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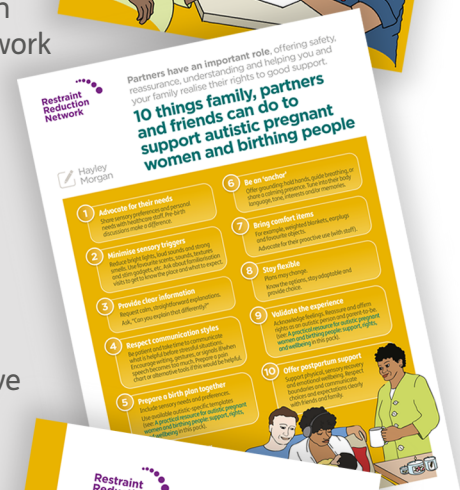
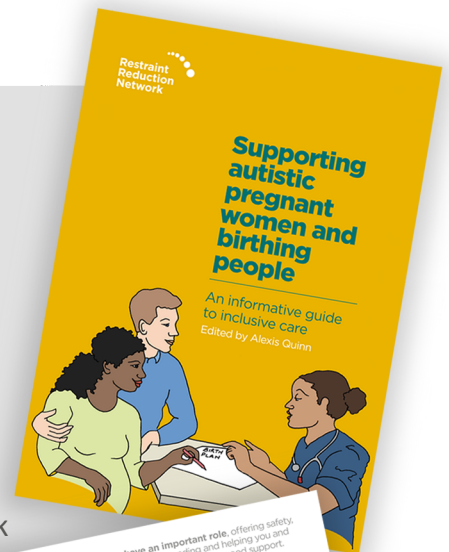
Breastfeeding support for autistic mothers and birthing people

Alexis Quinn and Ella Jackson



These resources were coproduced by people with lived experience and designed for autistic pregnant women and birthing people, and people supporting them, to get rights-respecting care. There is a:

- **Information guide** designed specifically for professionals supporting autistic pregnant women and birthing people to get rights respecting care, although autistic people and their support network will find the information helpful too.
- **Single page summary sheet/poster** which gives a list of 10 key points that family, partners and friends can do to support autistic pregnant women and birthing people.
- **Practical and interactive resource** which aims to give practical, supportive and rights-respecting information to help autistic pregnant women and birthing people feel confident and informed.
- **Breastfeeding resource** designed with kindness and respect, to help autistic pregnant women and birthing people feel supported, empowered and confident in their choices to nurture their baby.



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Please note that this document does not, and is not intended to, constitute legal advice. The RRN strives to provide accurate, well-researched information that is helpful to practitioners, professionals and people with lived experience.

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Introduction

Welcoming a new baby can be a beautiful and transformative experience. As an autistic parent, you may find that your sensory sensitivities, communication preferences, and unique way of processing the world influence your breastfeeding journey.

This guide is designed with kindness and respect which we hope will help you feel supported, empowered, and confident in your choices to nurture your baby.

This guide is for people who plan to breastfeed exclusively, combine feeding methods, e.g., with formula, or plan to take a more flexible approach, to help you prepare, understand, and troubleshoot along the way.

Remember: your feelings, experiences and needs are valid, and there are many ways to make the feeding experience work for you and baby.



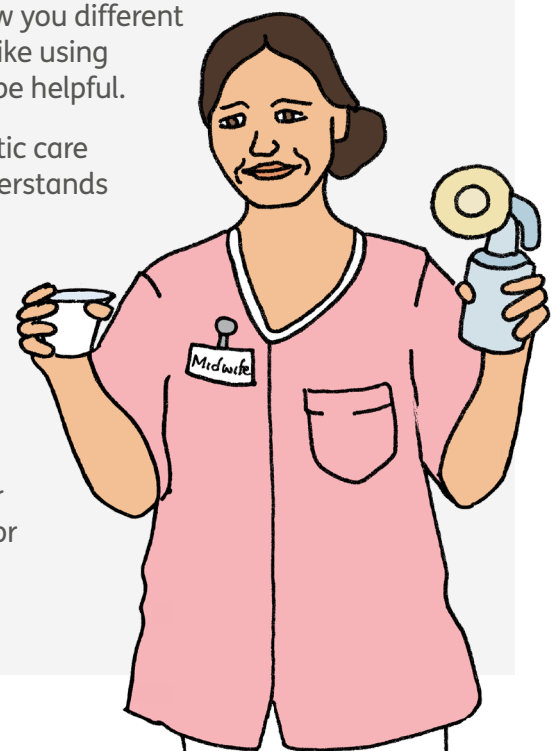
Preparing for breastfeeding: building confidence before birth

Preparation is key

Knowing what to expect and planning ahead can reduce stress, and help you feel more in control of your breastfeeding experience. Spend time before your baby is born learning about how your body might change and how to support yourself through those changes. Focus on your strengths, sensory preferences, and what makes you comfortable.

