



University  
Hospitals Sussex  
NHS Foundation Trust

# Helping your breastfed baby to get all the milk they need

Breastmilk and your baby

Patient information

Milk supply is established and increased by regular and effective milk removal. **Steps 1-8 are for EVERY mother/parent and baby. Steps 9-15 MAY be advised and if so, circled by your feeding specialist, midwife or maternity support worker.**

## Feeding your baby

- 1. Be sure your baby is latched on well.** Good attachment at the breast is key to good effective milk removal. Signs of good attachment include: wide gape, chin indenting the breast, head slightly tipped back. Feeding is more effective when your baby is positioned facing the breast with its head, neck and body in line, is in close contact with mum and well supported. Feeding should be comfortable, seek skilled support if discomfort continues.

**Be sure that baby is actively swallowing** and you should be able to hear or see this. Look for deep, rhythmical, jaw dropping movements, with pauses, that are sustained for a period of time. This is more noticeable after your milk has 'come in' around day 4.

- 2. Feed frequently** Your baby will usually feed 8 – 12 times in twenty four hours, after the first 24 hours. The more often the breasts are stimulated, and milk removed, the more milk they will make. **Follow baby's feeding cues**, which include tongue darting, lip smacking, hand sucking, head bobbing and do not try to schedule feedings. **FEED RESPONSIVELY – RESPONDING TO YOU AND YOUR BABY'S NEEDS.** Crying is a late hunger cue.

3. **Offer both breasts at each feed** this will ensure that your baby gets all the milk available and that both breasts are stimulated frequently. Allow your baby to indicate they are finished on the first breast, and then offer the other breast.
4. **Keep your breast/chest the happy place.** Try to reduce stress levels. If trying to latch becomes stressful, **stop and reset!** Have a cuddle, walk and rock your baby or give them to someone else when possible if you need to breathe and relax. Remember your body needs oxytocin for the milk to flow.
5. **Sucking needs to be at the breast,** where your baby will be getting food and stimulating your breasts to make milk. Try and avoid using a dummy in the first 6 weeks as it could result in missed feeding cues and feeding opportunities.
6. **Skin-to-skin is always valuable and helps support breastfeeding.** It stimulates your baby's neonatal feeding reflexes. It increases your oxytocin and is an opportunity for you and your baby to connect. It is your baby's natural habitat.
7. **Keep your baby close.** Your baby will have easy access to the smell, taste and feel of your body and milk. This can help you be responsive to your baby's feeding cues so they may feed better. Some baby carriers, slings or wraps are a great 'hands free' way to keep your baby close. **Keeping your baby close and responding to their needs for comfort and closeness helps their brains wire optimally by keeping stress levels low and love hormones high.**

Some babies are sensitive to milk flow, and can lose interest in feeding when the flow slows, but before they have had enough milk. Breast compression and Switch feeding can help your baby to get more milk at the breast and can increase milk supply.

- 8. Breast compression** helps to keep your baby interested in nursing and increase fat consumption. Squeeze the breast firmly with your thumb on one side and fingers on the other to increase milk flow. Hold the pressure and keep squeezing until your baby is no longer actively sucking; then release. Rotate fingers around the breast and squeeze again. Squeeze firmly but be careful not to cause injury to your breast tissue. Breast compressions also help when pumping to increase the volume of milk pumped. This is called **hands on pumping**.
- 9. Switch feeding** can help your baby actively feed for longer by taking advantage of the first stronger milk ejection. As your baby's jaw dropping movement slows, and before they go into a deep sleep, switch to the second breast for as long as they actively feed, and then return to the first again. The baby can nurse at each breast several times during one feed. Do this until your baby is fast asleep or at least for 30-40 minutes.
- 10. Expressing.** Frequent effective milk removal (8 -10 times in 24 hours, never a longer gap of 4-5 hours and making sure you pump at least once between 1-5 am) is key to increasing and maintaining a full milk supply. If a baby is not able to do this well enough or weight gain has not been at the expected rate, expressing milk can be an effective way to increase milk supply. It also provides additional milk if you need to supplement. Always use the higher setting that you can tolerate and make sure the flanges are the correct size. Try not to assess each pumping session individually. It takes a while for the supply to build up, so don't expect results straight away.
- 11. Maintain high levels of oxytocin in the environment.** Have a cuddle before pumping, make sure your body is warm and you feel relaxed and comfortable. Cover the bottles of the pump with socks to stop you from counting every drop. Look at the

pump as a friend who is allowing you to give your baby your gorgeous milk.

**12. Hands on pumping.** (google: 'hands on pumping – maximising milk supply' video).

**13. End of feeding pump:** Pump for 10 min after your baby has finished feeding. The more milk is removed from the breast the more and faster your body will produce milk. Don't worry if not much milk comes out. Continuing doing this will increase your supply. You are putting in an order for the next feed.

**14. Full pump session.** Pump for 20 minutes on each breast or use a double pump. Follow the indications on **point 11** (At least 8 times in 24 hours, never a longer gap of 4-5 hours and making sure you pump at least once between 1-5 am). Allow at least one hour since baby stopped feeding.

**Number of pump sessions per 24h:**

**How much milk to top up with:**

**How many times a day:**

**Next re-weigh:**

## Understanding what you might expect

Your baby may lose weight during the first three or four days and from day 5 we expect steady weight gain of at least 20g per day. They should regain their birth weight by the time they are 21 days old or sooner. After that, most breastfed babies gain an average 170 grams (6 ounces) per week.

By day 5 your baby will be feeding 8 -12 times in 24 hours. You can expect 5 – 6 really wet nappies per day plus a minimum of two bowel movements of at least as big as a £2 coin. The stool should be runny, yellow and no longer black or green. Around 6 weeks old they may poo less often and still gain weight well but until then poo is a good way to check how much milk is going through.

Your baby's behaviour will tell you that they are satisfied and full. They will come off the breast spontaneously and will seem contented. This applies when the baby is being held, not being able to put the baby down, is not necessarily an indication of feeding issues.

Please visit <https://www.bsuh.nhs.uk/maternity/you-and-your-baby/flying-start/>

For lots of useful links and videos.

Whilst in this leaflet we use the language of 'mother' and 'breastfeeding' we acknowledge that not all birth parents identify as mothers and would sometimes prefer language such as 'chestfeeding'. Please speak with us about your chosen pronouns and language choices and we will use these respectfully throughout your care with us.

## Further comments

**This leaflet is intended for patients receiving care  
in Brighton & Hove or Haywards Heath**

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