

# Ten things women worry about when breastfeeding – expert advice

October 24 2018, by Amy Brown

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Credit: Alex Green from Pexels

We know breastfeeding [protects infant and maternal health](#), [saves the economy money](#), and, once it's going smoothly, can be [simpler, easier and cheaper](#) than having to prepare formula. But getting to a place where

it feels "smooth and easier" can be tough. Although [many women start off breastfeeding](#) many drop off from doing it after six weeks.

Unfortunately the vast majority of women who do stop [are not ready to do so](#), leaving them feeling demoralised, feeling guilty, and even at an increased [risk of postnatal depression](#).

But if so many women are struggling, does that mean it's impossible for many women to breastfeed? Not at all. [Globally, many women breastfeed just fine](#). This isn't down to some strange biological quirk, but rather, due to living in a country with [much better investment](#) in supporting [breastfeeding](#) and families more broadly. Although some women will have [health complications](#) that mean they may not be able to breastfeed, the majority, given the right environment, will be able to do so.

My research over the past decade shows that unfortunately, in many Western countries, we haven't got that environment right yet. Many women get [poor or mixed messages](#) about how to feed, struggle to find practical support, or don't get the help they need at home, in public or the workplace. In many cases, [better support, information and protection](#) to care for their baby could have made the difference.

As a mother I know that finding this information when you are exhausted, sleep deprived and are unsure who to trust can make things feel impossible. And in [The Positive Breastfeeding Book](#) I took this experience together with my research to help more families access the evidence base on what is normal, how to spot difficulties, and where to get high quality support.

So here are ten common concerns and why the research shows they do not need to mean the end of breastfeeding.

## **1. I'm in pain**

Breastfeeding should not hurt. Unfortunately, many women do experience pain, but the good news is this can [usually be fixed](#). Ask your health professional to take a look at your baby's latch. Just a [few small changes](#) in how you position them or yourself can really help. Latching is a skill you and your baby learn together and can take practice. This factsheet from [La Leche League](#) has great visual advice.

If you are still in pain, particularly if your baby is struggling to latch on, ask your health professional to check whether your baby has a tongue tie. Sometimes a baby's tongue is tethered too tightly in their mouth, meaning they struggle to latch, causing you pain. This can be [fixed by a specialist](#).

If you are still in pain, do not hesitate to seek further support. Go along to a [peer support group](#), contact a [breastfeeding counsellor](#), or speak to a [lactation consultant](#) – a specialist in supporting breastfeeding.

## **2. I've got an infection**

Sometimes an infection can develop in your nipple or breast. If you notice any itching or pain in your nipples, or white patches in your baby's mouth, [you might have thrush](#). If you have pain deep in your breasts and can feel a hot red patch on your breast, you might have a [blocked duct or mastitis](#). You may feel awful, but the good news is that there are treatments and pain relief options – and you can continue breastfeeding. In fact, the best thing you can do with a blocked duct or mastitis is to continue breastfeeding to help unblock it. This might feel like the last thing you want to do, but it [helps speed up your recovery](#) and prevent any infection becoming worse.

## **3. I need to take a medication**

[It's a myth](#) that you can't take medications when breastfeeding. Always read the label, but most are compatible, as they do not enter your milk or only do so in very small amounts. Sometimes a different medication is better. If you have any questions about the safety of any medication, or are told you cannot breastfeed and take it, you can contact the Breastfeeding Network's [drugs in breast milk service](#). They have many factsheets about specific medications and you can contact a trained and very knowledgeable pharmacist for the most up to date information on whether your medication is safe to take. If in any doubt, contact them.

## 4. My diet isn't perfect

More [good news](#) – your [diet has little impact](#) on the content of your [breast milk](#). However, your body will use any nutrient and energy stores you have first, which can leave you feeling depleted if you are not eating enough. Breastfeeding can make you feel hungry, as it burns calories, but try and eat as healthily as possible, for your sake.

## 5. My lifestyle isn't the healthiest

It's fine to occasionally have a few drinks [when breastfeeding](#), despite a propensity towards over caution in official advice. Alcohol does pass into your breast milk but in very small amounts. Levels in your milk are the same as in your blood. [Research suggests](#) that a blood alcohol level of 0.3% is needed before harm occurs to the baby – a level at which you would be extremely intoxicated. For context, the [legal blood alcohol limit to drive](#) is 0.08% in England, Wales and Northern Ireland (and 0.05% in Scotland). Note the decimal places.