Supporting your strengths and sensory needs

- Create familiar tools, routines, or preferences that help you feel grounded. For example, if you love certain fabrics or have a sensory calming routine, incorporate these into your preparation.
- Discuss feeding options with your midwife and/or health visitor. You can ask them to show you different positions and what a good latch looks like using props. Visual reminders of these could be helpful.
- If you would like to, find a trusted autistic care provider/lactation consultant, who understands sensory sensitivities and can provide tailored support.
- Involve your partner or support person early in the process. Include them in all appointments, discussions and planning. If your partner is also neurodivergent, this is the perfect time to build a shared understanding of your unique and collective needs and plan for sharing support roles.



Physical changes and planning for birth and post-birth

Your body will go through changes from early pregnancy and these will continue after your baby is born for a few weeks or months as your body recovers and adjusts. Understanding these can help you feel prepared and ready to advocate for your needs.

Lactogenesis I (from 16 weeks onwards)

This is the stage when your body starts preparing for milk production, often noticeable through physical sensations like breast heaviness or swelling.

- Wear **supportive, comfortable bras**: soft bras with thicker straps from around 28 weeks can provide relief from intense sensory responses and give you additional comfort.
- Your breasts may feel larger or heavier, and glandular tissue can extend under your armpit – this is normal. If you're worried about swelling or changes, seek a review from your feeding team.
- Use a **doll or soft toy** to practice feeding positions comfortably, experimenting with reclining, side-lying, or relaxed sitting. This can help you discover what feels best for your body and sensory preferences.

Montgomery glands and baby's scent

- These tiny glands produce a scent that will help your baby recognise and feel comforted by you.
- Scents such as amniotic fluid-like odours or your natural scent can facilitate early bonding and skin-to-skin contact, which is vital in the first hours and weeks.

Antenatal

(before your baby is born)

Antenatal expressing: preparing for support and unexpected births

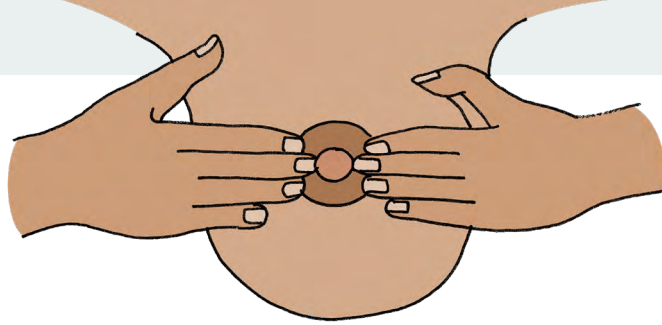
This involves gently stimulating your breasts during pregnancy to collect small amounts of colostrum (the early milk).

This can be particularly helpful if:

- you are at risk of preterm birth (e.g., if your baby is born too early, before 37 weeks of pregnancy);
- you want to have some milk ready in case your baby is born early; and
- you prefer to have control over expressing rather than waiting until after birth.

Timing and technique

- **From 36 weeks:** Start gently hand expressing, familiarising yourself with the technique.
- **Before 36 weeks:** Only do so if advised by your healthcare team; avoid preterm expressing unless it's part of your plan.
- **How to hand express (do not use a pump):** Use a gentle 'mild massage' method with your fingertips, not squeezing, and practice on a knitted or soft doll to get comfortable. Collect colostrum in sterile syringes or small pots to store in the freezer.
- If you wish to collect your milk, you'll also need sterilised containers/and follow the hospital procedure if you want to bring it in. Check how you might do this with your midwife.



