual support groups for new mums, such as [Samaritans](#), [Mind](#), [Family Action](#), [The Association for Postnatal Illness](#), and the [PANDAS Foundation](#).

Alongside this, when you feel like breastfeeding stress is starting to consume your day, try out a few of the following healthy ways to cope with stress:

- **Take care of yourself** - don't neglect your own health and wellbeing. Ensure that you are eating well, that you try to get a good night's sleep (when possible!), don't depend on alcohol as a coping mechanism, and that you still make time for doing the things that you enjoy.
- **Find an exercise that you enjoy** - exercise releases endorphins, making it a great natural mood booster. Plus, an exercise session gives you the chance to clear your head and get some fresh air. For the first few months after birth, stick to light exercise, such as walking, yoga or a gentle swim.
- **Embrace mindfulness and meditation** - even if it's just 5 minutes a day, taking a moment to pause, reflect, unwind and reconnect with your brain will keep you feeling strong and peaceful. The beauty of meditation is that there is no 'right' or 'wrong' way. You could even simply reflect in a quiet place that makes you feel happy.
- **Try journaling** - in the same way as meditation, journaling is a great way to pause and check in with your brain. And your journal entries could be as short, long, scripted or bullet-pointed as you like, it's entirely up to you.
- **If you face a distressing situation, walk away** - if you find yourself in an uncomfortable position or a heated argument (either connected to parenting or just in your daily life) don't be afraid to just walk away. By doing this, you'll find that you feel a weight lift off your shoulders.
- **Keep talking to people who you trust and feel supported by** - there's a huge number of support networks out there to help new mums. If you ever feel like you're struggling, reach out to someone you feel comfortable talking to.

FAQs

1. How do I transition from breastfeeding to bottle feeding?

Choosing the right equipment, like bottles and nipples, can help you transition to a bottle. You may have to try a few options to find one your baby responds to. Watch your baby's body and actions to see what he or she likes or dislikes. Keep in mind that you might want to switch who feeds your little one. If your child recognizes your scent, he or she might decline a bottle. Have your partner or other family member give it a try.

Lastly, remember that this may take time, and with a little patience, your baby will grow accustomed to a bottle. If you feel wary or emotionally torn about bottle feeding, don't feel pressured to do so. Take your time with the transition. Weaning suddenly can be physically painful for you and emotionally hard on you and your baby.

2. Can I breastfeed if my breasts are too small?

Size and shape of breasts do not affect ability to breastfeed and have nothing to do with how much milk a woman makes. This includes women with large areolas (the area around the nipple), flat nipples, and even women who have had breast surgery. (Note: If you have had a massive breast reduction, milk ducts and glands might have been removed, which means you may make less milk.)

3. How long should I breastfeed?

Many leading health organisations recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first six months. This means that babies are not given any foods or liquids other than breastmilk for the first six months. But if for some reason you breastfeed for a shorter length of time, this is still very beneficial both for you and your baby.

4. How long should feedings be?

There is no set time for feedings. They may be 15 to 20 minutes per breast. They may be shorter or longer. Your baby will let you know when he or she is finished feeding. If you worry that your baby is not getting enough milk, talk to your baby's doctor.

5. How do I know my baby's getting enough milk?

This is an incredibly common anxiety, which almost all mums have felt at one time or another. After all, there is no internal measuring jug, or clear-cut answer to this question. All babies are different, and at different stages of development - even from day to day - they will take in different volumes of milk.

If this is a fear that you just can't shake off, then the best thing that you can do is keep an eye out for any of the following signs:

- Baby has low energy and often seems sleepy and lethargic
- Baby sleeps for four or more hours at a time
- Baby takes too little time during feedings
- Baby falls asleep shortly after beginning to feed
- Baby takes too much time during feedings - around 30 to 40 minutes or alternatively just 5 to 10 minutes
- Baby doesn't latch well
- Baby hasn't regained their birth weight by two weeks
- Baby's weight gain is slower than approximately 150-250g per week
- Baby is not having enough bowel movements (three to four a day by four days old)
- Baby's urine is not pale
- You see reddish-brown "brick dust" in baby's diaper

If you notice any of the above, then contact your doctor and ask for their advice.

6. My baby is eating all the time! Is this normal?

You may notice that your baby is going through a period where they're drinking much higher quantities of milk than what you're used to.

This is called cluster feeding, and it is fuelled by a rapid growth spurt, which is very common during a baby's first year. It's key to stress that you do not need to worry, this is absolutely normal.

The best thing that you can do is to keep an eye on your baby when they are breastfeeding, as they will normally simply stop on their own once they've had enough. Or, if your baby is still latching, but their suck has weakened after the initial feed, then this tells you that they are full.

7. Can I breastfeed right after a C-section?

We often hear false rumours that mums can't breastfeed after a Caesarean, but this is absolutely untrue. It is perfectly safe for mums to breastfeed after a C-section.

In most cases, you'll be able to breastfeed almost immediately. The only scenarios where you may have to delay breastfeeding for an hour or so is if you have to be put under general anaesthetic, or if your baby is placed in a humidicrib after the birth. But don't worry, an hour's delay shouldn't affect your milk supply or ability to breastfeed.

8. Can I still breastfeed if I had or currently have COVID?

Yes, don't worry, COVID-19 has not been identified in breast milk. As a result, if you either had or currently have coronavirus, then you can still breastfeed safely.

But, you will need to be aware of the risk of transferring the virus to your child through the air. COVID-19 is spread through sneezing, coughing and talking, through air droplets. So, if you do test positive for COVID-19, then we would recommend that you speak to your doctor. They may suggest that you feed your baby expressed breast milk, through a bottle. If they recommend that you continue breastfeeding, then follow these steps to minimise the risk of your baby catching the virus:

- Wash your hands thoroughly, particularly just before you start breastfeeding, or before you touch the breast pump or feeding bottle.
- Ask someone you know, who does not have COVID, to bottle feed your baby for you.
- Wear a mask while you are breastfeeding.
- Clean all bottles or breast pumps thoroughly after use.
- If you need to sneeze or cough, do so into a tissue, and then discard the tissue immediately.