

Off to a
Good
Start

All you need to know about
breastfeeding

Contents

Introduction	3
1. While you are pregnant.....	5
Thinking ahead.....	5
Talking about how you will feed your baby	6
Finding out a bit more.....	6
Saying hello to your unborn baby today	8
Breast milk and formula: the differences	9
Great reasons to breastfeed.....	11
Breastfeeding – how your body prepares	12
2. Welcoming your new baby.....	14
Skin-to-skin.....	14
The first magical hour.....	16
One day at a time	17
Keeping your baby close	18
How does my baby let me know they're hungry?	19
3. Getting breastfeeding started.....	22
Positioning and attachment	22
Comfortable positioning.....	24
What's 'normal'?.....	25
Your baby's tummy.....	26
What if.....	28
4. The first week.....	30
What you might expect – day by day.....	30

5. Building your confidence	36
What help is available?	36
How do I know if my baby is getting enough milk?	37
What's in a nappy?	38
How can dads and partners support breastfeeding?	40
Your friends and family	41
Expressing milk	42
How do I express by hand?	44
6. Fitting breastfeeding into your life	46
When you're out and about	46
Mixed feeding – breast and formula feeding	50
Starting solid foods	53
7. Troubleshooting and further information	54
Troubleshooting guide	54
Support and sources of help	60
Further information	62
Acknowledgements	63

Introduction

We're here to support you. You'll find us at various points in this book. We will inform and guide you on your breastfeeding journey. Your own midwife or health visitor will be able to provide you with support while you're getting started and can help you with any worries or concerns. If you're a teenager you may have a family nurse. Why not take a note of their name and number here for quick reference:

My midwife:

My health visitor:

My family nurse:

You can also call the **National Breastfeeding Helpline on 0300 100 0212**. All calls are answered by highly trained volunteers, who are also mums who have breastfed. Open 9.30 am to 9.30 pm every day of the year.

Fiona, health visitor

Lucy, family nurse

Diane, midwife

We want to make sure that this booklet is relevant to a wide range of families in Scotland. We know that families today are different in many ways and can include (not in any order): mums and dads living together; single parents (mums or dads); same-sex couples, and stepfamilies. We have used a number of different ways of describing family support within this booklet – ‘dad/father’, ‘your partner’ or ‘someone close’. These can be swapped to match your own situation.

My experience

‘I just decided to breastfeed this time; no particular reason. A few of my friends were pregnant at the same time as me and they’ve had their babies and decided to breastfeed, so I thought I would too.’ Sara

1. While you are pregnant

Thinking ahead

Early in your pregnancy you might be starting to think about how you will feed your baby when they're born. Your decision might be influenced by many things. Your midwife may have talked with you already about the value of breastfeeding for your baby, giving them the best food, comfort and health. (And it's not just good for them; it's good for you too.)

You will probably also have had advice from friends and family members, who may have very differing views. There are also lots of adverts on the television and information in the media so it can be confusing, particularly if you are a first-time mum.

If this is not your first baby, you may have your own experiences, and advice might have changed. It's important to remember that all babies are different.

The science bit

Much of the development of the human brain, including learning and emotions, happens during pregnancy and in the earliest years of a child's life.

Talking about how you will feed your baby

You may have already decided how you will feed your baby, but this might change. Keep an open mind while you're pregnant and make a final decision once the baby is actually born.

Feeding is an important time to be in close contact with your baby and is a great way for you to get to know each other and to start to build a close loving relationship, regardless of how you decide to feed them.

You may have lots of questions while you are pregnant, such as:

- 'What about breastfeeding my baby in front of others?'
- 'What are the different ways to feed babies?'
- 'Will I be able to do it?'
- 'Will it be sore if I breastfeed?'

Ask us about how it can work for you and your family. Your midwife will be able to talk through any concerns with you, so it's important to ask about these, and any other questions you might have.

Finding out a bit more

It might be useful to speak to other mums who have breastfed their babies to find out what it was like for them. Your midwife may be able to tell you about peer support (see page 36) if it is available in your area, and let you know how you can make contact with your local breastfeeding support group.

You can contact the **National Breastfeeding Helpline on 0300 100 0212** during your pregnancy, and your midwife, health visitor or family nurse will also be able to give you support after your baby is born.

We know it is important to involve those close to you when you make decisions about feeding your baby. This book will help them understand how

important their role is in supporting you. Much of the following information is relevant however you decide to feed your baby.

Myth

'It's easier and more convenient to formula feed.'

Fact

Breast milk is always 'good to go' whenever it is needed.

Powdered formula is not sterile and should be made fresh with boiled water of at least 70°C for each feed – even during the night. If you are out and about this means carrying powdered formula and sterilised bottles with you.

Did you know?

Dads who are positive and involved can help their partner to make a decision to breastfeed.

Saying hello to your unborn baby today

Starting to build a relationship with your baby while you are pregnant is helpful to parents in many ways; it supports the move to parenthood and starts to set up a strong and loving bond.

Try to take time out every day to relax, stroke your baby bump, talk, and even sing to your growing baby. It's important to involve someone close to you too.

Looking ahead

Babies are able to respond, communicate and develop relationships from birth, and feeding your baby is an important way to continue this bond. You can hold your baby close and spend time getting to know each other – no matter how you decide to feed them.

Your midwife will be able to help you think through your options for feeding. She will explain what to expect and answer your questions. Some of the things you will discuss include: skin-to-skin contact (see page 14) and keeping your baby near you.

Your midwife will also talk about responsive feeding. This means not following routines, but taking your baby's lead on when they want to be fed, and stopping when they are full.

Breastfeeding is also an important way to calm and comfort a baby. New babies need lots of cuddles and to be close to their mums, so remember it's not possible to spoil them.

Breast milk and formula: the differences

Breast milk is very different from formula. The main differences are shown here.

Formula

- Manufactured from cow's milk and processed so that it meets the basic nutritional needs of a developing baby.
- Does not contain the living cells, enzymes or hormones found in breast milk.
- Does not contain the protective factors that promote your baby's health.
- Your baby will take more formula as they grow, but its composition will not change daily, weekly and monthly to meet their individual needs as breast milk does.

Formula contains:

- vitamins and minerals
- carbohydrate
- fat
- water
- protein

Breast milk

- Natural and provides all the nourishment your baby needs.

- When your baby is born, their immune system is not fully developed. Breast milk helps your baby fight infections, such as ear and chest infections and tummy upsets. We know that babies who are breastfed are less likely to need to see a doctor with these illnesses.
- Provides long-term health benefits for your baby, such as a lower risk of diabetes and obesity. Breast milk is unique and produced by you to meet the particular needs of your baby; your milk changes as they grow.

