

Breast Refusal

When a baby who has been nursing happily for some length of time suddenly refuses to latch and feed at the breast, we call it breast refusal or a nursing strike. It can be very upsetting for both a mother and her baby. Breast refusal can happen for many reasons, and we often do not know exactly why. Often it seems as though a baby is trying to communicate some form of stress. It is unlikely that your baby is ready to wean, especially if your baby is less than a year old.

Breast refusal is usually temporary, lasting several hours to several days. **While your baby is refusing to feed at your breast, use a high-quality pump and remove milk just as often as your baby was nursing.** If your breasts get very full and firm, your baby may notice the difference, and it may be harder for baby to latch. You may also risk developing a plugged duct.

The following is a list of common reasons that babies refuse the breast, adapted from La Leche League International information:

- You changed your deodorant, soap, perfume, lotion, etc. and you smell “different” to your baby.
- You have been under stress (such as having extra company, returning to work, traveling, moving, or dealing with a family crisis).
- Your baby or toddler has an illness or injury that makes nursing uncomfortable (an ear infection, a stuffy nose, thrush, a cut in the mouth, or sore gums from teething).
- You recently changed your nursing routine (you started a new job, left your baby with a sitter more than usual, offered the breast less frequently).
- You reacted strongly when your baby bit you, and this frightened your baby.
- Your milk supply is lower because your baby is sleeping longer at night, you are pregnant, your period has started, you have not been able to pump as much at work, you have been sick, or you started a medication (including a hormonal method of birth control), which can decrease milk supply.
- Occasionally, a younger baby will refuse a breast because the milk flows too fast.

Ideas to help your baby return to feeding at the breast:

- Keep the breast a happy place. Don’t force your baby to nurse, try to relax and engage your baby by talking in a calm, encouraging, playful voice. Babies love their mother’s voice! If your baby starts to fuss, take a break.
- If your baby seems to have developed a bottle preference, sometimes a nipple shield can help a baby transition back to the breast. The shield may feel more like a bottle nipple and your baby may be more willing to suck on it.
- Try not to stress. (Easy to say, but not to do!) Your baby will pick up on your stress. Play calming music, lower the lights in the room, and hold baby skin-to-skin as much as possible. Stop and



comfort your baby if he or she gets upset when you try to nurse. Extra cuddling, stroking, and skin to skin contact with the baby can help you re-establish closeness.

- Offer the breast a little earlier than the baby's usual feeding time, when your baby is just starting to be hungry. Don't wait until your baby is fussy and hungry.
- Offer the breast when your baby is asleep, just waking up, or is very drowsy. As we drift to sleep or as we wake up, we are in a more primitive state of mind. Since breastfeeding is a survival behavior for babies, they will often revert to feeding well while drowsy.
- Try different nursing positions. Nurse while you are standing, walking and/or swaying.
- Give your baby extra attention and more skin-to-skin contact without focusing on nursing. Hold your baby in a sling or a baby carrier between feedings to increase bonding.
- Lay in bed and play with your baby while you are topless, with no pressure to nurse. If your baby searches for the breast, or appears interested, make your breast available, but don't force anything.
- Nurse in a quiet, dark room free of distractions.
- Before offering your breast, stimulate your let-down and get your milk flowing so baby gets an immediate reward.
- Take a warm bath together with lots of skin-to-skin snuggling and no pressure to nurse.
- Spend time around other nursing babies and toddlers. Sometimes peer pressure can be a good thing!

While you are gently encouraging your baby to return to breast feeding, you will need to feed your baby some expressed milk. Options include feeding your baby pumped milk from a cup, spoon, eyedropper, or syringe. Your baby may resist a cup or spoon because babies like to suck. However, this may encourage baby to return to your breast. However, if your baby fusses too much with these feeding methods, you may need to give your baby a bottle.

If you feed your baby with a bottle, try paced bottle feeding, which will slow the milk down. (Sometimes a fast milk flow from a bottle will bring on a nursing strike.) For the first 30 seconds, tip the bottle back so there is no milk in the nipple. This means your baby will suck and not get any milk (which often happens while a baby waits for a let-down at the breast). Then tip the bottle so the nipple fills only halfway (see the drawing in our *Bottle Feeding* handout). This will help your baby get used to a slower let down and slower flow, and encourage baby to "pace" the feeding, rather than react to the faster flow of a bottle. A video of "Paced Bottle Feeding" can be seen here: [Paced Bottle Feeding](#)

Take breast refusal one feeding at a time. Be gentle with yourself and your baby! If your baby does not return to the breast in two or three days, make an appointment with a lactation consultant to assess your milk supply and discuss what else might help.

Breast refusal requires patience and persistence. Get medical attention if an illness or injury seems to have caused the situation. See if you can get some extra help with your household chores and any older children so that you can spend lots of time with your baby.

Remember: your baby isn't rejecting you! Breastfeeding will almost always return to normal in a few days.

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