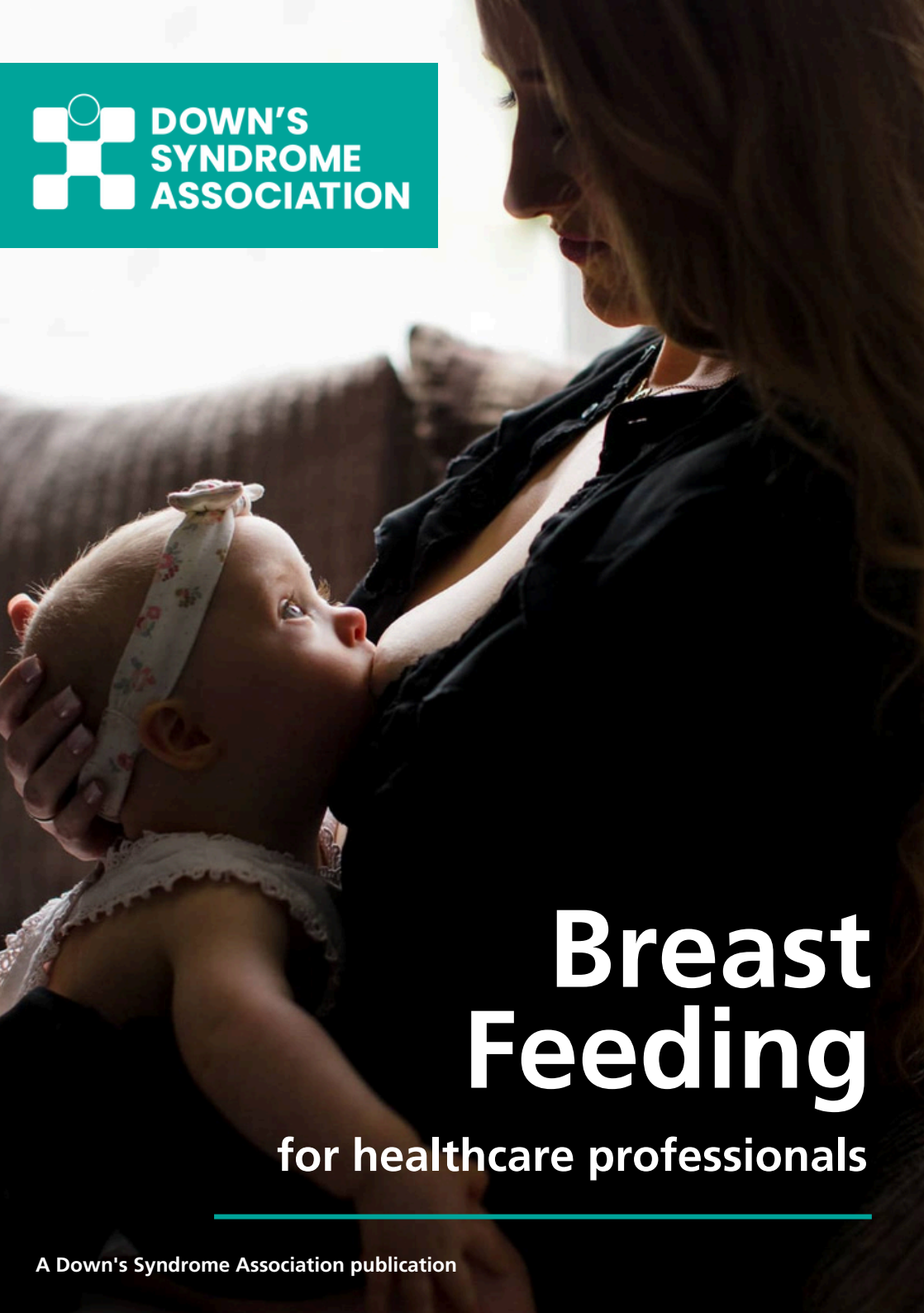


DOWN'S SYNDROME ASSOCIATION

Breast Feeding

for healthcare professionals

A Down's Syndrome Association publication

It is important to check how well the baby is feeding and give support to breastfeed if needed. As with any new mother, particularly if it is their first child, feeding can sometimes be a source of worry.

Almost all mothers who want to can breastfeed, or provide breast milk for their baby. Sometimes breastfeeding is established easily and sometimes breastfeeding can be harder and needs more time, patience and perseverance. Some babies will become better at feeding as they grow older and will be able to be fully breast fed. If it is proving to be difficult and the mother wants to breast feed we recommend getting help from a specialist midwife or lactation consultant.



Some mothers choose not to breastfeed or find that because of their circumstances, breastfeeding is not right for them.

These organisations have information about breast feeding a baby who has Down's syndrome.

Breastfeeding info Special Needs
bit.ly/3UtCVbk

Breastfeeding Network
bit.ly/49XB2bK

Down's Syndrome Association - Julia's Way – Breastfeeding and Down's Syndrome – free download.
bit.ly/3xJ0AM2

Down's Syndrome Association - Supporting Feeding & Oral Development in Young Children - Guidelines for Parents
bit.ly/4dbfZ85



Babies who have Down's syndrome can lose more than 10% of their weight after birth and it often takes longer than two weeks to regain their birth weight. If it is more than 10% and taking more than four weeks to regain, there should be careful evaluation by a clinician to check for any underlying medical conditions.

A few babies are born with major medical problems which affect feeding. Babies with gastro intestinal tract (GI tract) disorders who need an operation will not be allowed to feed at first and will get nutrients intravenously. Babies with serious heart conditions may be unable to feed because they are tired or breathless; mothers of these babies can express breast milk by hand or pump to build up their milk supply. Their milk can be given to their babies by naso-gastric tube when the babies are well enough. With patience and following surgery for any medical disorders, these babies can often fully breastfeed eventually.

Some babies have reflux and increased spit ups and vomiting.



Even for babies with no health issues, feeding can sometimes be difficult. Low muscle tone can sometimes make sucking and swallowing challenging for babies who have Down's syndrome. They are likely to need more support around their trunk and may feed better lying on a firm pillow. Cupping under the breast and taking the pressure off the baby's chin can help them to stay latched on and suck for longer.

Sleepy babies are likely to need stimulating before breastfeeding. This might include undressing them, changing their nappy, using a damp cloth on their face and limbs, switching sides and changing positions during feeding. We encourage new parents to create a routine rather than following their baby's lead and to allow for smaller, more frequent feeds. Thickened feeds may be recommended by a consultant because of reflux.



Please note Down Syndrome Medical Interest Group UK & Ireland (DSMIG), can provide general advice about health issues but they are not able to comment on individual test results. DSMIG is happy to take enquiries from health professionals but they will not take direct enquiries from families or supporters. Families can get in touch with DSA's Helpline to access this service.

Helpful Resources

Down's Syndrome Association 'The Heart' Resource
bit.ly/4bq4jgn

Down's Heart Group
Information on feeding and feeding problems, dhg.org.uk/ , they also have a Facebook page, @Down's Heart Group.

Down's Syndrome Association Gastrointestinal Health Resource
bit.ly/3JvMbFH

If you have any questions about health issues, you can call DSA's Helpline 0333 1212 300 or email info@downs-syndrome.org.uk.

If necessary an information officer can make a referral to the medical adviser at the DSMIG.