Breast milk contains at least 34 ingredients not found in infant formula, including:

- Growth factors that help with growth and development.
- White cells and antibodies that help protect against infection.
- Viral fragments and immunoglobulins that promote immunity.
- Transfer factors that help ensure nutrients are absorbed.
- Hormones that help control how cells and organs do their work.
- Enzymes that aid digestion and destroy bacteria.
- Oligosaccharides and bifidus factor that promote a healthy gut.

Great reasons to breastfeed

This section shows what we know about breastfeeding. You can take it one day at a time but the longer you breastfeed and the more breast milk your baby receives, the greater the benefit.

- Helps a baby maintain a healthy weight as they grow older.
- Less likely to be hospitalised with asthma when they are older
- Protects against respiratory infections
- Protects against diabetes when a child is older
- Protects babies from ear infections
- Protects against infection and inflammation
- Protects against urinary infections
- Less likely to be hospitalised with tooth decay when they are older
- Protects against tummy bugs and infections
- Protects against serious infection in premature babies

The science bit

Breastfeeding is good for your health too! Mums who breastfeed have a lower risk of developing breast and ovarian cancer, and the longer and more exclusively you breastfeed the better your protection. Breastfeeding mums also use more calories (around 335 per day) and this can help you lose any extra weight you put on while you were pregnant.

Breastfeeding – how your body prepares

Producing breast milk is a natural process and your body starts to get ready during your pregnancy.

In early pregnancy

There may be small changes in your breasts as the amount of breast tissue increases for making breast milk. They may feel a bit tender at this time. For many women, these changes in their breasts are the first signs of pregnancy.

You may also notice the dark area around your nipple often becomes larger and darker, and the small spots on this part of the breast can become a bit more obvious. They secrete an oily substance that will keep the area supple and soft, and a scent that will help your baby recognise you as their mum.

From the middle of your pregnancy (around 20 weeks)

Your breasts will start to make an important type of breast milk, called colostrum. This first milk is yellow in colour and is especially for newborn babies. It is very concentrated, easy to digest, and packed with lots of protective factors to keep your baby healthy. Colostrum is all your baby needs in terms of food and fluid in the first few days of life. Sometimes you might notice droplets of this on your nipples before your baby is born, and this is normal.

Vitamins

All pregnant women in Scotland can get free Healthy Start vitamins containing vitamin C, vitamin D and folic acid – ask your midwife about this.

In Scotland, breastfed babies should be given a daily supplement of vitamin D as a precaution because there is not enough sunshine to produce vitamin D. Babies who are fed infant formula will not need extra vitamin D unless they

are drinking less than 500 ml of formula milk a day, as formula milk already has vitamin D added.

If you are pregnant, or have children under the age of 3, and you receive income-related benefits, you could qualify for Best Start Foods benefits. You can spend these on milk, eggs and pulses, and fresh, frozen or tinned fruit and vegetables. www.mygov.scot/best-start-grant-best-start-foods

All pregnant women, breastfeeding mothers and children up to age 3 in Scotland get free vitamins.

Your midwife, health visitor or family nurse will be able to tell you where you can get vitamins in your area.

My experience

'It's a great thing to sit there and watch him, feeding. There's a really special bond there, especially because he started to feed soon after he was born – so I really do think there is a special bond because of that.' Angela

2. Welcoming your new baby

Skin-to-skin

As soon as your baby is born, they will start to adapt to life outside your womb. Just after the birth, your midwife will dry your baby and give them to you to hold undressed directly next to your skin. This is called skin-to-skin contact. Most babies will follow a natural pattern at this time, which will lead to their first feed. See page 16 for more details.

It's a lovely way to say hello and to start to get to know your baby and welcome them to their new world. Holding your baby like this will help to calm them, steady their heart rate and breathing, and keep them nice and warm.

If you want to breastfeed, then this is a great time to start.

Did you know?

Even if you decide not to breastfeed, skin-to-skin contact is still important. You can give your baby their first feed like this. It will help to calm them and make them feel safe and nurtured.

When can I start skin-to-skin?

As soon as possible. Your baby should either be weighed straight away or left until after their first feed, so there should be no interruptions once skin-to-skin has been started. If you or your baby need medical attention, skin-to-skin contact can start as soon as you and your baby are ready. Getting them washed and dressed can wait until later!

You can also use skin-to-skin contact at any time to calm and comfort your baby and yourself.

The science bit

After the birth, during skin-to-skin contact, your baby's legs and knees massage your tummy. We now know that this can reduce bleeding and help deliver the placenta more quickly.

The first magical hour

When a baby is peaceful and in skin-to-skin contact with their mum after they're born, they will go through a series of behaviours, as shown here. Some people call this the magical hour.

This is a natural process and babies should be allowed time to work through the stages as it helps to get breastfeeding off to a good start. Many babies take up to an hour and a half to complete this.

1. A short birth cry – the baby starts to relax and rest.

Oxytocin – sometimes called the 'love' or 'feel-good' hormone – is produced during skin-to-skin and breastfeeding. It has a calming and relaxing effect on you as a mum.

2. Waking up

Skin-to-skin also releases hormones that tell your body to start to produce breast milk and it stimulates your baby's instinct to look for your breast and their first feed.

3. Being active – looking at their mum's breast, opening their mouth, putting a hand in their mouth and making sounds.

4. Resting – this might be a short or long rest.

Left unhurried, your baby is capable of finding your breast and having their first breastfeed in the first hour or so of their life! Leaving them in skin-to-skin contact will help them do this.

5. Familiarisation – crawling towards their mum's nipple, licking or nuzzling and getting ready to breastfeed – this can take half an hour or more.

6. Attaching and having a feed

7. Sleeping

One day at a time

This is an important time for you and your baby, and breastfeeding provides the best possible start, however long you choose to breastfeed. To get the maximum health benefits for babies and their mums, it is recommended that babies are exclusively breastfed (given only breast milk) for the first six months. * **However, any amount of breast milk is still good for your baby so even if you do not know how long you'll do it for, it's still worthwhile.** You and your baby need to learn together and it will take a bit of practice. It is up to you to decide, but if you're not sure, you can start with breastfeeding and see how you feel.

Teats and dummies

While you are establishing breastfeeding, it is recommended that you avoid using teats and dummies and giving other fluids. Using a dummy or teat in the early days or weeks can make it more difficult to notice when your baby needs to be fed or comforted. It can also mean it's more difficult to get breastfeeding started.

Ask us about any concerns you have.