Supporting sensory needs

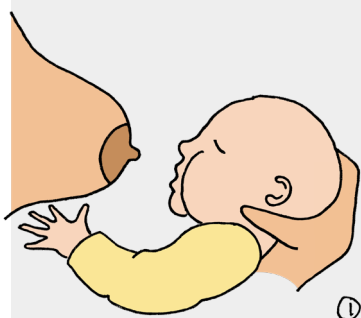
- Use your preferred fabrics against your skin.
- Play relaxing sounds or background music during expressing if your sensory threshold is low.
- Take your time and stop if you feel overwhelmed or tense (especially if your sensory threshold is high).
- Use **familiar fabrics**, clothing, or scents during feeding times – like clothing worn during labour or your preferred sensory comforts.
- Try **various feeding positions** that minimise discomfort, e.g., laid-back feeding, side-lying, or supported reclining may feel most natural.
- Customise your feeding **environment**, e.g., dim lights, soft music, or quiet spaces can help manage sensory overload.
- Schedule regular sensory breaks if you can, e.g., before and after feeding
- If you have interoception differences, set reminders to drink, e.g., if you don't usually know you are thirsty.

Practical techniques for nipple and breast comfort

- **Nipple shape, size, and sensitivity:** if you have flat or inverted nipples, or have had previous surgery, discuss this with your care team.
- **Reverse pressure softening:** gentle technique to soften the breast and nipple before latching. NOTE: this can be particularly helpful after IV fluids or induction. Practice with your partner or support person using your fingers.
- **Nipple shields:** when used correctly under guidance, shields can act as a sensory and physical support, especially if nipples are sensitive, sore or flattened. They should fit snugly and be used with proper attachment and positioning.

When your baby is born

Stages of Breastfeeding



Supporting your baby's early feeding reflexes

When your baby is born, you will find your newborn will have an incredible natural reflex that guide their early feeding. Recognising and honouring these reflexes can help create a calm and effective feeding experience.

The importance of the nine reflexive stages

Research shows that babies follow a predictable pattern of behaviours in the first hours and days after birth (if they are allowed to do so). These are not signs of distress but vital steps in their ability to latch and feed successfully.

The nine stages include:

1. Tucking in of arms and legs.
2. Movement of the mouth and tongue.
3. Rooting or turning towards the nipple.
4. Stretching or arching.
5. Chin leading movement.
6. Tilting or extending the neck.
7. Sniffing and smelling the scent signals from Montgomery glands.
8. Sucking and swallowing.
9. Pausing or taking sensory breaks.

Why are these important?

They are your baby's way of preparing to feed and regulate their sensory system. Interrupting or rushing these stages can increase stress for both parent and baby, potentially leading to uncoordinated feeding and frustration.

How to support and respect these reflexes

- Create a calm environment, e.g., dim lighting, minimal noise, and a quiet space to support these reflexes.
- Give your baby time, e.g., don't force feed; instead, allow your baby to go through each stage at their own pace.
- Stay present and observant, e.g., watch for signs your baby is comfortable and ready – these include gentle bobbing, stretching, or turning towards you.
- Use skin-to-skin contact, e.g., keep your baby close on your chest; this helps stimulate their reflexes naturally.

Recognising and responding to your baby's cues

Understanding your baby's cues is essential to responsive and satisfying feeding. Look for signs like:

- rooting or turning towards your chest;
- sucking on fists or fingers;
- smacking or licking lips;
- pausing or resting after feeds; and
- contentment and relaxed positioning.

Respect these cues: feeding on demand supports your baby's natural patterns and helps promote milk supply.

Sensory cues from your baby

Some babies may have sensory sensitivities, such as aversion to certain touch, light and temperature that influence their feeding behaviour. If your baby shows signs of overstimulation:

- Reduce sensory input (dim lights, soft voice, gentle touch).
- Offer skin-to-skin contact for calming.
- Consider the temperature. Sometimes parent and baby do not know they are overheating from the closeness.
- Be patient and give your baby time to settle.



Is breastfeeding going ok?

Understanding the nuances of breastfeeding can feel overwhelming, especially when you're navigating the experience for the first time. This table helps you easily identify what to look for and when to seek help, giving you reassurance and clarity as you navigate breastfeeding.

 Signs that breastfeeding is going well	 When to talk to your midwife/health visitor	 Urgent help needed if...
 Your baby has eight feeds or more in 24 hours.	 Your baby is sleepy and has less than six feeds in 24 hours.	 Your baby is not having wet and dirty nappies.
 Feeding lasts between five and 40 minutes each.	 Feeds consistently last more than 50 minutes without signs of milk transfer.	 You need to give your baby formula milk regularly.
 Your baby has normal skin colour.	 Baby appears jaundiced (yellow skin). Be aware of the 10 steps to spot jaundice in Black and Brown babies at the end of this guide.	
 Your baby is alert and content when awake.	 Baby constantly cries or is unusually irritable between feeds.	
 Your baby generally comes off the breast spontaneously.	 Nipples are sore or breasts are engorged.	
 You can hear your baby swallowing frequently during feeds.	 Baby remains on 'thin' colostrum after early days.	

