

Breast changes during and after pregnancy



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Introduction

This booklet looks at the changes that can happen to a woman's breasts during pregnancy and after she has her baby.

The hormones released during pregnancy and after birth cause lots of changes in a woman's body. Some of these changes will be to a woman's breasts as her body is preparing to feed her baby.

We have tried to cover the main breast changes women experience during pregnancy but it is also important to continue to be breast aware at this time. Being breast aware is about becoming familiar with your breasts and the way they change throughout your life. It means knowing how your breasts look and feel normally so that you feel confident about noticing any change that might be unusual for you. Sometimes this can be more difficult during pregnancy because of normal changes to the breasts at this time. If you are unsure about any change to your breasts talk to your midwife or doctor.

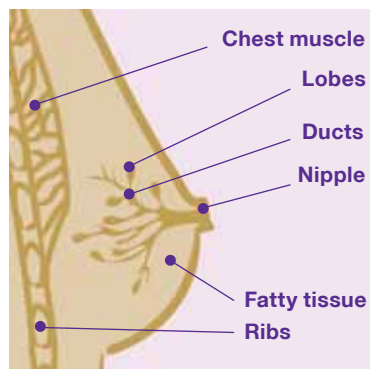
The breasts

The breasts are mainly made up of fatty tissue that starts high on the front of the chest and continues down and around into the armpit. They are supported by ligaments and the large chest muscle.

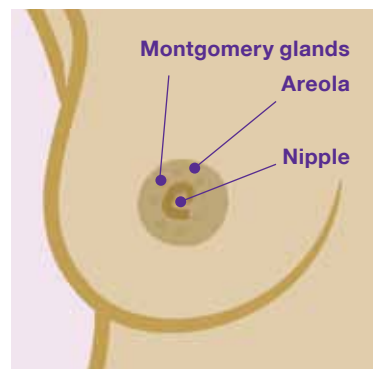
Each breast has 15–20 lobes with a number of lobules made up of milk-producing cells and ducts, surrounded by glandular, fibrous and fatty tissue. Each lobule has a major duct that opens onto the nipple. The darker area of skin around the nipple is called the areola. On the areola there are some little raised bumps. These are quite normal and called Montgomery glands. They produce fluid to moisturise the nipple.

Changes happen to your breasts during pregnancy to prepare them for feeding a baby. These changes are caused by the increase in the hormones oestrogen and progesterone and of prolactin – the hormone which triggers the production of milk.

The breast



The nipple



What happens to the breasts during pregnancy?

Changes to the breasts are one of the early signs of pregnancy. This may include tenderness of the nipple and breast along with an increase in breast size. This varies from woman to woman and you may notice a big change in the size of your breasts or very little change at all. An increase in size may make your breasts feel heavy and tender. The breast tissue extends up into the armpit and some women with additional breast tissue (accessory breast tissue) may find that this also gets bigger in size.

Many women feel a change in sensation in their breasts such as tingling and soreness (particularly of the nipples). This is due to increased levels of the hormone progesterone and the development of the milk ducts. As your pregnancy progresses the nipples and areola become darker in colour and the veins on the surface of the breast may become more noticeable.

'My breasts were an early sign of pregnancy for me. I increased several cup sizes and early on they were more tender than before. The tenderness subsided quickly but they continued to grow during pregnancy to an astounding size. I had to buy a new bra twice during pregnancy.'