Breastfeeding is natural, but you and your baby will learn together about how it works for you both. So it's not always easy. What's important is to ask your health visitor or family nurse for help if you need it.

* These are the current recommendations from the World Health Organization and the Scottish Government.

Keeping your baby close

This helps you to see the signs that your baby is ready to feed and respond to them. This could be comforting or soothing them, and also getting to know when they want to be fed, and stopping when they are full. This means that as you get to know your baby, you will start to recognise when they need a feed before they start to cry.

Remember, babies need a lot of love and attention as they get used to their new world and it's not possible to spoil them. Your baby has been close to you during your whole pregnancy so being held and comforted will help them feel safe.

For support call the National Breastfeeding Helpline on 0300 100 0212.

How does my baby let me know they're hungry?

Babies show signs that they want to be fed. Keeping your baby close will help you recognise these signals.

Responding to your baby's needs will not 'spoil' them, but will help them feel safe and secure.

These babies are letting you know when they are ready for a feed.

Early cues

These mean 'I'm hungry'.



Stirring



Mouth opening



Turning head

To calm your baby, try cuddling them, skin-to-skin, talking and stroking.

Mid cues

These mean 'I'm really hungry'. Feed them when they show the signs. Watch your baby, not the clock!



Stretching



Physical movement



Hand to mouth

Feed me

These mean 'I'm really upset!' 'You need to calm me first, then feed me.'



Crying



Agitated



Turning red

My experience

'I think the turning point for me was whenever we went to the breastfeeding support group. I think it was hearing other women that really made me realise, look, they can do it, I can do it.' Kelly

3. Getting breastfeeding started

Positioning and attachment

Babies know instinctively how to attach themselves to the breast to feed, but mums can help by holding (positioning) their babies in a way that helps them do this. In the early days, it's good to spend some time with your baby working out the best position for you both.

How you hold your baby ('positioning') and how your baby attaches to your breast ('attachment' or 'latching-on') can make the difference between a pain-free, comfortable feed where your baby gets enough milk, and one which is painful for you and frustrating for your baby. Your midwife will show you how to do this, but these pages will act as a helpful reminder.

Step 1: held close

Your baby needs to be held close during breastfeeding. This means they do not have to stretch to reach your breast and it will also be more comfortable for you.

Their head, neck, chest and hips should all face the same direction to ensure they come to your breast at the right angle. This also encourages them to tilt their head back – it is difficult for them to swallow if their body is twisted.

Their nose should be level with your nipple, so that when they tilt their head back to feed, your nipple can safely reach the back of their mouth.

Every mum and baby is different and you will find a position that is comfortable for you both.

Step 2: head free

Just before your baby attaches, their head should be free, so you can support them behind their neck and shoulders. They will instinctively tilt their head

back. This will allow them to open their mouth wide, lead in with their chin and get a good mouthful of breast.

Remember – you should bring them swiftly to your breast (not the other way round). Their tongue and lower lip should make contact with your breast first.

Make sure you ask for help if you need it.

Step 3: mouth open

Their mouth should be wide open.

Their chin should be touching your breast, and their cheeks should be full and rounded.

If any of your areola (the darker area around your nipple) is visible, more should be seen above their top lip than below their bottom lip.

Some mums experience initial discomfort for a few seconds but this should fade quickly and breastfeeding should not be sore. When your baby is well attached you will notice their rhythmic sucking, swallows and pauses during their feed.

It's important for your baby to be properly attached. This means they will get enough milk and the risk of developing problems will be reduced.

Comfortable positioning

How to find a position that works for you.

Mums breastfeed in lots of different positions. Sometimes you need to change, depending on where you are. It is important to find a position that suits both you and your baby for the duration of the feed. The photos below will give you some ideas but your midwife or other breastfeeding mums may also suggest some other alternatives.

You may find this 'laid back' position useful in the early days or if you and your baby have difficulty attaching.

If you need to take your baby off your breast to help them attach better, it's important not to pull and force them while they are feeding – this will hurt! You can do it safely by putting the tip of your little finger between their gums to break the suction gently.

It's important to find a position where your breast can hang naturally.

When your baby comes off the breast naturally, try winding them and offer your other breast. They may not always take it, but whether they do or not, always start their next feed with your second breast.

Remember to tuck them in close.

What if my baby is reluctant to attach to my breast?

This is fairly common in the early days, and can be caused by many things, including skin-to-skin contact being too brief, and pain relief you may have been given during birth. It is important not to try and force your baby to feed. You might find it helpful to go back to basics, just like after they were born. Lie back and give your baby plenty of uninterrupted skin-to-skin contact. Let them find their own way to your breast where they can attach themselves. This will help you relax too!

What's 'normal'?

Healthy, full-term babies do not always feed very much in the first couple of days. If this happens, do not worry; most babies have built up a store of energy that they can use. For the first few days, colostrum is all your baby needs.

Remember, not all babies are the same – if this is not your first baby, your experience may be different this time. For more information about how to know your baby is getting enough milk, see page 37.

Myth

'Babies must have routines.'

Fact

It's important **not** to expect your baby to develop a regular routine too soon. Letting your baby set the pace for feeding and 'going with the flow' means that they'll be happier because they will not be kept waiting when they're hungry.

Your baby's tummy

A newborn baby's tummy is tiny and cannot take large volumes of milk. In the first day or two, small amounts at each feed will fill them up. This means that babies need to feed frequently in the early days (8 to 12 times in a 24-hour period) and this is normal. It also helps your body to produce the right amount of milk for your baby, and to keep up your supply. It's a great opportunity to put your feet up, have a cuddle and get to know your baby. Remember, it's not possible to overfeed a breastfed baby.

Your baby's tummy will start to grow in size over the next few days and weeks, and they will start to take a bit more at each feed. The pictures below will give you an idea of the size of a baby's tummy.



day 1:
size of
a cherry



day 3:
size of a
walnut or
Brussels sprout



1 week:
size of
an apricot
or plum



1 month:
size of a
large egg

Day 1: size of a cherry

Day 3: size of a walnut or Brussels sprout

1 week: size of an apricot or plum

1 month: size of a large egg

Gradually the amount of milk you make will increase to match the needs of your baby. Feeding them as often as they want will help your body prepare a good supply of milk for the days, weeks and months ahead.

As they feed more, your breasts will make more milk and the gaps between some of the feeds will get longer as they grow. Responding to your baby's feeding cues (see page 19) will ensure they feed frequently and this is entirely normal.

What if...

... I have a caesarean section?

If you need a caesarean section you should be able to have skin-to-skin contact with your baby straight away or in the recovery room. It may take a little longer for feeding to get going, but we know that most women who have had a caesarean section can go on to breastfeed their babies successfully.

