

Breast-Feeding Problems

Postpartum Breast Engorgement

What is postpartum breast engorgement? Usually on the second to fifth day after you have your baby, you will notice changes in your breasts. They will become larger, somewhat firm, and slightly tender as they begin to produce large amounts of milk. This is called postpartum breast engorgement.

Engorgement is a normal process. However, breast swelling with engorgement may make it difficult for your baby to get milk. Your baby may not be able to latch on correctly and your nipple may become sore. Not releasing the pressure in your breast can cause you to make less milk or to even stop producing milk.

Knowing how to manage engorgement will help you avoid these problems.

What is the cause? Postpartum breast engorgement is caused by the hormone changes in your body after delivery. The changes in hormones cause your breasts to start making a lot of milk. Extra blood flowing to the breasts adds to the engorgement.

How long will it last? Engorgement usually lasts just a few days until your body gets used to making and releasing milk. The swelling of your breasts makes it seem like you are making more milk than your baby needs. However, getting milk to flow is really the problem with engorgement, rather than making too much milk.

Once your baby is nursing well and your milk is flowing easily, there will be less swelling and firmness. Within a few days, your breasts adjust to your baby's appetite. Then you will then most likely produce as much milk as your baby takes from your breasts. By the end of the first week after delivery, your breasts will have adjusted and will be much less engorged.

How can I take care of myself?

1. Prevention. Nursing frequently day and night helps reduce breast engorgement. Plan to nurse your baby at least every 2 to 3 hours. Feeding less often is OK at night, but don't allow more than one period of 5 hours to pass between feedings each night. Aim to feed your baby 8 to 12 times every 24 hours. Your newborn should nurse vigorously at least 10 minutes at each breast.

2. Managing fullness and discomfort. Warm your breasts just before nursing. Heat improves blood flow and helps your milk let-down. Thus, a warm shower or warm washcloth on the breasts just before feeding may help relieve engorgement.

Gently massage and press on the firmer areas of your breast while your baby nurses to help empty and soften these areas. Put cool washcloths on your breasts between feedings to help relieve discomfort and reduce swelling.

Some breast-feeding experts recommend using cool cabbage leaves to treat uncomfortable breast engorgement. Many women who have tried cabbage leaves claim the treatment brings relief from discomfort and improves milk flow. (Cabbage has been used for centuries as a folk remedy for a wide variety of ailments.) Whether improvement results from the cool wraps or from a specific property in cabbage is not known. Here is how you can use cabbage leaves for engorgement:

- Put thoroughly washed and dried, crisp, cold, green cabbage leaves over your engorged breasts. You can wear the leaves inside your bra or use them as compresses covered by a cool towel. You can cut holes in the leaves, if necessary, to allow the nipples to stay dry.
- Leave the cabbage leaves in place for about 20 to 30 minutes or until they have wilted. Usually only one or two applications of the leaves are needed to soften the breasts and establish good milk flow. Women who are trying to dry up their milk have used longer periods of time.

3. Milk expression during engorgement. Many women are afraid to pump or express milk while they are engorged because they think it will cause them to make even more milk. However, engorgement is really a problem of poor milk flow, rather too much milk.

If your breasts are so full that it's hard for your baby to latch on correctly, you may want to pump or hand-express some milk before the feeding. Express enough to soften the nipple and areola so your baby can better grasp your nipple and about 1 inch of the surrounding areola.

If your breasts are still uncomfortably full after feeding your baby, pump for a few minutes until your breasts are softer and your milk is flowing better. Reduce the firmness enough to relieve discomfort and produce obvious softening. Encourage your baby to nurse frequently to relieve breast fullness. Soon your baby will probably empty your breasts well at each feeding and you will no longer need to pump excess milk.

Your baby's doctor can tell you if you need to feed your baby any expressed milk. If it is not necessary, the milk you express can be frozen for future use.

4. Unrelieved engorgement. Unrelieved engorgement is considered to be a breast-feeding emergency because residual milk and sustained pressure on the milk-producing glands can rapidly decrease your milk supply. Thus, if your breasts are so full that your baby cannot latch on or if your baby is not nursing well after your milk has come in abundantly, you will need to get help with breast-feeding and perhaps rent an electric breast pump. Use the pump to express your milk at regular feeding times. Pumping your breasts will allow you to relieve uncomfortable fullness and to keep producing abundant milk. The pumped milk can be fed to your baby until he or she learns to breast-feed well.