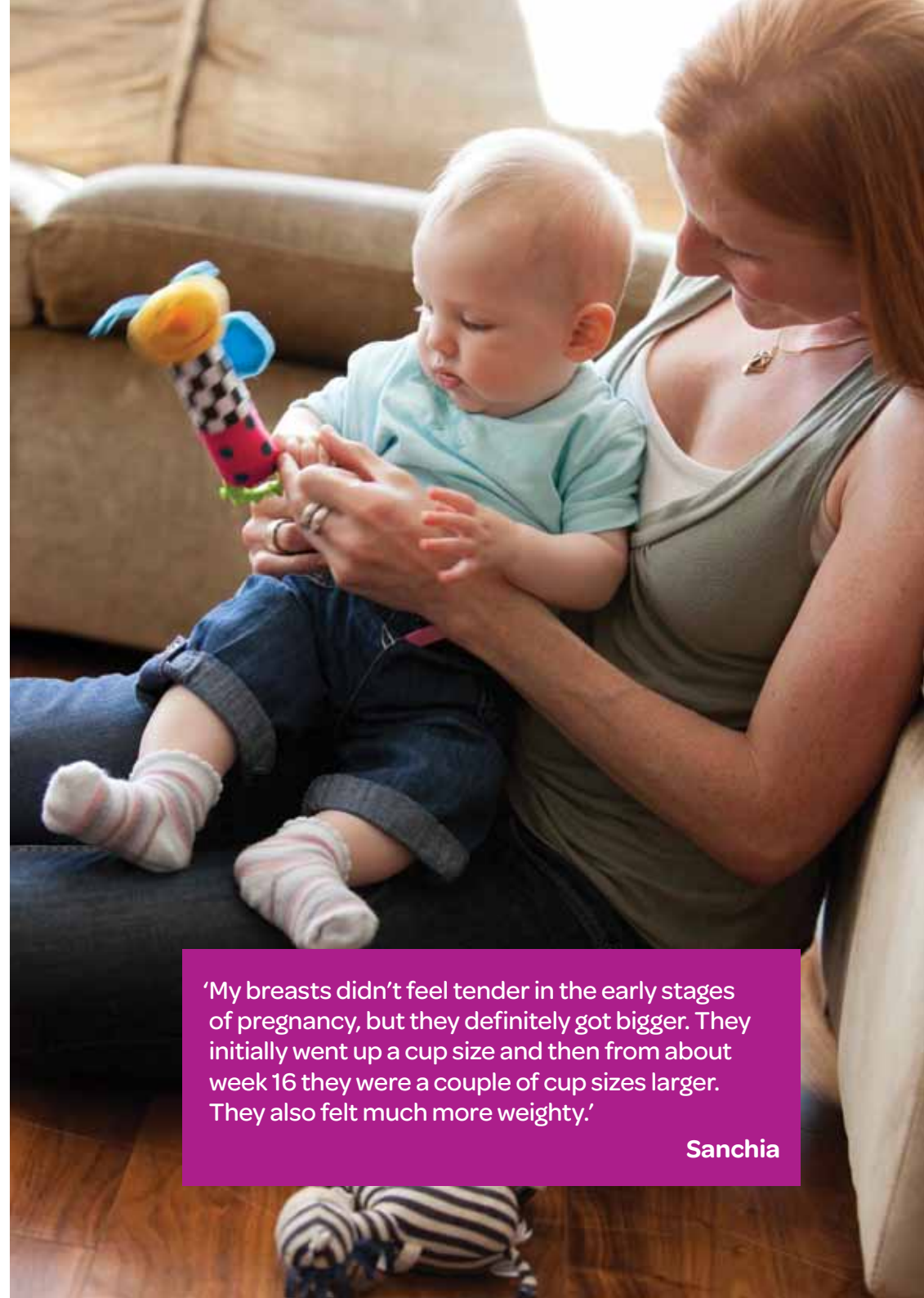


Jojo

The Montgomery glands get bigger and can become more noticeable. From about 16 weeks of pregnancy the breasts are able to produce milk. It is not unusual for the nipples to leak small amounts of straw-coloured fluid known as colostrum. This is perfectly normal and not something to be concerned about. Colostrum is often called the 'first milk' and is full of nutrients and antibodies designed to provide the baby with additional protection during the first few days. If you are leaking colostrum and are worried that it may be noticeable on your clothes you can put a breast pad (a disposable or washable fabric pad) inside your bra.

A few women may have occasional leakage of blood from the nipple. This is due to the increased number and sudden growth of blood vessels. Although this can be normal during pregnancy, it is best to get any leakage of blood from the nipple checked by your GP (local doctor).

In the last few weeks of pregnancy the nipples become larger and the breasts continue to expand as the milk-producing cells get bigger.



'I knew I might be pregnant when I had very tender breasts, especially at night. It was this change that led me to take a pregnancy test.'

Emma



'My breasts were tender to touch but that was the only real change. They did not get larger until the third trimester.'

Louise

'My breasts didn't feel tender in the early stages of pregnancy, but they definitely got bigger. They initially went up a cup size and then from about week 16 they were a couple of cup sizes larger. They also felt much more weighty.'

Sanchia

Breast lumps

Breast lumps sometimes occur during pregnancy. The most common ones are cysts (fluid-filled sacs), galactoceles (milk-filled cysts) and fibroadenomas (fibrous tissue). If you already have a fibroadenoma you may find this gets bigger during pregnancy. The vast majority of breast lumps in pregnancy will be benign (not cancer) as breast cancer in women of child-bearing age is not common and even more uncommon during pregnancy. However, it is a good idea to get any new breast lump or growth of an existing lump checked out by your GP and to tell your midwife if you have an existing fibroadenoma, cyst or any other breast problem.

