



Breastfeeding
*Overcoming
Difficulties*



La Leche League

BREASTFEEDING HELP & INFORMATION

Only a phone call away! See your local telephone directory

Breastfeeding is a gift only you can give to your baby. A healthy full-term baby is likely to know instinctively what to do at the breast. For many mothers and babies breastfeeding goes well right from the start, for others it can take a little longer to learn. Common problems can be minimized or avoided entirely if a mother has accurate and consistent breastfeeding information and support.

“Breastfeeding is a long term commitment. In order to succeed, a mother needs the encouragement and companionship of other mothers. La Leche League succeeded in the beginning and continues to work well because it meets the dual need for sound practical information and loving support. Babies don’t change and neither do mothers, though the circumstances in which they find themselves differ from one generation to the next.”

Mary Ann Cahill, Founder LLL

Sore Nipples

Many mothers experience some nipple tenderness at the beginning of a feed during the first two to three days of breastfeeding, however, breastfeeding should not hurt. If you have continued discomfort or pain while breastfeeding or have discomfort or pain between breastfeeds, some adjustment or treatment may be needed. Research shows that good positioning of the baby at the breast will help prevent and heal sore nipples.

Positioning Baby at the Breast

There are a number of ways to hold your baby while breastfeeding. Getting your baby started at the breast smoothly and easily will soon become second nature to you. Nursing a baby at the breast is actually much less involved than any description of the process.

Before getting started make sure that you are comfortable and well supported - use pillows if necessary.

Many mothers have found the **cradle hold** described below, is a comfortable and effective nursing position.

Your baby should be lying on his side, completely facing you, tummy to mummy.

Your baby should be cradled in your arm on the same side as the breast he is taking, that is, when he is nursing from the right breast his head will rest on your right forearm with his feet at your left side.

Use your other hand to support your breast, thumb on top and fingers underneath the breast, well back from the areola (the darker area around your nipple.) Baby’s head should be slightly tilted back with your nipple opposite his nose so that he does not have to turn his head to reach the breast.





Encourage your baby to open his mouth by brushing his lips lightly with the breast or nipple. Repeat until your baby's mouth is open wide and his tongue is down.

When baby opens his mouth wide, bring your baby to the breast, chin and lower lip first, then bring him in close to you so that he takes the breast deep into his mouth.



Your baby's top and bottom lips both need to be curled out with his nose barely touching the breast. If his nose seems blocked by the breast, gently pull his hips and legs in close to you and angle out his nose.

Make sure your baby has taken the breast deeply into his mouth with more of the areola showing above the baby's mouth than below.



You will know that the baby is sucking well when, after a period of quick sucking, his suck deepens and you hear him swallow regularly. Then your baby will relax into a deep sucking pattern.

Many mothers experience immediate relief from nipple discomfort when they correct baby's positioning.

Still Sore?

If soreness persists, check for the following –

- Don't let baby draw in the nipple through pursed lips.
- Be sure that the baby has his mouth open really wide so that the nipple is far back in his mouth.
- If baby consistently clamps down as he starts to suck, use the index finger of the hand supporting the breast to gently press down on his chin.
- Some babies suck in their lower lip along with the nipple and areola. If this is happening it is best to break the suction, take baby off the breast and reposition, ensuring his lower lip is not curled in.
- Your health professional or La Leche League Leader may want to check to see if baby's tongue is visible between lower lip and breast by gently easing down baby's lower lip during nursing. If baby's tongue is not visible he may be sucking it along with the nipple, which can be very sore. In this situation take the baby off the breast and start again. Some mothers find the "football hold" very helpful in ensuring baby's tongue is below the nipple when he latches on. See *The Womanly Art of Breastfeeding*, available from La Leche League Groups.