... I'm given medication?

Some medications used during labour can affect the baby by making them sleepy after birth. If this happens they just need more time and you will have help from the hospital staff. You can express your milk for them until they are ready to feed. (For more about expressing breast milk, see page 42.)

... My baby needs special care?

If your baby is born early, breast milk gives the best possible start in life. Preterm babies are especially vulnerable to illness and infection, and in particular a serious gut infection (often called NEC) that can be reduced, or even prevented, by giving them expressed breast milk. Breast milk will protect your baby against these infections and will help them grow.

If they're not able to feed at your breast after they're born you can express your breast milk for them to have until they are ready to start breastfeeding. You may also be able to hold your baby in skin-to-skin.

Even if your baby is not able to take breast milk straight away, it is important to start expressing your breast milk as early as you can. It can then be stored for them.

Expressing your breast milk will also help your body build up a supply so you will have enough milk for your baby when they are ready to breastfeed.

Expressing frequently will help this (at least 8 times in 24 hours). A dummy

may be recommended by a speech and language therapist if your baby is being tube-fed. This will help prepare them for breastfeeding when the time is right.

In most cases, your own breast milk is best for your baby, but where this is not available or enough, donor milk from the Scottish Donor Milk Bank Service is a safe alternative to formula. Donor mothers have been screened before they donate and donated milk is tested for bacteria and heat-treated for extra protection.

My experience

'My boobs were numb after the epidural I'd had from having a caesarean, so I couldn't really feel if she was on right, or anything. So I had to get the midwives to help. I felt a bit embarrassed because I've had one before and I thought, they're going to think I'm stupid, but it was actually all right.' Melissa

My experience

'The time a midwife sat with me during the first days helped build my confidence.' Laura

4. The first week

What you might expect – day by day

If this is your first baby or you have not breastfed before, you might not know what to expect in the first days and weeks. The information on the following few pages comes from real mums' experiences and will give you some pointers that might help.

Remember, though, that all mums and babies are different. Some of the things mentioned may happen on a different day or may not happen at all!

Day 1

Immediately after birth, your baby has a pretty good idea of what to do. Make the most of it and let your baby attach to your breast and feed when they need to, or if they want a cuddle – in skin-to-skin contact if you like.

They will be getting used to their new world, with different noises and smells, and being held close will help them to feel safe and secure. They may be quite sleepy, but lots of skin-to-skin contact and closeness will be soothing for them and will give them the opportunity to feed.

Keeping your baby close: babies are often sleepy and feed frequently in the early days. At home, it is recommended that your baby sleeps in a cot in your room until they are at least six months old. It is also now advised that your baby should be in the same room as you when they sleep during the daytime too.

Night-time feeds

Your baby will need to feed during the night in the early stages. It can be a lovely quiet time, away from the hustle and bustle of the day. Keeping your baby in the same room will help you know when they are hungry – you might be woken up with some murmuring noises and movements. Keep things as calm as possible. Try low lighting, a soft voice and do not change their nappy if you do not need to.

Day 2

Today you may be ready to feed when your baby is still sleeping and when you are about to fall asleep they want to be fed! Your baby will also be starting to get used to their new surroundings. Remember that breastfeeding can be used to comfort them as well as providing food. Instead of your baby being fed in your womb without any effort, they now have to work for their food and they might need a little practice. Remember, newborn babies come with a 'packed lunch' saved from your womb and they will not come to any harm. Colostrum is just right and all that's needed today.

Day 3

Today your baby may be more awake and beginning to get used to their new world. This could be the day that they are ready to feed and your body has made sure your breasts are full of milk – perfect timing! They may feel more solid. (This may happen any time between today and day 5.) It's not just milk but also extra fluid in your breast tissue. You might think 'Where did all this milk come from?'. It's quite normal and it will not last forever. A good supporting bra can help you feel comfortable. Making sure your baby is well attached (see page 22) and allowing them to feed as often as they want is the best thing to do. If your breasts feel uncomfortably full, you should feed frequently.

If necessary, you can express some milk by hand to allow your baby to attach properly.

Day 4

For some mums and babies, everything is going well. For others it might not be! Remember – you may have been feeling like this yesterday, and today might be a breeze. You might feel that it's all too much – sore nipples, full breasts and frequent feeding and crying. On top of everything, you may be feeling a bit weepy too, as your hormones settle down. However, feeding and comforting your baby when they need it means that they will cry less, and feel safe and secure. This will all make life easier for you.

If you have had a bad day, try to think of the reasons you want to breastfeed. Whatever you do, do not give up today. Persevere and work with your baby's behaviour, skin contact and responsive feeding. Support and help with feeding will also get things back on track. See page 36 for the different sorts of help available.

Today you should notice that the content of your baby's nappies will gradually be changing from something like black tar to a greenish-yellow mess (hurray!). When this begins to happen, you know you are on the right track. It's a sign that your baby is getting enough milk. If you are finding it hard going, it's good to know that from now on things will gradually get better and every day will be different.

Day 5

Things are getting better today. You may feel as though you have been up all night feeding and changing. It seems amazing that such a small baby can feed so often and produce so many wet and dirty nappies. (Most babies

should produce at least six heavy wet nappies and at least two yellow poos today.) Is it because you've eaten something you should not have? Probably not! Today it's more likely that your baby's system is just settling down. Keep going with lots of feeds. It's best to feed when your baby wants to be fed. You will soon learn to recognise when your baby wants to be fed, if they need their nappy changed or if they want a cuddle.

Day 6

Hopefully today things might be looking a bit more reasonable. Your milk is still there, and lots of it, but some of the discomfort is probably going away. Your baby may be calming down. The dirty nappies are becoming the yellow colour they will now remain.

At the moment your baby may only manage one breast at a time, or may drop off to sleep after starting the second breast. That's fine. Just make sure you start with the second breast at the next feed, and then back to the first, and so on.

Respond to the signs that your baby is getting hungry (these are sometimes called 'feeding cues' – see page 19, which shows what to look for). After a while, you might see a pattern. At this stage, though, it's still important to feed your baby when they are hungry rather than trying to develop a regular routine.

Day 7

You will be starting to recognise when your baby wants to be fed or wants a cuddle. Remember, you can breastfeed your baby to comfort them too! Of course there may still be a few tough days but you and your baby are learning to deal with them together. Remember, it's still OK to ask for help if you need

it. You are both beginning to enjoy the warmth and closeness that comes with breastfeeding.