Breast discomfort

The growth of the breasts can cause discomfort and sometimes pain. This can be helped by wearing a well-fitting bra (see opposite). It is fine to sleep in your bra if it helps reduce the discomfort. You may find you don't want to sleep on your front, although your growing bump may prevent this anyway. Pregnant women are usually advised to avoid taking certain types of pain relief, but if your breasts are particularly painful you may want to take an appropriate dose of paracetamol. Talk to your GP or midwife if you need further advice.

Bras

As your breasts grow you should check that your bra isn't too tight which can cause discomfort. It is worth visiting a department store or lingerie shop to be measured and to have your bra size checked by a trained bra fitter, or contact an NCT bra fitter (see the 'Further support' section on page 38).

A bra fits well if:

- it's not too tight or too loose
- your breasts fill the cup of the bra leaving no loose fabric and contain the whole breast without any bulging at the top, bottom or sides
- the strap at the back doesn't cut in
- the shoulder straps don't carry the full weight of your breasts, stay in place when you lift your arms above your head, and fit closely to your body without digging in
- the strap round the back and the front underband lie close to your body and are at the same level at the front and back
- with an underwired bra, the underwire lies flat against your body and supports the underneath and sides of your breast without digging in or gaping.

It is sometimes suggested that pregnant women shouldn't wear underwired bras as the wiring can sometimes cause blockages in the milk ducts. However, there is no evidence to support this. As long as the bra fits you well and the wires of the bra aren't digging in, there is no reason to stop wearing an underwired bra. However, you may find it more comfortable to wear a maternity or soft cup bra. These types of bras can also be worn in bed if you feel you need extra support while sleeping.

'During my pregnancy, my breasts grew from a B cup to a D. They felt like they needed extra support which led me to wearing a support bra in bed.'

Leanne

If you are intending to breastfeed once your baby is born you may want to buy a couple of nursing bras. These have cups which unhook or unzip and make it easier to feed your baby. The best time to be fitted for a nursing bra is a few weeks before your due date when your breasts will have done the majority of their growing. If you go to a department store or lingerie shop to be fitted for your nursing bra the fitter should take into account that your breasts will get even bigger when you start producing milk, but will probably settle down again later. The fitter will probably suggest going up one or two cup sizes to allow for this. A wide range of bras are available from specialist maternity bra suppliers, by mail order and from department stores and lingerie shops.

For more information on finding a bra that fits correctly see our publication, **Your guide to a well-fitting bra.**

'I would definitely recommend trying on as many maternity bras as possible as there are loads of different styles and fits and it took me a while to find one I was comfortable in.'

Sanchia

'I would tell all pregnant women to buy a few cotton maternity bras from a specialist shop where they can be measured and given specialised advice and information about pregnancy breast care.'

Louise

'I had a new bra fitted at 10 weeks and planned to get refitted at 37 weeks, but my baby came early so I didn't get fitted for a nursing bra until two weeks after the birth.'

Catherine



'I was fitted for my nursing bra the week before I gave birth and I was surprised at how well it fitted considering how much my breasts changed after childbirth. You need to shop around and find somewhere you are happy with before childbirth as you won't have time to do this after. I did find the sales assistant's advice very useful. Book an appointment and try lots of styles on.'

Emma

Breast changes after birth

After childbirth oestrogen and progesterone levels decrease rapidly. Around the third day or so following the birth the colostrum becomes diluted by additional fluid which makes it look much whiter. It is around this time that the breasts start to leak milk.

When a baby suckles at the mother's breast it triggers nerves carrying messages to the brain that milk is needed. A hormone known as oxytocin is released from the brain to send milk to the ducts behind the nipple. This is known as the 'let down' reflex. This let down reflex is very powerful and some women may find milk leaks from the nipple when they hear their baby cry or if their breasts are full and they feel emotional.

It can sometimes be embarrassing when you feel you can't control this reflex and you find you are leaking milk. This can happen quite a lot in the first few days after you give birth, not just when you are feeding. This reflex is perfectly normal and if this happens you could put breast pads in your bra to make you more comfortable. You may also find wearing a sleep bra with breast pads helpful.

Oxytocin is released during each breastfeed and many women experience uterine contractions, sometimes known as afterpains. The oxytocin causes these contractions and they help the uterus to return to its normal pre-pregnancy size. These afterpains usually stop after a few days.



