

HURDLES: OVERCOMING COMMON CHALLENGES

Engorgement

What it is: An uncomfortable fullness in the breasts, causes breasts to feel hard, hot, or painful.

How to prevent it: Frequent and unrestricted breastfeeding. Avoid supplements of water or formula unless medically indicated, express (pump) your milk if you miss any feedings.

How to cope with it: The best “treatment” is to nurse the baby. Breastfeed often, for as long as baby will nurse. However, the breast tissue may be so firm that it is difficult for baby to latch on to the nipple. The following steps can soften the breast, and also relieve your discomfort.

- Warm, moist heat. Hot showers. Warm compresses: wet a washcloth with the hottest water that is comfortable for you, then lay that on your breast for a few minutes till it cools.
- Massage: gentle massage toward nipple, before/during breastfeeding or pumping. PCN 439.
- Hand-express milk, or use a breast pump to express just a little milk: only enough to soften up your breast so baby can latch on. Don’t pump a full bottle; that may lead to more engorgement.
- After nursing, you can apply cold compresses or ice packs to reduce discomfort and swelling.

When it happens and how long it lasts: It may happen during the first week, as your mature milk comes in for the first time. This normal postpartum fullness will usually improve within a few days. Mild engorgement can also happen when baby has a growth spurt, when you and baby are separated for a while, or if you attempt to wean the baby “cold turkey.”

When the engorgement fades, the swelling goes away, and some women worry that their milk supply is gone. Don’t worry, you are still making plenty of milk!

Sore Nipples

What it is: When you first begin breastfeeding, you may feel a stretching sensation as baby begins to suckle. For some women, this is painful, but it typically goes away quickly during a feeding (within a few minutes) and typically fades completely over the first few weeks. Nipples may appear a little reddened, bruised, or swollen as they adapt to suckling. (More at PCN, 447)

How to prevent it:

- A good latch is the most important step. Also, look for good positioning, and vary positions.
- Frequent, unrestricted feeding.
- After feeding, express a little breastmilk, and massage it into the nipple or areola; this helps protect and moisturize your skin. Air dry. Try to expose your nipples to some fresh air each day (can be done by leaving down bra flaps after a feeding so that only a shirt covers nipples).
- Do not use any soap, alcohol, or creams on your nipples.
- If your breasts leak, change the nursing pads as soon as possible; don’t leave wet ones on.
- Break suction before removing baby from the nipple.

How to cope with it: Breastfeed more often, for less time on each feeding. Feed baby when he shows early hunger cues, don’t wait till he’s extremely hungry. Nurse on the least sore side first. When you experience the initial discomfort of him latching on, take a few deep breaths, and try to relax. This will help to reduce pain, and also keep baby relaxed and nursing well.

If your nipples become cracked, you may want to use a safe, pure, hypoallergenic lanolin ointment like Lansinoh. You may also try using hydrogel pads on your nipples, such as Soothies. In severe cases, it may help to wear plastic breast shells in between feedings to protect your nipples. Be sure to use ones with holes that allow the air to circulate.

When to call for help:

Very sore, blistered, or cracked nipples may indicate a problem with the latch. Pain that continues after the first few minutes of a feeding, or continues between feedings could indicate a problem. Contact a lactation consultant; the sooner the problem is resolved, the better. If you're experiencing shooting pain, or a burning sensation while nursing, or that continues after baby nurses, see the section on thrush below.

Clogged Ducts

What it is: A milk duct becomes clogged, and the milk does not drain from it. You may feel a tender swollen lump in the breast, or a red sore spot that is slightly warm to the touch.

How to prevent it: Change positions often. Wear loose clothing and a bra that doesn't bind. Be sure any baby carrier straps don't press too much on the breasts. Breastfeed frequently.

How to cope with it: Apply moist heat before nursing. During nursing, massage breast from clogged duct toward nipple. Position baby so his chin lines up with the sore spot.

When to call for help: If you have a fever, see mastitis below. Any lump that doesn't go away in a week or two should be evaluated by your care provider.

Mastitis

What it is: An infection of the breast tissue, due to incomplete emptying of the breast, fatigue, and stress. Tender, reddened area on breast. Flu-like symptoms: fever, chills, fatigue, headache.

How to prevent it: See prevention steps on all challenges listed above.

How to cope with it: Contact care provider for antibiotics. Continue to breastfeed, the breastmilk is not infected. You can use warm compresses, massage, and ibuprofen, with doctor's approval.

Thrush

What it is: A yeast infection of mom's nipples and baby's mouth. Mom's nipples may be bright pink and tender, and she may experience shooting pains while nursing. For baby, you may see a red, irritated diaper rash, or you may see white patches in baby's mouth that won't wipe off.

How to prevent it: Keep hands clean. Keep skin dry. Minimize sugar in your diet. Avoid antibiotics, unless medically indicated, as they may make yeast infections more common. Ask your care provider about eating yogurt or taking acidophilus capsules.

How to cope with it: Get anti-fungal medications from care provider for you and for baby.

Mom's Illness

Most common illnesses, such as colds, flu, and diarrhea can't be passed through the breast milk, so you can keep nursing through these illnesses, and the antibodies in your milk help baby stay well. If you have any significant illnesses, or require medications, check with your doctor about breastfeeding questions. See PCN 456 for more on illness and medications.