BREASTFEEDING:

DEBUNKING BREASTFEEDING MYTHS

1 Myth: "Breastfeeding is not that popular in this country"

Fact: Over 60% of women in Ireland choose to breastfeed. While Ireland still has lower **breastfeeding rates** than many other European countries, progress is being made, and rates **are on the rise**[1]. Breastfeeding rates at three months have increased from 35% in 2015 to 44% in 2024[2].

2 Myth: "Your baby will not get enough milk"

Fact: Almost all women can produce enough milk. Breast size or shape doesn't determine supply. Early and frequent feeding, along with skin-to-skin contact, helps your body increase milk production[1]. Breastfeeding is a supply and demand system[1]. The more your baby feeds, the more milk your body produces to meet their individual needs[1].

3 Myth: "You have to stop breastfeeding at 6 months"

Fact: ***You do not have to stop breastfeeding at any set time*[1]**. The World Health Organization recommends exclusive breastfeeding until 6 months, and continued breastfeeding with complementary foods for up to 2 years or beyond[1].

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4 Myth: "Breastfeeding after 1 year has no nutritional value"

Fact: Babies aged one to two years can get 35–40% of their energy intake from breastfeeding[1]. Breast milk is an important source of fatty acids, Vitamin A and calcium[1].

5 Myth: "Exercising will reduce your milk supply"

Fact: ***Exercising while breastfeeding does not reduce your milk supply***[3,4]. Research shows that moderate exercise does not negatively impact breast milk production or composition[3,4]. Very strenuous exercise can temporarily increase lactic acid in breast milk, making it taste "sour"[3,4]. This is not harmful to your baby, and the effect is short-lived[3,4]. To maintain a good supply, stay hydrated, eat well, and listen to your body[3,4].

6 Myth: "Breastfeeding makes you more at risk of injury"

Fact: Breastfeeding women who are exercising are at no more risk of injury than non-breastfeeding women postpartum[4].

This content is not medical advice.
If you have any questions or concerns arising after reading this, please speak to your doctor/GP.

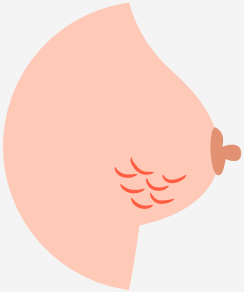
Breastfeeding Toolkit

PREGNANCY BREAST CHANGES

FIRST TRIMESTER

- Hormones (progesterone, oestrogen, and prolactin) prepare your breasts for milk production[5].
- Breasts may feel tender, sore, or tingly due to rising progesterone levels[5].

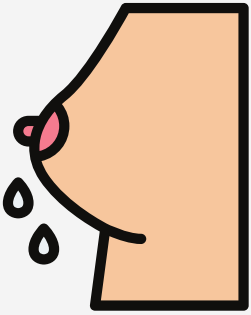
SECOND TRIMESTER



- Nipples and areola (area around the nipples) may darken in colour[5].
- Veins and stretch marks may appear as breasts grow[5].
- From around 16 weeks, your breasts start making colostrum (the first milk, yellow in colour, often called *"liquid gold"*)[5].

THIRD TRIMESTER

- Your breasts may leak colostrum, and you may be able to express small amounts by the end of week 36[5]. ***Only do this if advised to by your midwife or GP***.
- Learning to hand express and store colostrum can help you improve your milk supply[5].
- As your due date approaches, your breasts and nipples become larger[5].



Athlone Community College Transition Year Student Artwork Showcase - Technological University of the Shannon (Athlone) - National Breastfeeding Week 2025.

Breastfeeding Toolkit

THE ACTIVE BREASTFEEDING WOMAN

BREASTFEEDING CHALLENGES

It's normal to face a few bumps along the way. Support is available every step of your journey.

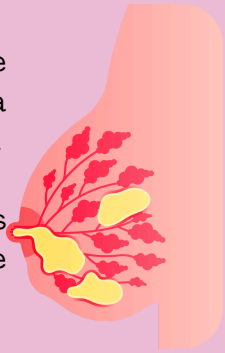
Sore Nipples

Tenderness is common in the early stages, but ongoing pain is not.

