Having skin-to-skin contact with your baby straight after giving birth will help to keep them warm and calm and steady their breathing.

Skin-to-skin means holding your baby naked or dressed only in a nappy against your skin, usually under your top or under a blanket.

Skin-to-skin time can be a bonding experience for you and your baby. It's also a great time to have your first breastfeed. If you need any help, your midwife will support you with positioning and attachment.

Skin-to-skin contact is good at any time. It will help to comfort you and your baby over the first few days and weeks as you get to know each other. It also helps your baby attach to your breast using their natural crawling and latching-on reflexes.

You'll still be able to bond with and breastfeed your baby if skin-to-skin contact is delayed for some reason, for example if your baby needs to spend some time in special care.

If necessary, your midwife will show you how to express your breast milk until your baby is ready to breastfeed. They can also help you have skin-to-skin contact with your baby as soon as it's possible.

If your baby is delivered by caesarean, you should still be able to have skin-to-skin contact with your baby straight after delivery.

The fluid your breasts produce in the first few days after birth is called colostrum. It's thick and usually a golden yellow colour. It's a very concentrated food, so your baby will only need a small amount, about a teaspoonful, at each feed.

Your baby may want to feed quite often, perhaps every hour to begin with. They'll begin to have fewer, but longer feeds once your breasts start to produce more "mature" milk after a few days.

The more you breastfeed, the more your baby's sucking will stimulate your supply and the more milk you'll make.

Your baby's sucking causes muscles in your breasts to squeeze milk towards your nipples. This is called the let-down reflex.

Some women get a tingling feeling, which can be quite strong. Others feel nothing at all.

You'll see your baby respond when your milk lets down. Their quick sucks will change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be delivered.

Occasionally this let-down reflex can be so strong that your baby coughs and splutters. Your midwife, health visitor or breastfeeding supporter can help with this.

If your baby seems to be falling asleep before the deep swallowing stage of feeds, they may not be properly attached to the breast. Ask your midwife, health visitor or breastfeeding supporter to check your baby's positioning and attachment.

Sometimes you'll notice your milk letting down in response to your baby crying or when you have a warm bath or shower. This is normal.

In the first week, your baby may want to feed very often. It could be every hour in the first few days.

Feed your baby as often as they want and for as long as they want. They'll begin to have fewer, but longer feeds after a few days.

As a very rough guide, your baby should feed at least 8 to 12 times, or more, every 24 hours during the first few weeks.

It's fine to feed your baby whenever they are hungry, when your breasts feel full or if you just want to have a cuddle.

It's not possible to overfeed a breastfed baby.

When your baby is hungry they may:

* get restless
* suck their fist or fingers
* make murmuring sounds
* turn their head and open their mouth (rooting)

It's best to try and feed your baby during these early feeding cues as a crying baby is difficult to feed.