You will notice that your milk is changing. It will start to look more watery. This is less concentrated mature milk and just what the baby needs. Your breasts will start to feel less full (but may still feel full at times for the next few weeks). Do not be fooled into thinking that you no longer have enough. You and your baby are starting to work out between you exactly how much they need. (It may take a few weeks to settle completely.)

Some mums do feed while still in bed but ask your midwife, health visitor or family nurse about a safe and comfortable position. Do not put yourself in the position where you could doze off with your baby. For some safety tips, see this leaflet: www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/caring-for-your-baby-at-night/

For support call the National Breastfeeding Helpline on 0300 100 0212.

My experience

'I've been breastfeeding my baby for 20 months now. I know it's good for me, it's good for Marlyn, it keeps us close.' Shannon, 19

Myth

'Men cannot get a look-in if the baby is breastfed.'

Fact

Wrong. Men are great at calming a crying or unsettled baby. Bath time is fantastic for playing and bonding with your baby.

My experience

'Breastfeeding was something I didn't really know much about. My wife was keen to try, although at times I felt it was quite hard for her. In the early days, the baby seemed to want to feed all evening and that was tiring for both of us! But it was magic seeing him fall asleep, full up, content, with that wee half smile on his face! I didn't feel left out. She needed me there. It's a great start you can both give your baby.' Andrew

5. Building your confidence

What help is available?

There is lots of support and information available to help breastfeeding go smoothly.

Peer support – there may be a breastfeeding peer support programme in your area. Peer supporters are local women who have had experience of breastfeeding and have received additional training. Ask your midwife, health visitor or family nurse about what is available in your area.

Breastfeeding support groups – Scotland has a network of about 150 breastfeeding support groups. Ask your midwife about groups in your local area. They offer friendship, support and advice. They're especially helpful if you have a concern about breastfeeding, or if you do not feel you know many mums who are breastfeeding. Your maternity hospital, your midwife or your health visitor should know where your nearest group is. Local groups are also listed on the FeedGood website: www.parentclub.scot/articles/feedgood Enter your postcode to find out where your local group is held.

Telephone helplines – you can talk in confidence to trained volunteers who have all breastfed their own babies and can offer support and information as well as someone to chat to. Phone the National Breastfeeding Helpline number – 0300 100 0212.

Did you know?

Breastfeeds vary in length. If your baby seems to have fallen asleep, you may want to stroke their cheek or feet to stimulate them.

How do I know if my baby is getting enough milk?

There are a few ways that you can tell if your baby is feeding well and getting enough milk. Look for these tell-tale signs:

- Your baby's sucking pattern will change throughout their feed.
- Your baby will suck quickly at the beginning of their feed to get your milk to flow. They will then have big, deep sucks and you will hear them swallow – this is easier to hear from day 3. At the end of their feed, they may have short, shallow sucks. It is important not to take them off your breast at this time – this is when they are getting the fat-rich milk that is full of the calories they need.
- Generally, you'll find that your baby comes off your breast themselves when they have had enough. Babies can also fall asleep with the breast in their mouth. They can easily be eased off if you need to get up and move.
- The amount of wet and dirty nappies will be right for their age – see 'What's in a nappy?' on page 38.
- Your breasts will start to feel heavier before a feed than after.
- Your baby will gain weight, although in the early weeks this can vary from baby to baby.

Ask us about your baby's weight gain

Slow weight gain can be normal. However, for some babies it can be a sign that they are not getting enough. If you're in any way concerned, talk to your health visitor or family nurse about this.

What's in a nappy?

Wet and dirty nappies tell you if your baby is getting enough milk. This image shows photographs of the typical changes that occur in wet and dirty nappies in the first 28 days of life.

You can use this to help you to decide if you need help with your baby's feeding. **Colour changes are normal.**



Day 1-2

Wet – one or more per day.

Dirty – one or more, dark green/black, 'tar-like', (called 'meconium').

Day 3-4

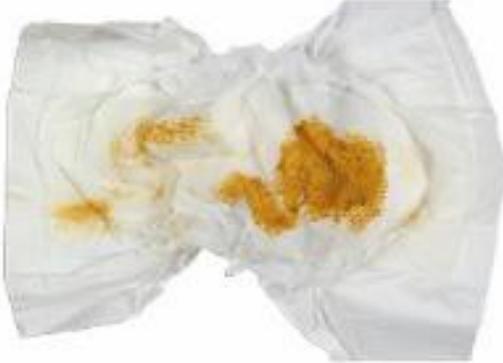
Wet – three or more, nappies feel heavier.

Dirty – two or more, changing in colour and consistency, now brownish, greenish, yellowish (changing).

day 5-6

Wet – five or more heavy wet nappies*

Dirty – at least two or more, yellow, can be quite watery if you are breastfeeding



day 7-28

Wet – six or more heavy wet nappies

Dirty – two or more, at least the size of a £2 coin, yellow in colour, watery, mustardy or budgie seed in consistency



Day 5-6

Wet – five or more heavy wet nappies.*

Dirty – at least two or more, yellow, can be quite watery if you are breastfeeding.

Day 7-28

Wet – six or more heavy wet nappies.

Dirty – two or more, at least the size of a £2 coin, yellow in colour, watery, mustardy or budgie seed in consistency.

Babies may not pass urine more than once in the first 24 hours and that's normal.

* If you pour three tablespoons (45 ml) of water into a dry nappy, this will feel as heavy as an average wet nappy.

How can dads and partners support breastfeeding?

Dads have a really important role to play in supporting breastfeeding, particularly in the early days when breastfeeding is getting established.

Some dads say that they can feel left out when their partner is breastfeeding, but research tells us that:

- dads who encourage and reassure their partners are a great source of emotional support for breastfeeding mums
- dads who are supportive in this way are more likely to help their partner to continue to breastfeed successfully
- dads are a great source of emotional and practical help. With a breastfeeding mum, helping with feeding may not be an option, but there will be plenty of other opportunities to bond that do not involve breastfeeding; for example, bathing, changing, playing, dressing and storytelling
- dads have a crucial role in caring for the mother and baby together, especially in the early days – and in making sure visitors do not get in the way too much!

Did you know?

Skin-to-skin is a lovely way for dads to feel close to their baby too. Many dads speak of the special bond that forms when they hold their baby next to their skin in this way.

Your friends and family

It's important for you to spend the first few days and weeks close to your baby to make sure they are fed and happy and also to start to build your relationship. Having eye contact with your baby is really important.

You need to make sure they feel safe and secure in their new world. Plan which day-to-day chores must be done (and who could do them). Ask a friend or relative to bring a meal with them, or ask them to come prepared to do some ironing or wash dishes. Cut everything down to a minimum.