'Initially my breasts felt completely fine, then they became very heavy and like they were going to explode!'

Rachel

'My boobs remained large post giving birth but the shock was the milk coming in. I woke up on the sixth morning with rock hard, painful and lumpy breasts that leaked if you even touched them.'

Jojo

'Once my milk had come in my breasts seemed rock hard. I sometimes needed to hold them when I was getting out of the bath.'

Leanne

'Straight after the birth there wasn't much change in the feeling but by the second day I felt my breasts filling. Once the baby fed the pressure was relieved.'

Sarah

'I think everyone expects their breasts to get larger during pregnancy, but no-one can really prepare you for the immense change when your milk comes in. They get huge and very hard! Breast pads were very handy to combat leakage.'

Sanchia

'I have never had any soreness or pain from "let down". When my milk came in my breasts did feel very hard and a little uncomfortable but nothing too bad. I make sure I wear a bra in bed and luckily I haven't suffered from too much leakage!'



Catherine

Breastfeeding

The changes that happen to the breasts during pregnancy are to prepare your breasts for feeding a baby. Whether or not you decide to breastfeed is entirely your decision. There is evidence to show that breastfeeding has health benefits for both you and your baby. For example, breastfeeding over a period of time can slightly reduce your risk of breast cancer (however, this does depend on how long you breastfeed for and other factors like your age and the number of children you have).

The closeness and sense of satisfaction can also help you to bond with your baby. The benefits for your baby are that breast milk contains antibodies that help fight infections. It is all the food and drink your baby needs in the early days. The Department of Health recommends exclusively breastfeeding for the first six months of your baby's life and then to continue breastfeeding alongside solid foods for as long as mother and baby wish.

Although breastfeeding is a very natural process it can sometimes take a little time to get right and some women find it difficult. Encouraging the baby to attach to the breast

'All of the way through my pregnancy I was undecided about breastfeeding and really wanted to give it a go. But when Zack was born I decided not to breastfeed. I've had breast cancer and it seemed cruel to look at this beautiful baby and see the scars. I suffered a huge amount of guilt for not breastfeeding but looking back I am so pleased I didn't. I felt my breasts had been through enough.'



Amber


correctly is a learned skill. Some women are also anxious and concerned about their baby getting enough milk. Your midwife or health visitor will be able to help you with breastfeeding and the different techniques you can use. There may also be a breastfeeding support group in your local area where you can share your experiences with other mothers. Additionally, there are organisations with trained breastfeeding counsellors that may be able to help. Some of these are listed at the back of this booklet.

Some women choose not to breastfeed, either because it hasn't been possible or they simply don't feel it is the right choice for them and their baby. There isn't a right or wrong decision; you just need to feel you have made the best decision for you and your baby.

Women who have had breast surgery, for example breast cancer, breast reduction or breast implants, may find that they are unable to breastfeed. However, some women find that even after surgery to the breast they are still able to breastfeed. Again, you may want to ask your midwife, health visitor or breastfeeding counsellor for help.

'I found breastfeeding much harder than I expected. Not knowing if your baby is having enough, the constant feeding, fitting in time to express so my milk supply increased, no-one can really prepare you for it and I am not surprised that so many women can't continue. I am glad I persevered but almost every day I was thinking "is today the day we try formula?"'

Catherine

A photograph of a woman with dark hair tied back, wearing a purple cardigan over a white top and a colorful beaded necklace. She is looking down at a baby sitting in front of her. The baby is wearing a pink and white patterned outfit and is holding a giraffe-shaped toy in its mouth. The background is softly blurred, showing a colorful patterned object.

'I found local breastfeeding support groups/coffee mornings very helpful in swapping stories, advice, tips and stories about sleepless nights.'

Emma

‘Breastfeeding was a relief from the full boobs but it was also painful for a good six weeks. I persevered for various reasons and in the end it was relatively easy for the four months I did it.’

Jojo

‘I have had a very positive experience breastfeeding, with no problems so far (almost seven months in) and a baby who latched on excellently.’