Breast and Nipple Care

Nursing early and often is one of the most important factors in getting breastfeeding off to a good start. Frequent nursing will help prevent engorgement and reduce the likelihood of nipple soreness. Newborns need to nurse 10 to 12 times in a 24 hour period. The length of a breastfeed should be determined by the baby's interest and response. The baby will usually suck eagerly, swallowing often, for the first ten minutes or longer, until he starts to slow down or loose interest. After a burp or a nappy change, switch to the other breast for as long as your baby needs - perhaps ten minutes, perhaps longer.

Bottles and soothers can cause "nipple confusion" when babies are learning to nurse. These babies may then suck differently at the breast, causing sore nipples and getting less milk for their efforts.

Bathing daily with clear water is all you need to keep breasts and nipples clean. Do not use soap. If you are using any over the counter preparations read the labels carefully and avoid any products which you have to remove before nursing.

Remember the healing properties of human milk can help to soothe your nipples. After baby has finished nursing, gently rub a few drops of your breast milk onto your nipples. Allow your nipples to air dry after a feed, especially in the early days.

Some mothers find modified lanolin ointment or gel packs helpful. Avoid using breast pads that are made from synthetic materials or those which contain dyes or have moisture proof linings.

In a few very rare cases of extremely sore nipples which might occur if baby has been sucking incorrectly for some time, it may be necessary to discontinue breastfeeding temporarily. During this time the mother will need to express her milk and give it to the baby from a spoon or small cup. It would be best to avoid using bottles, especially if your baby is having some difficulty sucking. As soon as there is sufficient healing, breastfeeding can resume. **It is essential that a mother in this situation seek expert help for herself and her baby.**

Engorgement

It is normal for your breasts to become larger, heavier and a little tender when they begin producing greater quantities of milk on the second to sixth day. After the initial fullness eases, usually within the first few weeks, your breasts will feel softer even when your milk supply is plentiful. This is because your breasts adjust your milk production to match your baby's needs.

Overly engorged breasts are uncomfortably swollen. They feel heavy and hard and may also be red and throbbing. While engorgement may make you feel as if you have lots of milk it can cause problems with milk supply. The swelling tends to flatten the nipple and areola which can prevent your baby from getting enough breast tissue into his mouth to suck effectively. This in turn can make it difficult for your baby to milk the breast and make nursing painful for you.

How to prevent or minimise engorgement

- Breastfeed your baby early and often – as soon as possible after birth. Ensure your baby is well positioned at your breast and sucking effectively.
- Breastfeed frequently – usually 10-12 times in 24 hours. If your baby is sleepy encourage him to nurse at least every two to three hours. All your baby's sucking should be done at the breast, it is best to avoid soothers and bottles.

If engorgement occurs

- Breastfeed more frequently both day and night, making sure both breasts are softened at each feeding. **Regular milk removal does not aggravate engorgement, it relieves it.**
- Apply a hot, wet flannel to your breast briefly before nursing as this encourages your milk to flow when your baby latches on.
- Some mothers use cold packs or chilled cabbage leaves between feeds to relieve swelling.
- Drink to thirst, do not restrict fluids.
- If you are wearing a bra ensure it is well-fitting and supportive. Some mothers find it more comfortable not to wear any bra while the engorgement lasts.
- If engorgement is making it difficult for your baby to breastfeed, you might try a technique called Reverse Pressure Softening. If necessary ask your Health Professional about pain relief.

- Breast shells can sometimes help to draw out flat nipples if they are worn for thirty minutes before feedings.
- Nipple shields, made of soft silicone, can be worn over your nipple during feedings. If engorgement is making it difficult for your baby to grasp the nipple, using a nipple shield on the breast for a few feedings may be helpful.
- If engorgement is severe, and your baby is still not able to suck effectively, use a breast pump on one or two occasions to remove as much milk as possible and decrease the congestion.
- If engorgement persists in one breast for more than 48 hours, go see your doctor to rule out other causes

