Common Concerns About Breastfeeding

Most women nurse their babies with little or no trouble. The few problems that may arise are easily overcome. You can prevent and solve problems that do occur by learning what causes them and how to treat them. Although some situations may seem overwhelming at first, remember that most breastfeeding problems are temporary. Call your breastfeeding resource person for help when you need it.

Waking a sleepy baby
Most babies are sleepy for the first few days as they adjust to life outside of mom’s body. You may need to wake your baby so he or she will nurse often enough to establish a good milk supply. Also, most newborns fall asleep during a feeding and will need to be kept awake to finish. Try these tips. If they don’t work, try again within the hour.

- Loosen your baby’s clothing or undress your baby so that he has “skin to skin” contact with you.
- Dim the lights, talk softly to baby and try to maintain eye contact.
- Rub your nipple against baby’s upper lip to stimulate baby to open his mouth.
- Express some breast milk onto baby’s lips.
- Change baby’s diaper.
- Hold baby in a sitting position and gently lower and raise the upper body, supporting the head (see diagram)
- Walk your fingers up baby’s spine; rub baby’s hands, legs and feet.
- Wipe baby’s face with a lukewarm washcloth.
- With a clean finger, stroke baby’s cheeks, lips and mouth.
- Make sure baby has latched on properly to your breast.
- Once the nipple is in baby’s mouth, gently stroke his or her neck from the chin back to encourage suckling.
- Take baby off your breast and burp him or her, if sleeping at the breast.
- Avoid pacifiers or artificial supplements.

Prevention and care of sore nipples
Breastfeeding should feel comfortable. Here are some hints for preventing sore nipples and making breastfeeding comfortable:

- Baby’s mouth should be open wide (like a yawn) before latching on.
- Make sure baby is properly positioned and latched on, taking as much of the areola into the mouth as possible (not just the nipple) especially on the chin side. Refer to your handout “Breastfeeding Your Baby.”
- To remove baby from the breast, break the suction by putting a finger between baby’s gums.
- Avoid using soap, lotions or alcohol on the nipples.
- Express a few drops of breast milk onto the nipples and air-dry as much as possible.
- If worn, bras and bra pads should not have plastic liners.
- Use different positions for feedings to take pressure off the sore area.
- Purified lanolin may help heal by holding natural moisture. Apply a thin layer to nipple after air drying.
- Begin nursing on the least tender side
- While nursing, massage or compress during feeding to encourage milk flow to speed emptying.

If you follow the above suggestions, you should see improvement in 24 hours. If breastfeeding is still painful, or if you have blisters, bleeding, cracking or bruising, call your breastfeeding resource person.
Yeast infection (thrush)
Continued nipple soreness, or a sudden onset of soreness, may mean a yeast infection (thrush) is present. Typically, you will feel a “burning” type of sensation throughout the breast. Call your breastfeeding resource person or physician and ask if you and your baby should be checked for thrush. When thrush is present, both mom and baby need to be treated with medication. Also, any artificial nipples, pacifiers, breast pump parts or toys that have contact with baby’s mouth, mom’s breast or breast milk must be boiled every day for 20 minutes. Artificial nipples and pacifiers must be replaced every seven days. To prevent reinfection, breast milk that was collected before treatment is finished should be used within 24 hours, not stored and so should not be frozen.

Prevention and care of engorgement
Your milk supply will increase about two to five days after baby’s birth. Your breasts may feel full and heavy before a feeding, and this is normal. But pain, swelling and hardness of the breasts is engorgement. It can happen if your baby doesn’t eat often enough or long enough, or if you miss feedings.

To prevent engorgement:
• Nurse as soon as possible after birth (within the first hour is ideal).
• Nurse often on demand. Build up to eight to 12 times every 24 hours
• Do not limit the baby’s time at the breast
• Nurse on the first side until the baby is done and then nurse on the other side until the baby is satisfied or falls asleep

To treat engorgement:
• Nurse or empty the breast every 1 1/2 to 2 hours (or often enough to be comfortable). If baby has trouble latching on to the breast, use hand expression or a breast pump to remove just enough milk to soften the area around the nipple.
• Put heat on the breast for about five minutes before a feeding to help relieve some of the fullness. You may use warm washcloths or a warm water bottle, stand in the shower with warm water, or kneel over a basin with your breast in warm water. Be careful not to burn yourself.
• Massage your breasts during feedings to help empty the ducts.
• It may help to use cold after or between feedings to relieve the swelling. You can use ice (or a frozen bag of peas or corn labeled as “compress”) wrapped in a towel. Do not place anything cold or frozen directly onto your skin.
• Always use a towel or washcloth.
• Try nursing the baby in different positions.
• Avoid the use of pacifiers and supplements.
• If you have a fever over 100.4º F, or if you have flu-like symptoms, call your health care provider.

If the above suggestions don’t help, call your breastfeeding resource person.

Plugged duct
A plugged duct occurs when the free flow of milk is blocked. It will feel like a hard lump of any size in the breast, and it may feel sore. You may also see a white area on the nipple that looks like a pimple. Causes of a plugged duct include:
• Delayed, incomplete or missed feedings.
• Pressure on the breast from your clothing or bra.
• Always using the same nursing position or incorrect positioning of your hands on the breast.

To treat a plugged duct:
• Apply moist heat to the area before nursing.
• Gently massage the plugged area after using moist heat. Also, during nursing, massage gently from the sore spot toward the nipple.
• Begin feeding on the breast with the plugged duct. Position the baby’s chin toward the plug so his or her tongue milks the affected area.
• Breastfeed more often (at least every two to three hours) and long enough to relieve fullness.
• Make sure baby is latched on well to the breast.
• Hold baby in more than one position during nursing to remove milk from all parts of the breast.
• Check that your bra and clothing are not too tight.

If the above suggestions don’t help, call your breastfeeding resource person.
Mastitis (breast infection)
Mastitis is an infection that can come on suddenly and usually affects only one area of the breast. This area will be red, hot, and tender to the touch. You may have flu-like symptoms: chills, fever, aches, nausea and fatigue. Some causes of mastitis are:
• Fatigue and stress
• Untreated plugged duct or engorgement
• Cracks or fissures in the nipple
• A change in the number of feedings (when returning to work, when your baby sleeps through the night, or when solids are started)

To treat mastitis:
• Call your health care provider if you have a fever over 100.4°F, or if you have flu-like symptoms.
• Get as much rest as possible (24 hours of bedrest is ideal).
• Continue to breastfeed or breast pump as it’s important to empty the breast (the milk must flow often).
• Nurse on the affected side first.
• Apply heat to the area before, during, and after nursing. Gently massage the area while it is warm. Between feedings use cold compresses as needed for swelling.
• Make sure baby latches correctly on to the breast.
• Breastfeed often (every 1½ to two hours, or use a breast pump if you are unable to nurse).
• Take a mild pain reliever (Acetaminophen or Ibuprofen) for fever or pain.

Call your health care provider and your breastfeeding resource person if you are not feeling better in a day or two.