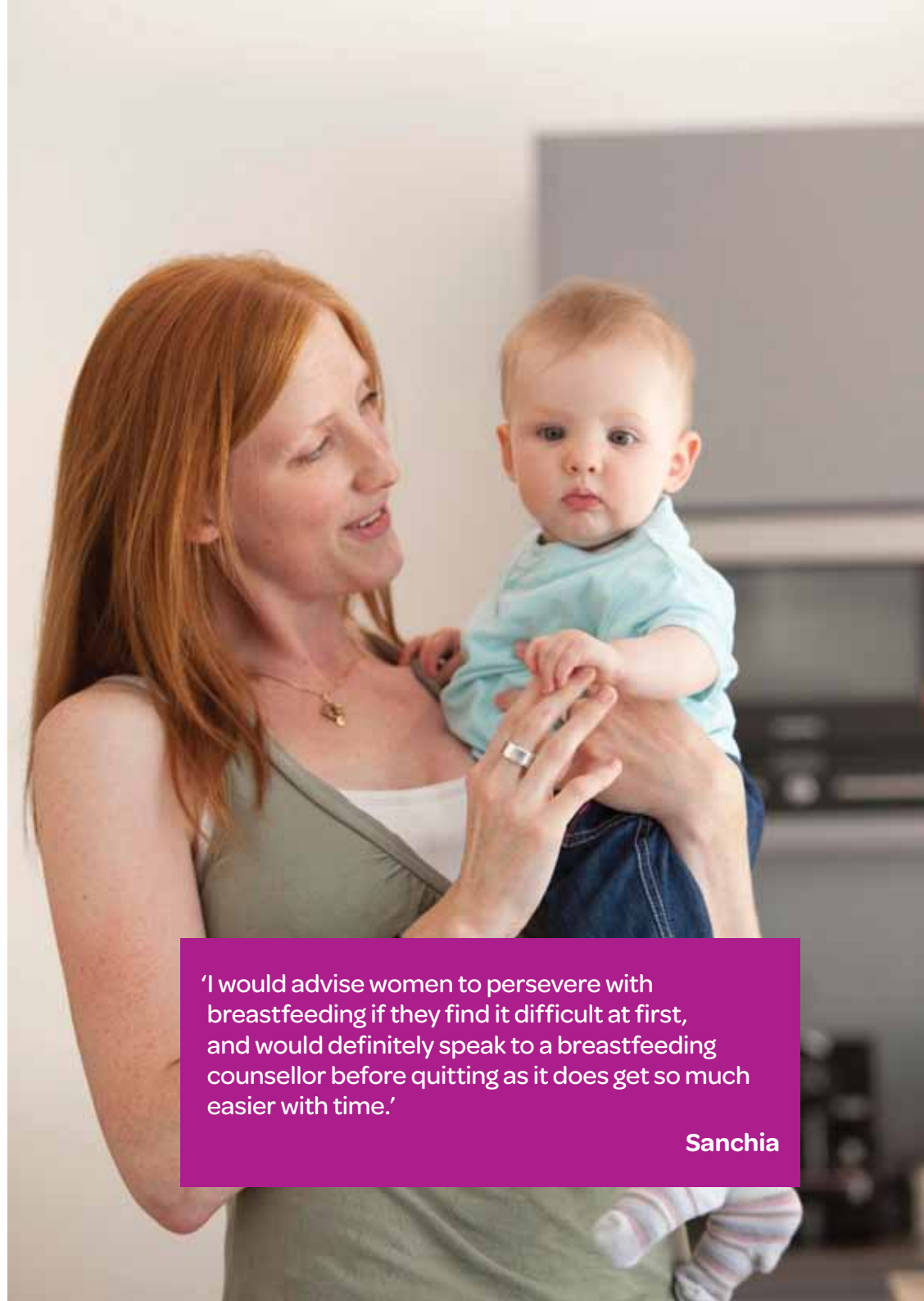
Rachel

‘I had no problems breastfeeding but I know that this isn’t the case for a lot of women. Although the benefits to the baby are well documented, very little is said about mums. I found it exhausting at times, it is demanding and constant. I had two very hungry babies, so produced a lot of milk. My breasts would leak very quickly if they hadn’t fed.’

Donna

‘I didn’t want to breastfeed for a variety of reasons and was relieved that I couldn’t in the end (I was poorly with pre-eclampsia). I’m very comfortable with my decision and probably won’t breastfeed next time, although again I’ll probably do a couple of days so my baby gets the colostrum.’

Becca



‘I would advise women to persevere with breastfeeding if they find it difficult at first, and would definitely speak to a breastfeeding counsellor before quitting as it does get so much easier with time.’

Sanchia



Possible breast problems

This section looks at what happens when your milk 'comes in' and any problems you may experience. The following information may apply to women who breastfeed and women who have decided not to and want to stop their milk supply.

