

## Helping the baby to accept the breast

You want the baby to enjoy being at the breast, so anything you can do to avoid making breastfeeding a battle ground will be useful. It's better not to 'force' the baby into a breastfeeding position but to enjoy time skin-to-skin and present opportunities gently. You may need to use encouragement to bring them to an emptier breast. You could hand express some drips of milk, or trickle milk into baby's mouth, or you might pump for a moment to get the flow of milk started.

A baby may prefer to breastfeed when they are not desperately hungry or at certain times of day. Especially when your baby is younger, spending time with the baby tummy-down on your semi-reclined body will trigger instinctive feeding behaviour – and may encourage them to latch and suckle. They may prefer to feed when they are sleepier, or even in the bath!

You could consider the use of a nursing supplementer. This delivers milk from a bottle through a fine plastic tube which enters the baby's mouth along with your nipple. This may help to reduce frustration the baby might show at the breast and will stimulate your breasts to further produce milk.

A baby who is very accustomed to the bottle may accept the breast using a nipple shield, *but this is best done with the support of a breastfeeding counsellor or lactation consultant. See our leaflet on using a nipple shield.*

## Things to consider:

Why did you stop breastfeeding in the first place? You might want to talk with a breastfeeding counsellor, lactation consultant or peer supporter before embarking on your journey to give it another go.

Be prepared to notice a difference to your own body. There may be a change in to your menstrual pattern as the baby nursing will affect your cycle. Your breasts may physically change too. You may also experience some emotional challenges and it can helpful to have someone to talk to as you go through the process.

Remember that if your baby will latch but you are not able to return to a full milk supply, it is still a valuable experience for both of you. And if you work hard to increase your supply but your baby is reluctant to latch, they can receive this expressed milk. Every drop counts!

Relactation may be difficult and time consuming at times, but it IS possible. With the right support, information and dedication, relactation works for women every day and produces happy and valuable results. Confidence and self-belief will help you on your journey.

<http://abm.me.uk/restarting-breastfeeding-after-a-gap/>  
Visit the ABM's website to find out the different ways we can support you and how you can find us on social media. You might also choose to become a member.

**Association of Breastfeeding Mothers**

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## Relactation: restarting breastfeeding after a gap



**helpline: 0300 100 0212**

**[www.abm.me.uk](http://www.abm.me.uk)**

### What is relactation?

Relactation is when someone restarts breastfeeding after a gap. She may have not breastfed for several days, weeks, months or years.

#### Why do it?

- You might have stopped breastfeeding earlier than you wanted, or you may have changed your mind.
- You might have been separated from your baby or your baby might have been ill.
- You may have adopted a baby and want to re-start your milk supply in order to breastfeed them.
- Someone could also breastfeed an adopted baby if they have never breastfed previously or has never been pregnant – this is called ‘induced lactation’.

#### What are the benefits?

Breastmilk has numerous health benefits. Even small amounts given alongside formula can make a difference. When a baby feeds directly at the breast, there are additional benefits for both mum and baby. If this is not possible, then breastmilk can be expressed and offered in a bottle or cup.

### Continuing to feed other kinds of milk

It is likely that while you are building up your milk supply and getting the baby used to feeding at the breast, you will also be feeding the baby formula, or donor milk. If you are using a bottle, you may want to consider using a technique called ‘baby-led bottle feeding (sometimes known as ‘paced bottle feeding’) which may help your baby transition to the breast. This slows the flow down and requires your baby to work a little harder. There are videos available on YouTube, you could ask a breastfeeding counsellor, or call our helpline for information.

Sometimes supplements can be given via cup or syringe so that a baby’s desire to suck can be met by the breast entirely. Syringe-feeding or cup-feeding is something parents usually need to be taught.

### How do you do it?

Breast stimulation alone sends hormonal signals to switch milk production back on. It may be easier if you only stopped breastfeeding a short time ago and you had a full milk supply in the past. But every individual is different, so you may not know how your body will respond until you try.

Learning the basics of breastfeeding is a great place to start. Breastfeeding works on a supply and demand basis, so the more milk is removed (either by baby feeding or expressing), the more milk the mother produces.

Learn how to recognise if your baby is getting enough milk. Are they producing six wet nappies in 24 hours *and if under five weeks, are they pooing two or more times a day?* Are they gaining weight? Do you know what swallowing looks like on the breast?

#### If the baby will latch onto the breast:

Try to put the baby to the breast as often as possible (every 2-3 hours at least). Even before any milk is being produced, nipple stimulation will release the hormone prolactin which we need to make milk.

Learn how to recognize a deep latch. A baby that latches on effectively will stimulate your supply in a way that a baby latching on in a shallow way won’t. Has the baby got a big mouthful of breast? Is it pain free? If breastfeeding feels uncomfortable, **do get support.**

#### Ways of stimulating your milk supply whether or not the baby will latch on:

- Even if the baby isn’t feeding, have skin-to-skin time.
- Keep the baby on or close to your body as much as possible (perhaps using a sling).
- You can bottle feed skin-to-skin and near the breast.

### Pumping/hand expressing:

- Use a pump or hand express for 10-15 minutes on each breast several times a day. Ideally, at least eight times in 24 hours. Swapping sides every few minutes may be more effective than a longer session on one side.
- Expressing once at night will provide extra stimulation as this is when levels of milk-making hormones are highest. This also means that you don’t go for a long period without pumping.
- Don’t worry in the early stages about how much (or little!) milk you are able to express – the nipple stimulation itself will be stimulating your body to produce more milk for the future.
- Some mums choose to hire a hospital-grade double electric breast pump.
- You may get milk immediately, but if you don’t... don’t give up! It may take some women only a few days to develop their supply. Others pump for several weeks before they see a significant increase in their supply. Everyone responds differently to the process of relactation, so it’s very difficult to give a definite timeframe.

**If a baby will latch**, you could also express directly after and / or between feedings. You may be able to find some time in the day when you ‘cluster pump’ (also called ‘power pumping’) and pump for ten minutes, break for 5, pump for another ten and repeat that a few times. Pumping should be pain-free. If your baby is happy to latch on and stay on the breast, it may not be necessary for you to pump at all.

Some mums choose to take herbs or medication (called ‘galactagogues’) to stimulate the hormones that govern their milk supply. These aren’t right for everyone and are no substitute for regular and effective emptying of the breasts, but it’s something you could ask your breastfeeding support team more about.