Alcohol passes out of your milk at the same rate as your blood so there is no sense in expressing milk to get "rid" of the alcohol in it. The main reason not to drink too much is to ensure you can care for your baby

safely. [Never bedshare with your baby](#) if you have been drinking alcohol.

If you smoke, breastfeeding [can help protect your baby](#) from effects of secondhand smoke as your baby is less likely to get a respiratory infection than if you formula feed. However, [smoking can affect your ability to produce enough milk](#), and nicotine does transfer to breast milk with an increased risk your baby may have colic or be unsettled. It is recommended you seek support to stop smoking as secondhand smoke can also increase your baby's risk of illness.

## 6. My baby feeds too much

Breastfed [babies](#) naturally feed very often – up to [every two hours and more](#) (including at night). Breast milk is easily digested, tummies are small and babies can't read the time yet. [Cluster feeding](#) (feeding on and off over a period of hours) and suddenly feeding more ahead of a growth spurt are both normal and help stimulate milk supply.

However, worrying this is too much or that something is wrong is common. [People might tell you](#) that your baby should feed less, but feeding whenever your baby wants to (known as [responsive feeding](#)) helps ensure you make enough milk. The more your baby feeds, the more milk you make, [so trying to feed less often means your supply can drop](#). After all, how many adults eat and drink to a set routine?

If you're worried about how much your baby is getting, you can [look at other signs here](#). Can you hear them swallowing? Do they look hydrated? How many nappy changes are they having?

## 7. I can't exclusively breastfeed

Sometimes, if you have a condition such as [diabetes](#), [thyroid disorders](#), or a physical issue with the [development of your breast tissue](#), you might (but not always) find it difficult to make enough milk to fully breastfeed your baby. Other times, your baby might have needed some formula in the early days, or you have made the decision to introduce a bottle once a day.

Just because your baby has or is having formula doesn't mean you need to stop breastfeeding altogether. It's not a case of either/or but there's a whole spectrum in the middle and some breastfeeding alongside formula [will help protect your baby](#) more than stopping breastfeeding altogether. Talk to a breastfeeding specialist who can help make sure you make as much milk as possible.

## 8. I'm expecting more than one baby

Discovering it's twins (or more!) can be a shock, but [you do not need to change your feeding plans](#).

Many women breastfeed more than one baby, even breastfeeding an older child at the same time. [The more your babies feed, the more milk will be produced](#). It can feel challenging, but the alternative of bottle feeding two babies is not straightforward either.

The best thing you can do is get as much support and information as possible from those who have experience of feeding multiples. Check out the [Breastfeeding twins and triplets website and Facebook page](#).

## 9. My family feels left out

Food and love go hand-in-hand in many cultures and you can see why [partners](#) and [grandmothers](#) wanting to feed the baby is a common

request, especially in the early days when all babies seem to do is sleep and feed. They may also be doing it out of concern for you, thinking they are helping out by feeding the baby. However giving [formula can reduce your supply](#) and expressing [milk](#) (unless you want to) [is not always straightforward](#) and adds to the things you need to do.

There are [many other more helpful ways](#) family can bond. They can cuddle the baby in a sling between feeds, be responsible for bath time or baby massage, or make sure you are well fed (which indirectly feeds the baby). If they really genuinely want to help you, they can do the housework so you can rest.

## **10. I'm worried about feeding in public**

Feeding in public or in front of others is a common concern, particularly when the media frequently stir things up by publishing stories of bad experiences. However, you need not feel worried – [you are protected by law to feed your baby wherever and whenever you want](#). There is no excuse for anyone to tell you to move to feed, especially not to a toilet – would they like to eat their dinner in there?

Despite the fear, most people find no one even notices you are feeding. Remember it's a bit like flying – we only ever hear the rare horror stories rather than the millions of planes that take off and land smoothly. If it helps, take a friend along, strategically drape a muslin cloth, or face away from others. Practising in front of the mirror before your first time can be reassuring.

If you have any further questions about breastfeeding your baby you can contact the [National Breastfeeding Helpline](#). And remember, [women](#) have been breastfeeding their babies for thousands of years. If in doubt, ask questions, seek support, but most of all, believe in yourself.

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