It is not unusual to experience some problems with your breasts when your breast milk comes in and in the first few weeks afterwards. Many of these problems are caused by inflammation or infection of the breast. However, many women don't experience problems at all.

'I did read a lot of literature before childbirth about potential breast problems. I was very fortunate that I didn't experience any problems at all, however, I do feel it's worth knowing about what could happen and how to deal with it so you are prepared if problems occur.'

Emma

Sore and cracked nipples

Sore and cracked nipples are not an inevitable part of breastfeeding. They occur if the baby is not latched on correctly. If the baby sucks the nipple only rather than the whole areola being in the mouth, the nipples can quickly become sore and sometimes cracked because the baby's tongue or roof of the mouth is rubbing on the nipple. It is important to ask for support and advice from a midwife or breastfeeding counsellor if feeding is in any way painful. National breastfeeding helplines are detailed at the end of this booklet. If one breast is less sore, try to feed from that one first, so that if you need to swap to the other breast the baby will feed less strongly.

Some women find nipple shields useful if their nipples are very sore. These are made of thin, soft silicone and can be placed over the nipple. Milk flows to the baby from holes at the tip of the shield. Using nipple shields sometimes allows time for the nipples to heal. However, they don't work for everyone and some babies will refuse to feed through a nipple shield or may refuse to go back to feeding directly from the breast without one.

'I found breastfeeding reasonably easy but did still experience sore nipples in the first couple of weeks and even had a scab on my nipple at one point where my baby wasn't latching on properly. I'm very glad I persevered as it got easier day by day. A nipple barrier cream is a must!'

Sanchia

'I was determined to breastfeed. I did find it much harder than I had ever anticipated it to be. My instinct told me that my baby wasn't latching on properly so I attended a breastfeeding workshop at the hospital where I was shown the correct way to get my baby to latch on and which helped us massively and reassured me.'

Emma

'I really wanted to breastfeed Herbie but I found it a lot more difficult than I anticipated. I had inverted nipples which made it more difficult from the off. The midwives were really helpful but I left hospital relying on feeding my son with a nipple shield.'

Louise

Engorgement

Breast engorgement is over-fullness of the breast and is a common problem. Approximately two to three days after giving birth the woman's breasts fill with milk and as part of this the breasts become heavy and swollen. Breast engorgement occurs if the baby removes less milk from the breast when feeding than the amount that the mother produces. Some women have described their breasts as feeling hard, warm and throbbing. Breast engorgement generally happens after the first few days when the milk first comes into the breasts or later on when there is a longer time between feeds. It can also happen if the breasts are not fully emptied, if the baby is having difficulty attaching to the breast or if you have decided not to breastfeed or if breastfeeding is suddenly stopped.

If you are continuing to breastfeed, engorgement can be treated by feeding on demand and altering the feeding position to ensure the breast is being fully emptied. If the baby is not able to empty the breast you may find it useful to express by hand or pump the milk away using a breast pump (these can either be electronic or hand held). Your midwife, health visitor or a breastfeeding counsellor will be able to show you how to hand express.

Some women have found massaging the breast in a circular motion down to the nipple as the baby feeds useful in ensuring the breast is fully emptied. Other women have found placing ice packs (covered with a towel or flannel) on the breast after feeding helpful in reducing the swelling.

'I had very engorged breasts in the early days which I managed to soothe with hot flannels and paracetamol. A hot shower or bath also helped as it caused some of the milk to leak out which eased the pressure.'

Sanchia

'I generally relieved engorgement by expressing or feeding the baby so it gradually corrected itself although if I missed a feed it would return.'

Jojo

'I experienced some engorgement initially, but it went if I fed my baby or had a bath.'

Rachel

Blocked milk ducts

Sometimes a milk duct within the breast may become blocked while breastfeeding. This can also occur once breastfeeding has stopped. You may experience a small, painful, hard lump or a bruised feeling. Feeding the baby more often and a change of position may help to drain the area more fully. Gently massaging the lump towards the nipple before feeding can help clear it. Applying warm flannels to the breast has also been helpful for many women. You may also want to ensure that your bra isn't too tight as this can also cause blocked ducts.

'I had a sore right breast on a couple of occasions which I put down to a slightly blocked milk duct as an area of breast went red and felt very hard. Again I used a hot compress on it and made sure my baby fed more on that side to draw the blockage out. It was all fine within a day or so, but was very tender and painful at the time.'

