

Overcoming breastfeeding challenges

Whenever you have a problem while breastfeeding, get help. Look for support and information from an experienced breastfeeding mother, a public health nurse, lactation consultant, midwife or doctor.

Most breastfeeding challenges happen in the early weeks and months when you and your baby are still learning. Once you pass this stage, breastfeeding usually becomes easy and uneventful.

Breastfeeding brings great rewards. The breastfeeding bond can be like no other. In one mother's words, it's a "glorious connection." You can continue to breastfeed for two years and beyond—as long as both you and your baby enjoy it.

If you have a breastfeeding problem

- *continue to breastfeed*
- *get more rest*
- *get help.*

Get help when you notice any of these warning signs:

- you have a fever
- you notice a red area on your breast
- your breasts feel hard
- your nipples have cracks
- you have pain in a breast while breastfeeding.

You can try to prevent breastfeeding problems by having your baby well latched and staying well rested. Breasts don't need special cleaning, just bathing with water, without using soap on your nipples. If you notice some tenderness in your nipples, rub a few drops of breastmilk onto your nipples and let them air dry. Some common breastfeeding challenges are discussed below.



Engorged breasts

Breasts are engorged when they become swollen with milk and feel warm or hot. They also feel heavy and firm or hard. The areola may become swollen and tight, making the nipple “flatten out.” This may make it difficult for your baby to latch onto your breast properly.

What causes this?

Some fullness is normal in the first few days of breastfeeding as the breasts start to produce milk and fill. If your breasts become heavy, firm, and hard (engorged), some of the suggestions below may help you latch your baby correctly. Engorgement that continues after the first week with painful, uncomfortable breasts is usually caused by not “emptying” the breasts at each feeding.

What can I do?

Continue to breastfeed your baby.

Feed your baby frequently to keep your milk flowing regularly—every 2 to 3 hours is best. Wake baby to feed, if necessary.

Your baby may have trouble latching on when your breasts are full and hard. To make this easier for your baby, soften the areola first. The best way to do this is to express some milk by hand. (For

instruction on how to express milk, please see pages 111–116.)

You can also gently squeeze or compress the areola between your thumb and index finger to make it easier for your baby to grasp.

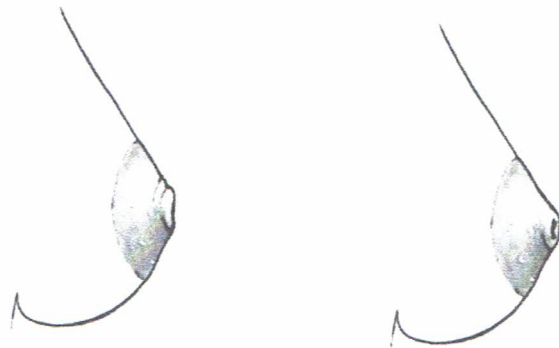
Before you breastfeed, use warm moist cloths on your breasts to help your milk flow. You could also take a warm shower or soak in warm water.

After you breastfeed, use cold packs on your breasts to help reduce swelling.

If your baby is over one week old and you are still experiencing excess milk flow or engorgement, call your public health nurse, lactation consultant, or doctor.

Flat and inverted nipples

Flat nipples are those that do not stick out at all or do not stick out when stimulated or cold. Inverted nipples sink into the breast rather than stick out when the areola is squeezed.



flat nipple

inverted nipple

What can I do?

If the baby is positioned and latched on well, most types of flat or inverted nipples will not cause breastfeeding problems. Some types of nipples may be more difficult for baby to latch on to, especially at first, but patience and persistence will pay off. Remember that babies *breastfeed*, not *nipplefeed*.

Contact your public health nurse or lactation consultant in the early days of breastfeeding for help with latching on.

Cracked or bleeding nipples

What causes them?

The most common causes of cracked or bleeding nipples are incorrect positioning or latch-on of the baby or both. Generally, a cracked nipple indicates that the baby was not latched on to enough of your breast.

What can I do?

Continue to breastfeed your baby. It will not harm your baby to swallow a little blood in your breastmilk. Your breastmilk is still the very best food for your baby.

Get help immediately from your public health nurse, lactation consultant, or doctor. The longer you wait, the worse it will get. You need help to get baby positioned and latched on properly.

Review the section on positioning and latch, page 8.

You can also gently rub a few drops of your breastmilk into the nipple area after your baby has finished feeding and allow your nipple to air dry.

Blocked milk ducts

A milk duct that does not drain properly can become blocked. This causes a swollen, tender spot or lump in the breast. If you have a blocked milk duct, you feel generally well and have a normal temperature.

What can I do?

Continue to breastfeed your baby often and use different positions.

Begin feeding on the affected breast.

Gently massage the affected area before and during a feeding.

Rest and watch for signs of infection. Talk with your public health nurse, lactation consultant, or doctor if the duct continues to remain blocked or if you develop a fever and flu-like symptoms.

Mastitis

Mastitis, or breast infection, is a bacterial infection that comes on quickly, usually in only one breast. The infected breast is red, hot, and swollen, and may be painful. You may notice a lump. If you think that you have a breast infection, check your temperature. Mastitis usually causes a high temperature and flu-like symptoms, which include aches, nausea, vomiting, and chills.

What can I do?

Continue to breastfeed your baby often. The breast infection will not harm your baby.

Get help right away from your public health nurse, doctor, or lactation consultant. If it is truly mastitis, then you will need an antibiotic. If it is not mastitis, then you can get help to clear up the problem before mastitis can develop.

Get extra rest. Your body will need it while fighting the infection.

Thrush

Thrush is a yeast infection that can affect both mother and baby. Mothers may have itchy, red, sore nipples and a shooting, deep pain in the breasts during feedings and possibly between feedings. Babies may have white patches inside the mouth. They may also have a persistent diaper rash.

What causes it?

The overgrowth of the yeast *Candida albicans*. This yeast is normally present in warm, moist places, such as in baby's mouth, in mother's milk ducts, or on mother's nipples or genital area. Yeast feeds on sugars, including milk sugars. It is common for this yeast to overgrow when your resistance is low or after you have taken antibiotics. Antibiotics destroy the good bacteria that normally keep this yeast in check. Thrush is also common in women with diabetes.

What can I do?

Continue to breastfeed your baby.

Get help right away to discuss the many options for treating thrush. If you need to take medicine, you *and* your baby will need to take it. The infection can pass back and forth between mother and baby. Your partner may also need medicine. Thrush can be passed between you and your partner during sexual activity.