



**Australian  
Breastfeeding  
Association**

**For Health  
Professionals**

# Breast refusal

An infant's refusal to suck at the breast is a distressing problem for a mother. She can feel as though her baby is rejecting her and may even think she has to wean. However, this common problem is usually temporary.

A period of breast refusal can often be managed with good information and support, and premature weaning can typically be avoided. When supporting a mother who is concerned about breast refusal, it is important to firstly determine if the infant is truly refusing. For example: Is she allowing her newborn enough time to attach and feed? Does she perhaps not realise that feeding patterns will change as her infant gets older? Is her baby distracted at times, but feeding well overnight?

Often the reason for a period of breast refusal remains unknown. Here are some examples of why an infant may refuse to suck at the breast:

## Infant-related reasons:

- Birth trauma
- Breast engorgement (flattening of the nipple may make it difficult for the baby to attach)
- Forcing the baby to the breast at early feeds
- Use of a bottle, nipple shield or dummy (infants can find it difficult to adjust to the different sucking actions)
- Overuse of bottles (older babies in particular may refuse breastfeeds as they develop a preference for the faster flow of the bottle)
- Illness such as a sore throat, ear infection or 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
- Age-related reduction in the length or frequency of feeds
- Hot weather (the baby may be hot, making skin-to-skin contact uncomfortable)
- Distracted infant (especially common between 4 to 6 months old)

## Mother-related reasons:

- Nipple variations (for example, flat or inverted nipples may make it more challenging for a baby to attach)
- Slow milk ejection reflex or low breastmilk supply
- Oversupply, fast milk flow and multiple strong milk ejections
- Change in the smell of the mother (eg new soap, perfume, deodorant, or salt/chlorine from swimming)
- Change in the taste of the milk (eg mastitis, new medication, change in diet, hormonal changes related to menstrual cycle or pregnancy)

## Resources for families

Information for breastfeeding women can be found by searching for 'breast refusal' on the Australian Breastfeeding Association (ABA) website, [breastfeeding.asn.au](http://breastfeeding.asn.au)

The informative booklet, *Breastfeeding: when your baby refuses the breast* is available for download or purchase from the ABA online shop.

ABA breastfeeding counsellors do not provide medical advice. However, a call to the [National Breastfeeding Helpline](http://NationalBreastfeedingHelpline.org.au) on 1800 686 268 can provide a woman with reassurance, support and practical suggestions to help her entice her baby back to the breast.



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There are many strategies that can help entice an infant to resume breastfeeding. The most appropriate strategies will depend on the known or suspected cause of the breast refusal. However, a number of strategies can be helpful no matter the reason:

- Skin-to-skin contact
- Unlimited access to the breast, without pressure to feed
- Offering a feed when the infant is sleeping or just waking from a sleep
- Minimising distractions
- Calm and gentle handling of the infant

Encourage the mother to keep a relaxed and flexible attitude by taking each feed as it comes. Expressing can help to maintain the mother's milk supply if the baby is refusing most or all breastfeeds. Any expressed breastmilk can be given to the infant to ensure their nutritional needs continue to be met.

#### **Further reading**

Brodribb, W. (Ed.). (2019). Breast refusal. In *Breastfeeding Management in Australia* (5th ed., pp. 182-189). Australian Breastfeeding Association