Concentrate on looking after your baby while everyone else does the shopping, cooking and washing.

For support call the National Breastfeeding Helpline on 0300 100 0212.

Expressing milk

Expressing breast milk, by hand or using a pump, is a useful skill in many ways. Hand expressing works best in the beginning – it can help if your breasts are very full and heavy. It can also provide relief and then help your baby attach to your breast, and help to resolve problems such as blocked ducts and mastitis. Your midwife should show you how to do this by hand, but page 44 can act as a helpful reminder.

Expressing breast milk can also help to fit breastfeeding in with your life (including going back to work – see page 49). It helps you to protect your milk supply so you can feed your baby when they are with you.

Once breastfeeding is going well for you and your baby, you can use a breast pump to express milk for someone else to give to them if you are not around. There are many types on the market, and you can rent or buy them. Some are cheap and work very well, and others are more expensive. Before you buy, ask other mums or your midwife, health visitor or family nurse for some pointers. It's important that the suction setting is at the right level for you and the shield fits your breast size. Mums are all different shapes and sizes, so one size does not fit all! If you are using a pump, you will also need to massage your breast first to start your milk flowing.

Giving your baby a bottle while you're establishing breastfeeding can interfere with their sucking technique for breastfeeding – your midwife, health visitor or family nurse will be able to show you how to feed with a spoon or a cup.

The best time to express milk is when your breasts feel at their fullest. You could feed from one breast and express from the other.

Storing breast milk

Breast milk should be stored in a sterile container (this could be an ice cube tray for small amounts):

- In the fridge (not in the door) at 0–4°C for up to five days.
- In the freezer compartment of the fridge for up to two weeks.

Breast milk can be stored in a freezer at -18 °C or lower for six months.

Ask your midwife or health visitor about the best way to keep any equipment you use clean.

Defrosting breast milk

Thaw in the fridge and use immediately.

If needed quickly, stand the bottle (with the cap on) in a jug of warm water, making sure only $\frac{3}{4}$ of the bottle is sitting in the water to avoid water leaking into the milk.

Gently shake to mix the milk.

Use immediately – defrosted milk does not keep.

Microwaves should never be used to heat or defrost breast milk – they may heat the milk unevenly, which can scald the baby.

How do I express by hand?

Step 1

Start off by encouraging your milk to flow – being near your baby will help. To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.

Step 2

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple.

Step 3

Gently press and release, press and release, and keep repeating until your milk starts to flow. This may take a few minutes.

Step 4

When the flow slows down, move your fingers round to a different part of your breast and start again. If your baby only feeds from one breast, you could express from the other.

Donating breast milk

Breast milk is particularly important for premature and ill babies but sometimes mums are not able to provide breast milk. For more information see page 28. Donated breast milk is often given to such babies until the mum can produce milk of her own. If you think you would be a suitable donor, staff at the Scottish Donor Milk Bank Service will be happy to talk about the screening process and to answer any questions you may have. For more information, email Donor.MilkBank@ggc.scot.nhs.uk

My experience

'Practise feeding your baby in front of a mirror first. I did that and realised that other people could see nothing, not even a flash from the front when I was getting him on and off. I, of course, could see everything because I was on the other side looking down.' Helen

6. Fitting breastfeeding into your life

When you're out and about

A real advantage of breastfeeding is that it is 'ready to go' no matter where you are. Breastfeeding your baby means that your milk is available for them at the right temperature and in the right quantities, at any time of the day and wherever you happen to be.

Some mums can feed happily enough in their own home or when family or friends are around but feel awkward when they are feeding outside the home. Others find it's the other way round. During your baby's early days, you may prefer to breastfeed only where you feel most comfortable. But as you get more used to doing it, you're likely to feel more confident about breastfeeding in front of other people and when you're out and about. Also, your baby's feeds will become less frequent, so you can plan outings between feeds, if you want to.

If the prospect of breastfeeding your baby outside your home makes you feel uncomfortable, then planning ahead can make all the difference.

Myth

'You can be asked to stop breastfeeding in a public place.'

Fact

It is an offence to stop a baby being breastfed in places such as shopping centres, bars and cafes. The Breastfeeding (Scotland) Act means that you can be confident that the law supports your decision to breastfeed.

Here are some ideas to help get you started

Where to feed

Sometimes it helps to go with a friend who has an older baby and can take you to places that she already knows. Or go with someone like your mum, partner, sister or friend so that there's always someone to talk to.

Before you go out, it can help to think about where you will feel comfortable breastfeeding when your baby gets hungry. Ask a friend if they know of a spot, such as a cafe, that they've found to be 'breastfeeding-friendly'. Build up a bank of places where you feel happy to breastfeed, whether it's a cafe, shops with a comfortable space, or your local library.

A public toilet is not the best place to breastfeed. You would not eat in there, so why should your baby?

What to wear

What you wear when you're breastfeeding is a matter of what feels comfortable. Some mums like to wear baggy tops without buttons. Others, who prefer to keep their tummy covered, wear two stretchy tops so that the top layer can be lifted up and the bottom layer can be pulled down. Having a scarf or muslin with you is helpful – this can be used to cover your breast.

There are lots of different bras on the market so it is helpful to choose one that suits you and that you find easy to get undone – particularly with one hand! A soft non-underwired bra can easily be pulled up or down when you want to feed your baby. Breast pads can be useful, but are not always necessary. Some baby slings are designed in such a way that you can breastfeed while your baby is still in the sling.

Ask us about breastfeeding in public

In some parts of Scotland there are 'Breastfeeding Welcome' schemes so it is worthwhile asking your midwife, health visitor or family nurse about those.

Enjoying the experience

For some mums, the first breastfeed outside the home can be nerve-racking but remember, once your baby is attached to your breast, their head will do the job of covering you up.

Your local breastfeeding group is a great place to practise breastfeeding in front of others in a safe, supportive environment. Breastfeeding mums are a great source of tips too.

Stay calm. Concentrate on getting your baby attached without worrying about the reactions of people around you. Focus on making sure you and your baby are both comfortable. In no time it will become second nature.

Remind yourself that what you're doing is a completely natural part of being a mum. Most people will not notice and will leave you to feed your baby in peace.

My experience

'I thought I would need special clothes but I realised that my normal clothes all worked so much better. I could pop my baby under a baggy top to feed her, and she would be tucked up next to my skin. It took me a while to get the hang of it without looking, but soon I felt confident feeding almost anywhere. I've never had any negative comments from other people, and I don't think people realise I'm feeding a baby most of the time.' Karen

Looking after yourself

What you eat will not affect your milk supply, but just like any new mum, you need to eat enough and include a variety of foods to meet your needs and those of your baby. It's also good to get regular exercise.