How to do Reverse Pressure Softening

– developed by K. Jean Cotterman RNC-E, IBCLC

Try this if pain, swelling, or fullness create problems during the early weeks of learning to breastfeed. The key is making the areola very soft right around the base of the nipple, for better latching. A softer areola helps baby's tongue remove more milk, while being very gentle to your nipple. Mothers say curved fingers work best. (Fig. 1 or 2)



Fig. 1
One handed "flower hold": Fingernails short, Fingertips curved, placed where baby's tongue will go

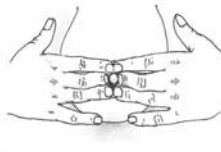


Fig. 2
Two handed, one-step method: Fingernails short, Fingertips curved, each one touching the side of the nipple



Fig. 3
Two step method, two hands: using 2 or 3 straight fingers each side, first knuckles touching nipple. Move ¼ turn, repeat above & below nipple



Fig. 4
Two step method, two hands: using straight thumbs, base of thumbnail at side of nipple. Move ¼ turn, repeat, thumbs above & below nipple

- Press inward toward the chest wall and count slowly to 50.
- Pressure should be steady and firm, and gentle enough to avoid pain.
- If mother wishes, someone else may help, using thumbs (Fig. 4).
- If breasts are quite large or very swollen, count very slowly, with mom lying down on her back. This delays return of swelling to the areola, giving more time to latch.
- Soften the areola right before each feeding (or pumping) till swelling goes away. For some mothers, this takes 2-4 days.
- Make any pumping sessions short, with pauses to re-soften the areola if needed.
- Use medium or low vacuum, to reduce the return of swelling into the areola.

Mastitis

Mastitis is the general term used to refer to any inflammation of the breast, mild or severe.

If you notice a red, tender area in your breast, without fever it may be a blocked duct.

If you notice a painful red area accompanied by a fever or flu-like symptoms then you may have a breast infection.

Whatever the cause of mastitis, the treatment is the same:

- Apply HEAT
- Get plenty of REST
- NURSE frequently

Carefully apply heat using one or more of the following methods:

1. Warm showers
2. Hot wet flannels
3. Heating pads

Get plenty of REST

1. Rest the mother, not the breast
2. Put your feet up
3. Go to bed to rest and keep baby close for frequent nursing.

NURSE frequently

1. Start all feedings on the affected breast
2. Breastfeed as often as you can leaving gaps no longer than 1½ to 2 hours during the day and 3 hours at night

Other things you can do:

- Check baby's position at the breast
- Make sure your baby is latched on and positioned well for maximum comfort and milk removal
- Vary your baby's nursing positions (your local La Leche League Leader can offer help and information)
- One position that some mothers have found helpful in clearing up a plugged duct is to place the baby in the middle of a bed or on a quilt on the floor and get down on hands and knees, allowing the breasts to fall free from the rib cage. In this position, you can lean over the baby to nurse.
- Massage – Apply heat and gently massage the affected area.
- Clothing – Loosen any constrictive clothing; you may want to discontinue wearing your bra for a few days.

Treatment for Severe Mastitis – Contact your Doctor if:

- your fever has not disappeared within 24 hours after the above treatment
- symptoms come on suddenly and severely
- you have a cracked nipple with obvious signs of infection
- there is pus or blood in the milk
- there are red streaks near the sore area

Should an antibiotic be considered necessary, the doctor can prescribe one compatible with breastfeeding.

CONTINUE TO BREASTFEED YOUR BABY.

Breast Abscess

Breast infections which recur within a few weeks of each other are often the result of the original infection not being completely cleared.

In very rare cases a breast infection may develop into an abscess. An abscess is an infection that has come to a head and it may require incision and drainage, or may open by itself and drain. Should an antibiotic be considered necessary, the doctor can prescribe one compatible with breastfeeding.

You may continue nursing on the unaffected breast.

Continue nursing on the affected breast if your baby's mouth is not in direct contact with the abscess site.