Recognising effective milk transfer

Ensuring your baby is receiving enough milk can be your biggest concern. Focus on these key indicators:

- Wet nappies: at least 6-8 wet nappies per day after the first week.
- Dirty nappies: yellow, soft poop that increase in frequency.
- Baby's weight gain: regular check-ins with your health visitor or feeding team.
- Baby's alertness and contentment: after feeds, your baby should appear satisfied and relaxed.
- Breasts feeling softer after feeding: indicating milk transfer.

Note: Some common signs of effective milk transfer include:

- Chubby cheeks or full-looking hands (for older babies).
- Audible swallowing during feeding.
- Quiet, relaxed breathing with no audible fussing or clicking.

If your baby shows signs of not transferring milk effectively, discuss this with your support team (e.g., midwife, health visitor and partner). Adjusting positioning, attachment, or seeking further assessment may be needed (e.g., from a lactation consultant).

The more your baby feeds, the more wet and dirty nappies they should have. The table below is a guide as to how many wet and dirty nappies are expected in the early postnatal period.



Nappies

The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns.

Baby's age	Wet nappies (per day)	Dirty nappies (per day)
1–2 days old 	 1–2. Urates may be present	 1 or more dark green/black 'tar like' called meconium
3–4 days old 	 3 or more. Nappies feel heavier	 At least 2, changing colour and consistency – brown/green/yellow, becoming looser ('changing stool')
5–6 days old 	 5 or more. Heavy and wet	 At least 2, yellow; may be quite watery
7–28 days old 	 6 or more. Heavy and wet	 At least 2, at least the size of a £2 coin. Yellow and watery, 'seedy' in appearance.

* Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem. However, if they go beyond the first couple of days, you should tell your midwife. They may be a sign that your baby is not getting enough milk.

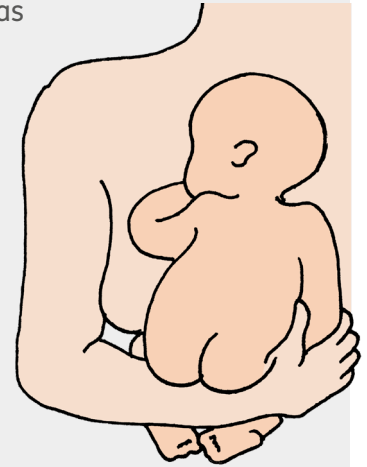
** With new disposable nappies, it is often hard to tell if they are wet. So, to get an idea if there is enough urine, take a nappy and add 2–4 tablespoons of water. This will give you an idea of what to look/feel for.

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Re-establishing the feeding pattern if disrupted

If your baby has been separated from you or the environment has been lively or overwhelming, it's helpful to gently reset your baby's natural reflexes by:

- repeating the early stages gently and patiently;
- using skin-to-skin to promote hormonal response; and
- encouraging your baby to explore your chest at their own pace before attempting to latch.



Feeding positions tailored to sensory needs

Finding comfortable, sensory-friendly positions can make a big difference in your feeding experience.

Examples of supportive positions

- **Reclined or semi-reclined.** This allows you to lean back and reduce strain.
- **Side-lying.** This minimises hold and offers a relaxing posture.
- **Cradling or cross-cradling.** This can help you make adjustments for comfort.
- **Using a sling or wrap.** Keeps your baby close and supported; try filling the sling with a weighted toy or cushion to familiarise.

Helpful tips:

- Use pillows or supports to ease tension.
- Choose clothing that allows easy access and doesn't irritate your skin.
- Dim lighting or calming sensory objects nearby can increase comfort.

Managing common challenges

Every feeding journey includes hurdles. Here are some helpful, neuro-affirming tips.

Nipple pain, flat or inverted nipples

- **Nipple shields.** When used correctly, shields can protect sore nipples and help with flat or inverted nipples. They need to fit well to be effective.
- **Reverse pressure softening.** Involves using a gentle finger technique that softens the nipple and makes latching easier. Practice it beforehand with your supporter/partner, or alone to give you confidence.
- **Positioning and attachment.** Involves helping your baby find a deep latch with relaxed lips, chin pressing into the breast, and a visible suck-swallow rhythm.

Engorgement and swelling

Engorgement often happens if the breasts become overfilled with milk, especially after labour or if fluids were given during labour. It can cause discomfort, flattened or inverted nipples, and make latching more challenging.

