

Breast refusal

A baby's refusal to suck at the breast is a distressing problem for a mother. The mother can feel as though her baby is rejecting her and may think she has to wean. However, the problem is usually temporary. When supporting a mother who is concerned about breast refusal, it is important to firstly determine if the baby is truly refusing. For example: Is she allowing her newborn enough time to attach and feed? Does she perhaps not realise that feeding patterns change as the baby gets older? Sometimes you may never know the reason for the baby's refusal.

Resources

Breastfeeding: when your baby refuses the breast booklet Australian Breastfeeding Association

Brodribb, W. (ed) 2019, *Breastfeeding Management in Australia*.

5th ed Australian Breastfeeding Association, Victoria.



**Australian
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Here are some examples of what might cause breast refusal.

Baby-related reasons:

- Birth trauma
- Breast engorgement resulting in flattening of the nipple thus making it difficult for the baby to attach
- Forcing the baby to the breast at early feeds
- Use of a bottle, nipple shield or dummy may cause 'nipple confusion' as baby tries to adjust to different sucking actions
- Overuse of bottles can cause older babies to refuse breastfeeds
- Illness such as a sore throat, ear infection, blocked nose
- Immunisation — the baby may refuse to lie or feed on a sore arm or leg
- Too much solid food given too early and/or too often
- The baby may want to cut down on the length or frequency of feeds
- Hot weather — the baby may be hot, making skin-to-skin contact uncomfortable
- Easily distracted baby (especially 4–6 months old) — older siblings, strange surroundings, noise.

Mother-related reasons:

- Nipple variations which may make it more challenging for a baby to attach
- Slow let-down or low milk supply
- Fast milk flow and multiple strong let-downs
- Change in the smell of the mother — new soap, perfume, deodorant, salt or chlorine from swimming
- Change in the taste of the milk — mastitis, new medication, change in diet, hormonal changes related to menstrual cycle, pregnancy.

There are many strategies that can help entice a baby to resume feeding at the breast. These can vary depending on what may be thought to be the cause. However, most strategies involve calm and gentle handling of the baby and encouraging the mother to keep a relaxed and flexible attitude by taking each feed as it comes. Some strategies may work for some feeds and not others. If the baby is refusing most or all breastfeeds, it may be useful to recommend expressing to maintain the mother's milk supply and give that milk to the baby.