If baby cannot nurse, express milk either by hand or by pump to prevent engorgement and maintain milk supply.

Even if an antibiotic is necessary continuing to breastfeed is best for you and your baby (see note above re safe antibiotic)

Taking care of yourself

Nutrition – Don't let yourself get hungry, eat lots of small nutritious snacks during the day, drink to thirst. Include fruit, vegetables and protein in your diet. Extra vitamins cannot replace a good daily diet.

Family members can act as buffers against too many visitors and other demands. Hibernate for a while with your baby, feel free to cuddle him and love him as much as you like. Those warm, motherly feelings help your milk to flow freely. Emotional well-being affects physical health as well.

Thrush

If your nipples become sore after weeks or months of comfortable nursing you, or you and your baby may have contracted thrush. Thrush (candidiasis) is a fungal infection caused by an overgrowth of the *Candida* organism.

Symptoms:

- Pain – often described as a burning or stabbing pain in the nipple, the breast or both. The pain may begin during a feed and continue between feeds. Pumping is usually painful as well.
- Nipple itching or flaking, redness and occasionally white spots on the nipple.
- Bright red nappy rash.
- A baby with oral thrush may find it uncomfortable to nurse which may in turn lead to other breastfeeding difficulties

Treatment

Thrush may be treated by the application of a topical anti fungal ointment. It is wise to treat both mother and baby even if only one appears to be experiencing symptoms.

Oral supplements of acidophilus contain beneficial bacteria that can help to limit *Candida* in the digestive tract. For best results acidophilus should be taken for two weeks beyond the end of symptoms.

Any items such as toys or other equipment that may come in contact with the baby's saliva or mother's breast milk should be boiled daily for twenty minutes. Bra pads, bras and cloth nappies should be washed in hot, soapy water and should be dried in a hot dryer (if permitted by manufacturer) or on a clothes line in the sun.

Paper towels can be used for hand washing and bath towels should be used only once before washing.

Dietary changes such as reducing sugar intake can help minimize yeast growth as can reducing consumption of dairy products or yeast containing foods.

Inverted Nipples

An inverted nipple shrinks back into the breast when the areola is squeezed. Inverted nipples may or may not need/require treatment. Some breastfeeding experts believe that the baby who is latched on well can draw an inverted nipple far back into his mouth to nurse. Others suggest using breast shells that are designed to draw the nipple out.

Tongue Tie

A baby with a short frenulum may also have difficulty sucking effectively and may cause sore nipples. If you suspect this may be a problem contact your local La Leche League Leader or Health Professional.

Other Conditions of the Breast

While breastfeeding mothers may develop breast conditions related to lactation, they also remain susceptible to conditions found in non-lactating women.

Skin Conditions

Mothers who suffer from different types of skin conditions (eczema, psoriasis etc.) may find that breastfeeding causes irritation of the nipple and areolar skin leading to outbreaks in susceptible women. Treatment with careful hygiene, gentle washing after feeding and adequate drying may relieve the symptoms.

Vasospasm of the Nipple

Vasospasm of the nipple (Reynaud's phenomenon) may cause blanching and pain of the nipple, either spontaneously or after nursing. This may or may not be associated with other manifestations of Reynaud's phenomenon or rheumatologic disease. Avoiding nipple trauma and keeping the nipple warm can prevent some of the occurrences.

Nipple and/or breast pain

Nipple and/or breast pain may occur when women resume ovulating. If nipple and breast pain occur without other explanation and the woman is not menstruating, the possibility of pregnancy should be considered.

Breast Check

When you are breastfeeding it is normal for your breasts to change in size and to feel tender. However, you should continue to check your breasts regularly and discuss any unusual changes with your Health Professional.

Although babies come in two genders, in this leaflet we have referred to baby as "he" for clarity's sake as mother is unquestionably "she".

Do get in touch, we look forward to hearing from you.

**For information and support contact La Leche League of Ireland
www.lalecheleagueireland.com.**