HEALTH BASICS

Breast-feeding

Breast-feeding is giving a baby human milk directly from the breast.

WHAT IT IS
Feeding a baby human milk directly from the breast

WHERE IT COMES UP
After birth, during infant feeding and postpartum care

WHY IT MATTERS
Supports infant nutrition, immunity, and parent health

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Midwife, paediatric clinician, or lactation specialist

HOW IT IS CHECKED
Feeding observation, diaper records, and infant weight checks

Overview

Breast-feeding means feeding a baby human milk directly from the breast. Expressed breast milk can also be given by bottle, cup, syringe, or feeding tube.

The first milk made after birth is called colostrum . It is usually thick and produced in small amounts. Colostrum contains concentrated nutrients and immune proteins. Over the next several days, milk production normally increases and the milk gradually changes.

Breast-feeding is not a disease, diagnosis, or test. It is one way to feed a baby. Some families use only breast milk, while others combine it with infant formula or use formula alone. Health conditions, milk production, medication use, work, comfort, and personal preference can all affect this decision.

The World Health Organization and the American Academy of Pediatrics recommend exclusive breast-feeding for about the first six months when possible. They support continuing alongside suitable solid foods for two years or longer if the parent and child wish. Recommendations may differ between countries, and they do not make breast-feeding possible or right for every family.

How it works

During pregnancy, hormones prepare the breasts to make milk. After the placenta is delivered, changing hormone levels allow milk production to increase.

Two hormones have important roles:

A baby's sucking, or milk removal by a pump or hand expression, signals the body to keep producing milk. Frequent and effective milk removal usually helps establish supply. Long gaps or poor milk transfer may reduce that signal.

A baby needs to attach, or latch , deeply enough to draw milk effectively. You may notice rhythmic sucking and swallowing once milk is flowing. Feeding should not repeatedly pinch or damage the nipple. Brief tenderness can occur early on, but severe or continuing pain deserves assessment.

Newborns often feed frequently and may have periods of cluster feeding , when several feeds occur close together. This pattern alone does not prove that milk supply is low.

There is no routine test of breast milk "quality." Clinicians assess feeding by looking at the whole picture. This can include watching a feed, examining the baby's mouth, reviewing wet and dirty diapers, and checking weight. A measured feed, with the baby weighed before and after nursing, is sometimes used but gives information about only that particular feed.

- Prolactin supports milk production
- Oxytocin causes milk to flow through the breast toward the nipple

Why it matters for your health

Human milk provides energy, protein, fat, vitamins, minerals, and immune components. Breast-fed infants have lower rates of some infections, including certain stomach, respiratory, and ear infections. Breast-feeding is also associated with a lower risk of sudden infant death syndrome.

For the lactating parent, breast-feeding helps the uterus contract after birth. Longer lifetime breast-feeding is associated with lower rates of breast cancer, ovarian cancer, type 2 diabetes, and high blood pressure. These are population-level associations, not guarantees for an individual.

Breast milk does not always provide enough of every nutrient on its own. Breast-fed babies commonly need vitamin D supplementation, although the recommended product and amount should come from the baby's clinician or local health service. Premature babies and babies with certain medical needs may require additional nutrients.

Breast-feeding can also affect sleep, work, medication decisions, and emotional wellbeing. Difficulty feeding can be exhausting or distressing. Support should focus on both adequate infant nutrition and the parent's health, rather than treating one feeding method as a measure of parenting.

What can go wrong

Problems usually relate to milk production, milk transfer, breast inflammation, or an underlying condition affecting the parent or baby.

Poor milk transfer means the baby is not taking in enough milk during feeds. Possible reasons include a shallow latch, sleepiness, prematurity, jaundice, illness, or differences in the baby's mouth or tongue movement. Low intake can contribute to dehydration, excess weight loss, low blood sugar, or worsening jaundice.

Delayed or low milk production can be linked to ineffective milk removal, retained placental tissue, heavy bleeding after birth, hormonal conditions, previous breast surgery, or some medicines. Perceived low supply is also common even when intake is adequate, so assessment is more useful than judging supply by breast fullness or pump output alone.

Engorgement is painful breast fullness caused by milk, increased blood flow, and tissue swelling. It often develops as milk production rises.

Nipple trauma can include cracks, bleeding, or blisters. A shallow latch, pump settings, skin conditions, or infection may contribute.

Mastitis is inflammation in the breast. It may cause a tender, swollen, or red area, sometimes with fever and flu-like feelings. Some cases are not bacterial, but bacterial mastitis may need antibiotics like amoxicillin or doxycycline . An abscess is a pocket of infected fluid that may require imaging and drainage.

Seek routine or prompt feeding support if feeds are consistently painful, the baby struggles to stay attached, you are concerned about milk intake, or a breast lump does not improve.

Seek urgent medical advice if the baby is unusually difficult to wake, feeds very poorly, has much less urine than expected, develops increasing yellow skin or eyes, or is not gaining weight as expected. A fever in a young infant requires urgent assessment.

Get urgent help for severe breast pain with fever or rapidly worsening redness, pus, or signs of serious illness. Call emergency services for breathing difficulty, blue or grey skin, collapse, severe confusion, or an unresponsive baby or parent.

What you can do

There is no test you need simply because you are breast-feeding. Practical monitoring and skilled observation are usually more helpful.

Actions you can take include:

Do not stop a prescribed medicine without advice. Many medicines can be used while breast-feeding, while others need a different drug, timing plan, or closer infant monitoring. The National Library of Medicine's LactMed database provides evidence-based information for healthcare professionals and the public.

If the breast becomes inflamed, avoid forceful or deep massage. Repeatedly pumping to "empty" the breast can increase milk production and swelling. Gentle handling, normal feeding according to the baby's needs, and prompt assessment if symptoms worsen are safer approaches.

If a supplement is medically needed or chosen, ask how to protect milk production if that is your goal. Expressing milk when a bottle replaces a feed may help maintain the milk-removal signal. However, making sure the baby receives enough nutrition takes priority.

- Ask for a complete feeding observation if nursing hurts or feels ineffective
- Keep a short record of feeds and wet and dirty diapers early on
- Attend recommended newborn weight and jaundice checks
- Ask whether your baby needs vitamin D or other supplements
- Request pump-flange fitting help if pumping causes pain or injury
- Check medicines with a pharmacist, prescribing clinician, or lactation service

Common questions

How can I tell whether my baby is getting enough milk?

Swallowing during feeds, expected wet and dirty diapers, alert periods, and appropriate weight change are useful signs. Pump output is not a reliable measure of everything a baby can remove. If you are uncertain, arrange a weight check and feeding assessment.

Is breast-feeding supposed to hurt?

Some early sensitivity can occur, but severe, worsening, or persistent pain is not something you must accept. Ask for the latch, nipple, breast, and baby's mouth to be assessed.

Can I combine breast milk and formula?

Yes. Combination feeding is a valid option. Formula feeds may reduce breast stimulation, so expressing at those times can help if maintaining supply is important to you.

Can I breast-feed while taking medicine?

Often, yes, but the answer is medicine-specific. The dose, how the medicine enters milk, the baby's age, and the baby's health all matter. Ask a pharmacist or prescribing clinician to check the exact product.

Does breast size determine milk supply?

No. Breast size mainly reflects fatty tissue, not milk-making capacity. Previous surgery, hormone conditions, and how effectively milk is removed are more relevant.

What if breast-feeding is affecting my mental health?

Tell a midwife, primary care clinician, health visitor, or perinatal mental health service. A feeding plan can include direct nursing, expressing, formula, or a combination. Your wellbeing matters alongside your baby's nutrition.

Sources

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