For more information on healthy eating, exercise, alcohol and smoking when you're a new mum, see your copy of Ready Steady Baby! or visit www.nhsinform.scot/readysteadybaby

Going back to work

Going back to study or work may be the first time you have been separated from your baby for long periods. Continuing to breastfeed during those times when you're not at work helps to keep the close relationship you've built up, providing your baby with extra comfort and security for as long as you both want. This can make it easier to cope with being separated during the day. You can express your milk in advance for your baby to have while you are at work. For more information on expressing and storage of breast milk, see pages 42 to 44.

However soon you plan to go back to work, breastfeeding is possible even if your baby is still quite small and it will continue to provide benefits for both of you.

Making early plans will help make your start back to work as smooth as possible, both for you and your employer. For more information, see www.hse.gov.uk/mothers

The Maternity Action website may also be helpful: www.maternityaction.org.uk

If you are worried about taking medications; for example, antibiotics or the pill, ask your GP, midwife, health visitor or pharmacist.

Mixed feeding – breast and formula feeding

What should I know?

Giving your baby formula as well as breast milk is known as 'mixed feeding'. In the early days after the birth it's normal to be tired – you're feeding your baby often, during the day and night. This can be a time when you may think about changing to formula, or mixing breast and formula feeding. Continuing to give as much breast milk as possible is important for your baby's health. Giving formula regularly will also reduce the amount of breast milk you produce. There are a few things to think about to help you make up your mind about what is best for you and your baby.

What do I need to think about?

'I don't think I have enough breast milk.'

Remember that after a few weeks of breastfeeding your breasts will not feel as full as they did at the beginning. This does not mean that you are not producing enough milk – it just means that you and your baby have worked out exactly how much milk they need. If you are unsure, speak to your health visitor or family nurse.

'I'm worried that my baby will not put on enough weight.'

Breastfed babies grow differently from babies fed with formula. Breastfed babies grow at a rate that is better for their future health. They can put on weight more slowly and some early weight loss is normal. If you are concerned about your baby's weight, speak to your health visitor, family nurse or midwife.

‘Giving a bottle of formula might make my baby sleep better at night.’

There is no evidence that this is true. Night-time breastfeeds are important to tell your body to keep making milk – especially in the early weeks. As your baby grows, they can take more milk and sleep for longer. Looking at how family and friends can give practical help, so that you can have some rest during the day, may be a way of helping you through those first weeks until your baby naturally wakes less to feed. If you do decide that the baby should have a bottle of formula at night, try to give this occasionally rather than every night. This will help keep your milk supply up.

‘Giving a bottle of formula means that a member of my family can feed my baby.’

While this is a lovely idea (and you may feel under pressure to do so), you need to think about whether the advantages of this are more important than the risk of reducing your milk supply and losing some of the benefits that breastfeeding brings. If it’s important for your partner or maybe your mum to be involved with feeding the baby, once breastfeeding is working well, you could express your breast milk for your baby. Remember, there are lots of other ways for your partner and family to bond with your baby. Make sure you keep the people who feed them to just your partner or someone who is close to you – this will help them feel safe and secure.

Sometimes babies find it difficult to breastfeed after they have been fed with a bottle, or to change from one to another. However, other babies seem to have no trouble with this. Because we do not know which babies might find this difficult, it would be best to avoid giving bottles and teats in the early days and weeks.

It is usually a good idea to get breastfeeding working well over a few weeks before a bottle is introduced, so that the milk supply is completely established and the baby knows how to breastfeed well.

If you change your mind about mixed feeding, it is possible to go back to solely breastfeeding – but remember, giving formula will reduce your milk supply.

Safety note: if you are introducing formula, always ask your health visitor or family nurse about how to make it up safely.

Starting solid foods

Most babies are ready to start eating solid foods at around six months. Every baby is different, but there are some signs that your baby is ready to begin solid foods. These are:

- they can stay in a sitting position and hold their head steady
- they can reach out and grab things accurately; for example, look at food, pick it up and put it in their mouth all by themselves
- they can swallow food. Babies who are not ready will push their food back out so they have more on their face than in their mouths.

It is still important to give breast milk to your baby – it will benefit both of you. The number of feeds they take will reduce as the amount of food increases. Your baby is likely to let you know when they want to stop, but it's up to both of you to decide.

As a parent, you want the best start for your baby. What they eat and drink is important for their health now and in the future. This revised Fun First Foods booklet gives information on the different stages of weaning with tips, advice and recipes: www.healthscotland.com/documents/303.aspx

The science bit

Before six months, your baby's immune and digestive systems and kidneys are still developing. Waiting until six months will make sure these systems are developed enough to cope with solid foods.

7. Troubleshooting and further information

Many mums and babies enjoy the experience of breastfeeding but this does not mean it is easy for everyone all the time. About one in three mums will need extra support at some point. Some common problems are listed below and overleaf, and the next section gives information on where you can get help if you need it.

Many difficulties that you might encounter are because your baby's position is not quite right or they are not attached to your breast correctly. Often, only small changes are needed to help things go smoothly again. Listed below are some of the more common problems and some tried and tested solutions.

Troubleshooting guide

The issue	Why it happens	What you can do
I have sore, cracked nipples.	Your nipple skin is easily grazed or cracked as a result of your baby's gum pinching it, or the tip of your nipple becomes sore because it has not been far enough back in your baby's mouth, and has rubbed against the roof of their mouth.	Make sure that you and your baby are in a good position and they are attached properly – see page 22. Ask your midwife, health visitor or family nurse as soon as you can to help you. You could also go along to a local breastfeeding group or ring the National Breastfeeding Helpline on 0300 100 0212.