Sanchia

Mastitis

If engorgement or blockage to the ducts continues, an inflammation or infection may occur. This is known as mastitis. It may also occur because of an infection from a crack or graze in the nipple. It causes flu-like symptoms such as headache, nausea and a raised temperature. If you think you may have mastitis you will need to see your doctor as it may need treating with antibiotics or anti-inflammatory drugs.

Continuing to breastfeed frequently helps to clear the infection and is not harmful to the baby as any bacteria are killed in the baby's stomach. Expressing milk either by hand or by using a breast pump may help ensure the breast has been fully emptied. Before feeding, applying a flannel soaked in warm water to the affected area of the breast may help stimulate the milk flow.

Following feeding, ice packs applied to the breast may ease the swelling and discomfort, but make sure you cover the pack with a flannel or towel to protect your skin. Drinking plenty of fluids will also help, as will getting enough rest, although this may be difficult with a new baby to care for. Accept any offers of help and try to take opportunities to rest when you can.

'I had mastitis and first of all rested and tried to massage away the swelling, but it didn't work. I got more and more tired and the pain was awful. I went to the doctors who prescribed antibiotics which sorted it out pretty quickly.'

Karen

Breast abscess

If mastitis or an infection isn't treated some women go on to develop an abscess (a collection of pus) in the breast. Breast abscesses are not common – if you think you have an abscess it is very important to see your doctor. Abscesses are usually drained using a needle and syringe.

Your GP may be able to do this but it is more likely that you will be referred to your local hospital for this to be done in a breast clinic. If the abscess is large, a small cut is made in it to let the pus drain away. Often an injection of local anaesthetic is given to numb the area first.

As with mastitis it is important to remove the infected milk regularly and you can do this through continuing to feed the baby or by using a breast pump to express the milk. However, sometimes the baby may not want to feed due to the change in the taste of the milk (due to the infection). You can continue to breastfeed as normal from the unaffected breast.

Thrush

Thrush (*candida albicans*) is a yeast infection that may occur on the nipple and areola during breastfeeding. This can happen suddenly even when pain-free breastfeeding has been well established. It can also take place following cracking or damage to the nipple. The nipple may become itchy, painful and sensitive to touch.

Some women find they have shooting pains deep in the breast that start after feeding and can last for a few hours. If the pain is particularly severe it may mean that the thrush has got into the milk ducts.

Thrush can be difficult to distinguish as many of the signs of it are similar to those caused by the baby not being latched on to the breast properly during breastfeeding (see section on 'Sore and cracked nipples').

Thrush can also be passed from mother to baby. Signs of thrush in your baby may include a creamy patch on the tongue or in the mouth which does not rub off, restlessness during feeding, pulling away from the breast and nappy rash (red rash or soreness that is slow to heal).

You may find you need to take pain relief to ease the pain caused by thrush. Both you and your baby will need to have treatment at the same time. Your GP will be able to prescribe creams or gels to apply to the nipple area following each feed along with a gel for the baby's mouth. You may also need to take tablets if the thrush has affected the ducts. It may take two or three days for the treatment to start working and a little while for it to clear up completely.

Some women find practical solutions can be helpful in settling thrush. Maintaining good hygiene and using a separate towel will help prevent spreading the thrush to other family members. If you have expressed milk and stored it in the freezer during the time you or your baby have thrush, it is best to throw this away as it may cause the thrush to come back. However, you can continue to breastfeed.



What happens if I don't breastfeed, or want to stop?

Women continue to produce milk as long as breastfeeding continues. Once you have stopped it may take some time for the milk production to stop completely. In the first few days after birth the milk stops very quickly, but later, if breastfeeding has been established, it takes longer.

When breastfeeding stops the breasts will slowly reduce in size. If you choose not to breastfeed and no milk is being removed a chemical signal will quickly stop more milk being made and the milk production will stop. In the meantime, you will probably find that your breasts feel heavy, uncomfortable and sore. Sometimes this can lead to engorgement (see page 26). Wearing a supportive bra and taking pain relief may help during these first few days.

If you have been breastfeeding and want to stop you can gradually reduce the length and number of your breastfeeds. This will naturally allow the production of milk to reduce. You can also express the milk by hand or by using a breast pump. You will need to do this frequently to begin with and then reduce it gradually over a number of days. Your body produces milk on a supply and demand basis so if you express milk less and less over time your body won't replace it. You may find it best not to stop too quickly, as this can lead to engorgement. Milk may leak for several weeks after stopping if something triggers the 'let down' reflex.

