

## When Your Baby Refuses Your Breast



If your newborn has had some bottle feedings or uses a pacifier a lot, he may seem confused at the breast, or even refuse to go to the breast. Sometimes babies have difficulty latching-on if your nipples are soft and flat. Some babies learn to prefer the relatively fast flow from a bottle nipple and become frustrated at the relatively slow flow from the breast.

Sometimes lying down with your baby and cuddling skin to skin helps. Allow your baby to awaken being held skin-to-skin. Feeling you and smelling you just might do the trick for the baby to WANT to take the breast. Encourage the baby to locate the breast when he feels ready and seems hungry. As they awaken, babies tend to move their head and hands around in search of the breast. Allow him time to find the nipple on his own. When the baby feels the breast on his cheeks and chin, he will open his mouth and latch-on.



Try this several times each day for an hour or two. Not only is skin-to-skin contact great for promoting breastfeeding, it helps enhance your baby's nervous system and is fun to do.

If your baby needs more assistance, try laying back for the feeding. Babies seem to feed better when their tummy is in full contact with the mom.



All you have to do is lean back, find a comfortable position and lay the baby near the breast. When he is ready he will find the breast with little help from you. There is a nice video of this "Laid Back Breastfeeding" at <http://www.biologicalnurturing.com/video/bn3clip.html>

There are some other tips that might help a reluctant baby come to the breast. Roll the baby on his side so he has "tummy to tummy" contact with you. Position him so his nose is lined up with your nipple right in front of your breast. This way he has to reach up slightly to latch-on. He shouldn't have to turn his head to the side to get to the breast. If your nipple is difficult to grasp, roll it gently between your fingers to make it stand out. Make your breast into a "nipple sandwich" by gently compressing behind the edge of the areola. This "U" hold or "C" hold will allow the baby to attach more deeply to the breast.



Use a “U” hold when the baby is in a cradle or cross-cradle hold. Use a “C” hold when the baby is being held in a football hold. Be sure to line up the “sandwich” with the baby’s mouth. If you keep your thumb in line with your baby’s nose and your fingers on the opposite side of the breast, you have the right hand position.



Express a few drops of milk on your nipple or drip some milk over your nipple for your baby to taste. Stroke your baby's lips with your nipple (from nose towards chin) until his mouth opens wide and pull him quickly onto the breast. Encourage your baby softly and calmly.

Sometimes lactation consultants recommend feeding the baby with an alternative feeding method in addition to trying at the breast. If, after 5-10 minutes, your baby does not latch-on to the breast, offer pumped breast milk or formula in a way that will not compromise breastfeeding. It is best not to persist beyond 10 minutes if your baby is resisting the breast. You want the breast to be a pleasant place for your baby to be, not a battle ground.

Persistence and patience will remedy this situation. Don't confuse your baby with bottle nipples or pacifiers at this time. After breastfeeding is going well, they can be used. Remember, your newborn needs to nurse 8 - 12 times per day. You should expect to see 6 - 8 wet diapers and several stools each day. If using these hints doesn't help resolve these problems, make an appointment to see a Lactation Consultant or contact your physician.

You may need the advice of a lactation consultant to give you guidance in these situations. A lactation consultant may use a nipple shield, a supplemental nurser or other types of equipment to match the flow of milk from the bottle, while the baby is learning to experience the breast.

While you are working on transitioning the baby to the breast, be sure to use a hospital grade breast pump at least 8 times per day to maintain your milk supply. Returning the baby to the breast is always easier if there is an abundant flow of milk available.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.

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