The issue	Why it happens	What you can do
<p>My baby is very sleepy.</p>	<p>This is more common in the first days after birth. Some babies are tired and may need to be woken for feeds to make sure they get enough milk but this is only temporary.</p>	<p>Lots of skin-to-skin contact and closeness will be soothing for them and will give them the opportunity to feed. Try massaging their skin, changing their nappy, expressing a little milk for them to taste, and other gentle efforts to waken and interest them in feeding.</p> <p>See page 37 for how to tell your baby is getting enough milk. Your midwife will check on you both to make sure your baby is well. In the meantime, start hand expressing your milk and giving it to your baby with a spoon, dropper or cup – your midwife will show you how.</p>

The issue	Why it happens	What you can do
<p>Engorgement – the stage beyond normal fullness of your breasts. They will be swollen, lumpy or full. If it's severe they will be tender, shiny, red and very swollen.</p>	<p>This would usually be in the first few days after your baby is born but could also happen at later stages too – when feeding patterns change or weaning foods are introduced. It can also happen if you miss a feed while having to be away from your baby. If they have been delayed in receiving a feed or are not attached correctly or not feeding enough, milk builds up.</p>	<p>Make sure you are feeding your baby often enough and your baby is attached as well as they can be. It might help to express some breast milk. This should help to reduce the discomfort and allow your baby to attach more easily. A well-supporting bra or vest can help with the discomfort.</p> <p>You can also use a warm or cool pad, for example a cloth that has been in the freezer or a small hot water bottle wrapped in a cloth. Fullness will often go away by itself as your baby gets interested in feeding. Hand expressing milk can also relieve enough tension for your baby to feed more easily.</p>
<p>Blocked ducts – these can lead to mastitis, but not always.</p>	<p>This can happen at any time but usually two to three weeks after your baby is born. It means that milk is unable to flow and it builds up, resulting in swelling.</p>	<p>It's very important to carry on breastfeeding at this time. Make sure your baby is properly attached.</p> <p>Feeding often, on the affected side first, over the next few feeds will help. Also massage the affected area or try a different feeding position.</p>

The issue	Why it happens	What you can do
<p>Mastitis – you will see a red area on your breast, usually with a lump. Your breast may be painful and hot and you may develop flu-like symptoms.</p>	<p>Blocked ducts and mastitis are linked but they are not the same condition. Mastitis is an inflammation or an infection of the breast or breasts. This can be caused by a blocked duct so it is important to clear this by massage or frequent feeding.</p>	<p>It is important to keep your milk flowing in your breast and to ensure that it is draining well. Massaging your breast and frequent feeding can help clear a blocked duct.</p> <p>If your baby will not breastfeed on the affected breast, you may need to hand express to remove your milk. If your symptoms do not improve, you may need medication, particularly if you feel fluey, so it is important to speak to your midwife, health visitor or family nurse, or your GP.</p>

The issue	Why it happens	What you can do
<p>Thrush – your nipples are sore and may be ‘flaky’ in appearance, look red or pale, possibly shiny and feel itchy and burning. You may also have a sharp shooting pain during or after feeds. Your baby may have a white coating in their mouth.</p>	<p>A thrush infection can happen at any time but it seems to be more common after taking antibiotics or after the early days of breastfeeding. Thrush can thrive on broken skin and in warm, moist conditions and can be passed between mum and baby.</p>	<p>Check your baby’s position and attachment, as this is the most common cause of sore nipples. If this does not help, speak to your midwife, health visitor or family nurse for advice. Your GP will be able to give you and your baby medication if thrush is diagnosed. If you have thrush, any expressed breast milk should not be stored, as the thrush infection will be present in the milk. As you and your baby will be having treatment at the same time, it is fine to carry on breastfeeding. It is also a good idea to put your bra through a very hot or boil wash to help kill the thrush, and to change your breast pads frequently as these could cause reinfection.</p>
<p>Refusing the breast – some babies get cross and frustrated, and seem to fight, tossing their heads from side to side.</p>	<p>Babies refusing to suck at some point is quite common. There can be many reasons for this. It’s important to try and find out what’s causing it, but sometimes patience is all you need.</p>	<p>Hold your baby next to you, skin-to-skin, as often as you can so that you can respond straight away when they show signs of wanting to feed. That way they learn that your breast is a comforting and soothing place to be.</p>

The issue	Why it happens	What you can do
Slow weight gain.	Babies are individuals and gain weight at different rates, so slow weight gain can be normal for some babies. However, for others it can be a sign that they are not getting enough milk to grow.	<p>Make sure your baby is well positioned and correctly attached and feed them as often and for as long as they want.</p> <p>Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all they need when, in reality, they are resting before wanting to feed more. It is important to talk to your midwife, health visitor, family nurse or GP if you have concerns.</p>

Remember, do not be afraid to ask for help.

If you have any doubts, speak to your midwife, health visitor or family nurse.

Support and sources of help

UK-wide voluntary organisations

There are a number of voluntary organisations and charities that support breastfeeding across the UK. Many have support lines and run local groups. More information can be found on their websites or by telephone.

The NCT (Formerly the National Childbirth Trust)

The NCT gives parents accurate, impartial information so that they can decide what's best for their family, and it introduces them to a network of local parents to gain practical and emotional support. This site is for parents and professionals: www.nct.org.uk

Helpline for all pregnancy, birth, feeding and postnatal questions:
0300 330 0700.

La Leche League Great Britain

La Leche League (pronounced 'la lay-chay') is an international charitable organisation founded to give information and encouragement, mainly through mother-to-mother support, to all women who want to breastfeed their babies.

www.laleche.org.uk

Helpline (8 am–11 pm every day of the year) 0345 120 2918

The Breastfeeding Network

Independent, evidence-based information and mum-to-mum support.

www.breastfeedingnetwork.org.uk

National Breastfeeding Helpline

0300 100 0212

Talk to a mum who knows about breastfeeding.

Lines open 9.30 am–9.30 pm every day of the year.

Further information

Ready Steady Baby!

Provides information to parents from pre-conception to 8 weeks and has breastfeeding information. www.nhsinform.scot/readysteadybaby

Parent Club

Website about parenting, including feeding choices.

www.parentclub.scot/topics/feeding

UNICEF UK Baby Friendly Initiative

UNICEF is the world's leading children's charity. The UNICEF UK Baby Friendly Initiative provides training and assessment for maternity, neonatal, health visitor, family nurse services and university programmes. This helps professionals to improve the standard of care, information and support they give to parents about feeding and building close loving relationships with their baby. Visit www.unicef.org.uk/babyfriendly

Acknowledgements

Thanks go to the national advisory group for their help with this publication.

We would like to thank NHS Greater Glasgow and Clyde and NHS Lothian for their help with taking some of the photographs.

We would also like to thank Best Beginnings and the Fatherhood Institute for their help in providing some of the quotes from parents.

www.bestbeginnings.org.uk

www.fatherhoodinstitute.org



Translations



Easy read



BSL



Audio



Large print



Braille

Other formats available at:



www.healthscotland.com/documents/120.aspx



0131 314 5300



p hs.otherformats@p hs.scot

Published by Public Health Scotland
1 South Gyle Crescent
Edinburgh EH12 9EB
© Public Health Scotland 2021
All rights reserved.

Established on 1 April 2020,
Public Health Scotland is Scotland's
national public agency for improving
and protecting the health and
wellbeing of Scotland's people.



Parent Club

www.publichealthscotland.scot
www.nhsinform.scot/readysteadybaby