Many women continue breastfeeding while going back to work. You may want to build up to working again gradually and possibly negotiate with your employer flexible working hours in order to combine work and breastfeeding. Expressing milk using a breast pump may be another option so that someone else can feed your baby while you're at work. If you have a Human Resources (HR) department, they may be able to help you prepare for your return to work. It may be possible to give you a private room, where you can express your milk or breastfeed your baby.

'When I stopped breastfeeding, engorgement was the worst side effect so I tried to express very small amounts to relieve it but avoid stimulating demand. Because my son had refused the bottle before the transition was aggressive from 100% breast to 100% bottle all at once so I did have to manage the expressing afterwards.'

Jojo

'I stopped breastfeeding Herbie when he was six weeks old and for me it was the right decision. He was a lot happier and so was I! I did not have any problems with full breasts as I regularly expressed.'

Louise

'As I had experienced problems breastfeeding I also used formula. I never experienced pain or discomfort when I completely stopped breastfeeding as I had reduced over a long period.'

Leanne

'My little girl was just over a year old when I stopped breastfeeding. About six weeks before I cut her breastfeeds down to one in the morning and one in the evening then after three weeks of doing this I just breastfed her once in the morning. By the time we stopped I had no engorgement.'

Sarah

'I had pre-eclampsia so they had to test Oliver after every feed I did in the hospital to make sure he wasn't getting my medication. After two days of breastfeeding the colostrum enough was enough – he was losing a lot of weight and I was so weak. Even the midwives said it was probably best I stop. My milk vanished quickly and I only had one engorgement episode.'

Becca



Your breasts after pregnancy

After pregnancy, whether you have breastfed or not, your breasts probably won't look or feel the same as they used to. You may have put on weight or lost weight. It is not unusual to find your breasts have altered in size and shape compared with before pregnancy. If you have breastfed you may have lost some of the volume in your breasts. Some women don't like the changes to their breasts post-pregnancy while others accept the changes to their breasts as they have played an important part in their child's early days.

All these changes are normal and are part of the changes your breasts go through at different stages in life. It is important that you get to know how your breasts now look and feel so you can be aware of any new changes. You can find out more about breast awareness from our **Your breasts, your health** leaflets.

Further support

Breastfeeding Network (BfN)

PO Box 11126, Paisley PA2 8YB

Support line: **0300 100 0210**

Email: enquiries-2011@breastfeedingnetwork.org.uk

Website: www.breastfeedingnetwork.org.uk

The Breastfeeding Network aims to be an independent source of support and information for breastfeeding women and others. It has a breastfeeding support line and breastfeeding support centres across the UK.

La Leche League GB

PO Box 29, West Bridgford,
Nottingham NG2 7NP

Office: **0845 456 1855**

Breastfeeding helpline: **0845 120 2918**

Website: www.laleche.org.uk

La Leche League GB is affiliated to La Leche League International, a voluntary organisation dedicated to providing education, information, support and encouragement to women who want to breastfeed. Services include a telephone helpline and local support groups for breastfeeding mothers.

NCT (The National Childbirth Trust)

Alexandra House, Oldham Terrace,
Acton, London W3 6NH

Enquiries: **0300 330 0770**

Pregnancy and birth line: **0300 330 0772**

Breastfeeding support line: **0300 330 0771**

Website: www.nct.org.uk

Charity concerned with pregnancy, birth and parenting in the UK. Membership organisation with over 100,000 members. Includes a network of volunteers and branches who provide and support local services, training and evidence-based information for parents, families and health professionals. Has dedicated helplines for pregnancy, birth and breastfeeding enquiries. Also provides antenatal and postnatal classes.

UNICEF – The Baby Friendly Initiative

Website: www.babyfriendly.org.uk

The Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF. It was launched in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes. Produces information on breastfeeding.

Notes

This booklet can be downloaded from our website, **www.breastcancercare.org.uk**

It is also available in large print, DAISY format, Braille or on audio CD on request by phoning **0845 092 0808**.

This booklet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and members of the public.

If you would like a list of the sources we used to research this publication, email publications@breastcancercare.org.uk or call 0845 092 0808.

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Telephone 0845 077 1893

Email nrc@breastcancercare.org.uk

Scotland and Northern Ireland

Telephone 0845 077 1892

Email sco@breastcancercare.org.uk



Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

We promote the importance of early detection of breast cancer and provide accurate answers to questions about breast health. We believe that up-to-date information, based on clinical evidence, builds confidence and helps people take control of their health. Our training, workshops and resources explain how to be breast aware and what changes to look and feel for.

Visit www.breastcancercare.org.uk or call our free Helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

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