Tips to manage engorgement include:

- **Gentle hand or warm compress massage** before feeding to help soften the breast.
- **Reverse pressure softening** (as discussed) can help alleviate tightness and prepare the nipple for latch.
- **Express a little milk:** hand expressing or using a pump can relieve pressure without overly stimulating milk flow.
- **Feed early and often:** frequent feeding or expressing can prevent or reduce swelling.
- **Use your preferred feeding position:** side-lying or semi-reclined positions often feel most comfortable.
- **Don't force the latch:** if the nipple is flattened or inverted, take your time to soften the breast first.

Feeding at night and managing sleep

Night feeds are a natural and important part of establishing and maintaining your milk supply.

What to expect

Night feeds typically occur at least twice during the first few weeks, especially in the early days.

Some parents describe night feeding as a cozy, comforting time – sometimes called ‘snuggle time’, but for many it can be ‘the hardest part’.

Tips for comfortable night feeding:

- **Create a calming environment**, e.g., dim lights, soft music, or soothing sounds can help both you and your baby relax.
- **Use side-lying positioning**, e.g., a safer, more relaxed way to feed during the night.
- **Keep essentials close**, e.g., having your drinks, notes, or sensory comforts within reach reduces the need for movement or disturbance.



Supporting rest and recovery

- **Sleep when your baby sleeps.** Rest is crucial for your wellbeing, especially if you experience sensory overload or fatigue.
- **Ask for support.** Whether it's partners, family, or friends, gentle reminders to rest help sustain your energy. Build in sensory breaks if the tactile input from your baby is high.
- **Balance expectations.** Nights can be long, but know this phase is temporary, and your body is working hard to supply milk.

Make sure to communicate any challenges you are having so that you can be supported. It is very normal for sleeplessness to be extremely difficult and to increase sensory discomfort and communication challenges.

Supporting your sensory and pain management during feeding

Many autistic parents experience sensory overload or pain that can impact feeding. This is very common and there are things you can do to help:

- Incorporate sensory preferences, e.g., incorporate textures, scents, or visuals that soothe you.
- Adjust your environment, e.g., dimmed lights, quiet sounds, or noise-cancelling headphones can help you stay calm.
- Address pain early. Think about the latch and positioning. If it is correct, it usually resolves nipple pain, but if pain persists, consult a healthcare professional.
- Use distraction, e.g., mobile phones, reading, games and favourite TV shows.
- Use support networks, e.g., your friends, partners, or support workers can help with positioning, pre-massage, or holding sensory items.

When and how to seek additional support

Parenting and breastfeeding can bring up many questions and challenges, and seeking support can be helpful for you and your baby. As an autistic parent, you may find that specialised guidance tailored to your sensory and communication needs makes a big difference.



Signs you might need extra support

- Persistent nipple damage that doesn't hurt, nipple pain or discomfort that doesn't resolve with adjustments.
- Concerns about your baby's weight gain or wet/dry nappies.
- Difficulty achieving or maintaining a good latch.
- Overwhelming sensory overload during feeding or caring routines.
- Feeling anxious or unsure about your milk supply or feeding patterns.
- Challenges with pumping or expressing milk effectively.
- Feelings of exhaustion, anxiety, or frustration that impact your mood, sensory equilibrium, communication ability and feeding experience.

How to access support

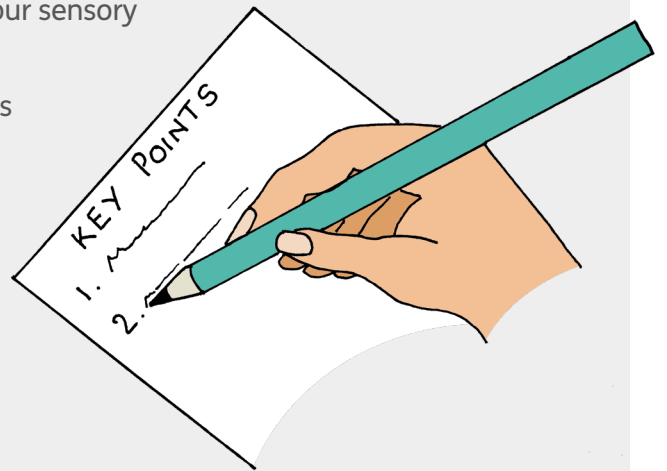
- **Your healthcare team.** Ask your midwife or health visitor for a referral or discuss your concerns during appointments.
- **Autistic-friendly services.** Seek out clinics and professionals known for understanding sensory and communication processing differences – these can be found through autism organisations or local parent networks.
- **Speak up early.** Don't hesitate to ask for a support plan that considers your sensory sensitivities, preferred communication style, and specific needs.



