

Mister Lactation Doctor

Breast Refusal

Breast refusal or ‘nursing strike’ can be due to a wide variety of causes, often appearing out of the blue or from a baby who has been feeding well. It can lead to heightened stress for mom and baby, which can sometimes make attempts at feeding more difficult. It is important to try and identify what the potential cause is. Fortunately, many breast refusals are temporary.

A non-exclusive list of reasons for breast refusal:

- A traumatic delivery.
- Missing baby’s early feeding cues.
- Baby is ill (i.e. has a cold, ear infection, etc.) or teething.
- Baby is at the age where they are easily distracted.
- Baby had a bad experience at the breast (i.e. baby bit mom and was startled by mom’s response).
- Fast or slow flow of milk.
- Nipple confusion (if the baby is also fed by bottle).
- A change in the nursing schedule.
- Mom has changed her smell (new deodorant, shampoo, etc.).
- Change in the taste of breastmilk (during ovulation, during mastitis, etc.).
- Attempts to feed are very stressful.

The majority of the time, breast refusal will not persist. However, it is important to note that if it continues, you should monitor baby’s output to be certain they are getting enough food. The goal is for 6 wet diapers or more after 6 days of life. You may need to feed baby in an alternative manner if the breast refusal is prolonged. As well, it is important to protect your milk supply and express your milk, if needed.

If you can identify the cause of the refusal, then you should tailor your efforts to remedying that particular issue (i.e. treating the illness).

However, there are some general strategies that you can try when there isn't an identifiable cause for the nursing strike. These include:

- Being calm while attempting to feed and not trying to force a feed.
- Responding to baby's early feeding cues before they begin to cry.
- Feeding with skin-to-skin contact.
- Feeding in a different position than usual. The laidback position is known to illicit baby's primitive reflexes and encourages breastfeeding.
- Attempting to feed in a quiet area with little distractions or with calming background music.
- Walking (being in motion) while feeding.
- Feeding baby while they are waking up from a nap and still sleepy.
- Feeding your baby in a bath (while being careful not to slip and fall).
- Tickling baby's nose with your nipple or expressing some milk onto your nipple for encouragement.

Of course, if there are any concerns, you should contact your healthcare provider or lactation consultant for an assessment.

Always remember, you are doing a wonderful job!

Take care,



Mister Lactation Doctor
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