- *Symptoms:* Pain during or after feeds, nipples feeling very tender or raw, cracks, grazes, or bleeding[6].
- *What can you do?* Seek support on breastfeeding latch and positioning; Gently apply your own milk or a nipple cream that is safe for the baby to ingest, like *HPA® Lanolin* - Either of these can be very soothing[6].

Blocked or Narrowed Milk Ducts

- *Symptoms:* Warm, sore area or a tender lump in the breast. It may happen if milk flow is restricted (tight bra or baby is not positioned or attached well to the breast)[6].
- *What can you do?* Apply a warm compress before feeds and a cold compress after or between feeds; Use gentle breast massage; Breastfeed as normal[6].



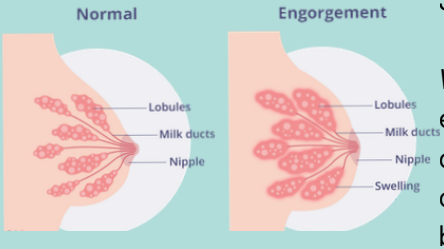
For more information on common breastfeeding challenges, ***please scan the QR code.***

Breastfeeding Toolkit

THE ACTIVE BREASTFEEDING WOMAN

BREASTFEEDING CHALLENGES

Breast Engorgement *(when your breasts get too full of milk)*



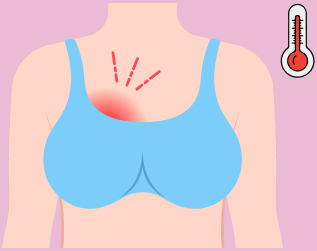
Symptoms: Hard, swollen, or painful breasts[6].

What can you do? Breastfeed often; Hand-express before breastfeeding; Apply warm compress before breastfeeding, cool compress after; Wear a comfy, non-wired bra[6].

Engorgement can cause blocked ducts or mastitis, so prompt treatment and support are essential.

Mastitis *(breast inflammation usually due to a blocked milk duct or an infection)*

- *Symptoms:* Painful, red, swollen breasts (you may notice a hard lump), high fever, flu-like symptoms[6].
- *What can you do?* Rest and drink plenty of fluids. Keep breastfeeding or expressing (start on the affected side if possible). Use a warm compress before feeds and a cold compress after or between feeds. Wear a comfortable, non-wired bra[6].



If you have a high fever, flu-like symptoms, or symptoms haven't improved in 24 hours - seek medical advice (you may need antibiotics).

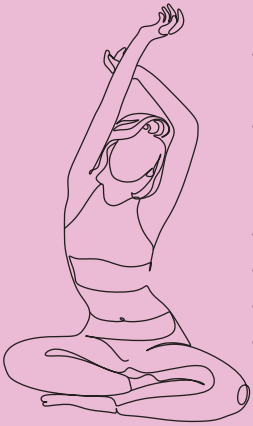
You are not alone on your breastfeeding journey. Healthcare professionals (midwife, public health nurse, lactation consultant) can help with breastfeeding challenges, and local breastfeeding support volunteers can assist with everyday breastfeeding issues.

Scan the QR code for more information on breastfeeding support

Breastfeeding Toolkit

POSTPARTUM HEALTH: BODY CHANGES, NUTRITION AND HYDRATION

How your body changes after pregnancy and birth:



Having a baby changes your body. This can affect how soon you can be active.

- Abdominal muscles stretch - core strength can be affected[7,8].
- Posture changes - sitting and standing may feel different. It is important to correct your posture after pregnancy[7,8].
- Pelvic floor muscles - may be weaker or injured[7,8].
- Body tissues - may be more flexible[7,8].
- Joints - require some additional muscle strength[7,8].
- If you had a caesarean section, you will have a wound that needs time to heal before returning to certain activities[7,8].

Fuel for Recovery & Breastfeeding:

- Exclusively breastfeeding mothers need an extra 300–500 calories per day[9,10].
- Active women may need more on top of the energy demands of breastfeeding. Include around 1–2 healthy snacks each day, such as a wholegrain sandwich, yoghurt, or two pieces of fruit - adjust this based on your activity level; more if you're active[9,10].
- Stay well hydrated, drink plenty of water before, during, and after feeds[9,10].
- If you're breastfeeding, try to drink about 1 extra litre (L) of fluid each day. That adds up to about 2.5–3L a day (around 10–12 glasses) spread throughout the day. Good choices include water, low-fat milk, or pure fruit juice diluted with water[9,10].

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