- **Parent support groups.** Connecting with other parents can provide reassurance, ideas, and shared experiences. In your local area there may be breastfeeding support groups, baby cafes and baby massage classes that all tend to be breastfeeding friendly. Your midwife or health visitor can tell you about local groups. Online neurodivergent communities or local groups are often welcoming and understanding.
- **Lactation consultants (IBCLC).** Have experience working with neurodivergent parents and can provide personalised assessments, adjustments, and practical strategies. Many now offer virtual consultations, which may suit sensory needs better. Be aware that you usually need to pay for this.

Preparing for support

- Write down your questions or concerns beforehand to ensure you cover all your points.
- Communicate clearly about your sensory sensitivities or preferences.
- Use visual aids or written notes if verbal communication feels overwhelming.
- Ask your support person or partner to accompany you if that is comforting.



Tips for breastfeeding out and about

Feeding your baby outside the home can sometimes feel overwhelming, but a little preparation can make it easier and more comfortable. Here are four handy tips for breastfeeding out and about:

1. **Wear comfortable, easy-access clothing**, e.g., nursing tops, hoodies with a front zipper or dresses that allow quick and unobtrusive access so you can feed smoothly without fuss.
2. **Use a nursing cover or scarf**, e.g., a lightweight cover or a favourite scarf to create a private, calming space if you prefer some extra privacy while feeding. Be aware that this can help your baby focus as some like to look around; it can also cause your baby to overheat (especially in warm weather – so monitor temperature).
3. **Pack familiar calming items**, e.g., carry along soft fabrics, a small favourite item or calming music on your phone/headset to help soothe your sensory environment and stay relaxed.
4. **Find a quiet spot**. Look for a calm, comfortable place like a quiet corner, bench, or designated lactation room to feed if available – this can make the experience more manageable.

Remember! You have the right to breastfeed in public – you're allowed to feed your baby wherever you need to. Trust your instincts, take your time, and don't hesitate to ask for a little privacy if you need it. Your comfort and your baby's needs come first!

Final tips for a supportive breastfeeding journey

Trust your instincts

You know your body best. Your feelings about feeding, sensory comfort, and your baby's cues are valid. Trust yourself and give yourself permission to adapt routines as needed.

Be flexible and patient

There is no 'perfect' way to breastfeed. Some days will be easier than others. Celebrate small successes, for example, your baby's first successful latch or a peaceful feeding session.

Focus on connection over perfection

Breastfeeding is not just about nutrition; it's about bond, comfort, and mutual enjoyment. If a feeding session doesn't go as planned, it's okay to pause, take a sensory break, and try again later.

Use your strengths

Your hyperfocus, attention to detail, creativity, or sensory awareness can be powerful tools, such as:

- crafting feeding props that suit your needs;
- setting routines that help you feel in control; and
- using sensory objects to create a calming space.

Keep a support network close

Whether it's friends, family, peer support groups, or professionals, having trusted allies can lighten any emotional and physical load and help your experience be a manageable and positive one.



Useful information



- Autism Support Networks: Local and online groups – often with parent-led support tailored for neurodivergent needs.

- First Steps Nutrition: Unbiased advice on bottle feeding and breastfeeding techniques. www.firststepsnutrition.org

- International Board Certified Lactation Consultants (IBCLC): Find specialists experienced in neurodivergent support.



- UNICEF breastfeeding resources: Practical guides and videos on hand expressing, positioning, and more. <https://www.unicef.org.uk/babyfriendly/breastfeeding-resources/>

Appendix

Eight steps to spot jaundice in Black and Brown babies

1. Check your baby in natural light. Artificial light can change how their skin looks.
2. Take off your baby's clothes and look at their skin. Check areas like the eyes, gums, and palms for yellow colour.
3. Look for yellowing in the whites of their eyes. This is an important sign.
4. Gently press a finger on your baby's forehead or nose. If the skin looks yellow when you lift your finger, that could be jaundice.
5. Press on their palms and soles. Yellow may show up better in these areas.
6. Check inside your baby's mouth. Look for yellow on their tongue, gums, and inner lining.
7. Watch for tiredness, poor feeding, fewer wet nappies, dark pee, or pale poop.
8. **Key signs:** worsening yellowing, tiredness, poor feeding, fewer wet nappies, dark pee, or pale poop are signs to get help right away.