Sore Nipples

Breast-feeding should be a comfortable and enjoyable experience. Unfortunately, sore nipples are a common complaint among breast-feeding mothers. Often mothers quit nursing their babies early because of sore nipples, but this doesn't have to happen. Sore nipples usually can be prevented or treated.

Mild nipple discomfort at the beginning of feedings during the first few days of breast-feeding usually needs no treatment. However, nipple pain that is severe or lasts throughout a feeding or

persists for more than a week is not normal and should be evaluated by your doctor or a lactation consultant.

What causes sore nipples? The most common cause of severe nipple soreness is improper positioning of your baby's mouth on your breast. The particular size and shape of your nipples and your baby's mouth can affect your baby's latching-on technique. In addition, your infant's unique sucking habits can contribute to nipple discomfort.

Other possible causes of nipple pain are an infection of the nipples (yeast or bacterial), a breast infection, or improper nipple skin care.

What problems can sore nipples cause? If your baby is latching on to your breast incorrectly, he may not be getting enough milk. Also, nipple pain may cause you to postpone nursings or may decrease your let-down reflex and reduce milk flow. This combination of factors can easily cause a drop in your milk supply. As a result, your baby may not gain weight well. Sore nipples and low milk supply often go hand-in-hand.

How are sore nipples treated? The following recommendations should help within a day or so.

1. Make sure your baby is positioned correctly to nurse. Support your breast with four fingers below and your thumb above. Place your fingers far enough behind the darkened area around your nipple (areola) so they won't touch your baby's mouth when she attaches. When your baby opens her mouth wide, quickly pull her toward you so she grasps both your nipple and as much surrounding areola as possible.

- Do not let your baby take only the tip of your nipple.
- Make sure the baby gets enough of the lower part of the areola in her mouth. Not doing so is a common cause of sore nipples.
- During the feeding hold your breast from below so the nipple and areola aren't pulled out of your baby's mouth by the weight of the breast.
- Make sure your baby is facing you chest-to-chest.

2. Begin a feeding on the less sore nipple to trigger your let-down reflex and start milk flowing. Babies suck harder at the beginning of feedings. After your baby has nursed briefly and milk flow has begun, move her to the second breast. This should make nursing more comfortable because the baby will suck less vigorously once milk starts to flow. However, as soon as possible, resume switching the breast you start each feeding with to prevent a lopsided milk supply.

3. Frequent shorter feedings are preferable to less frequent lengthy feedings. If one nipple is extremely sore, temporarily limit feedings to 10 minutes on that side.

4. Keep your nipples dry. Gently pat your nipples dry with a clean cloth after nursing or let your nipples air-dry for 15 to 20 minutes. Cleanse your nipples with soap and water when you bathe. If you wear breast pads, change them as soon as they become wet.

Don't go to extremes and dry your nipples too much. For example, don't dry them with a hair dryer and don't expose them to air for a long time if you live where the humidity is low. Too much dryness can worsen the condition of the skin.

5. If you have cracks or other breaks in the skin, keep your nipples covered with a soothing emollient. USP Modified Lanolin (medical grade) is best. Put a fresh coating on your nipples after each feeding. Also, wearing wide-based breast shells over your nipples between nursings can reduce the discomfort and speed up healing by preventing direct contact with your bra.

6. Use a pump to express your milk if the pain is so severe that you cannot nurse your baby. You can stop nursing and pump milk for 2 to 3 days while your nipples heal. You can rent a hospital-grade electric pump temporarily to express your milk comfortably. *Pumping* is a convenient way to empty your breasts and maintain or increase your milk supply while your nipples heal. Other types of breast pumps generally are not as comfortable or effective as a rented hospital-grade electric pump.

7. Watch for signs of a breast infection. A cracked nipple may make you more susceptible to getting a breast infection (mastitis). Be on the lookout for any signs of infection. The signs are described below in the section on when to call your doctor.

Call your doctor immediately if:

- You have any of the following symptoms in addition to sore nipples: chills, fever, headache, flu-like symptoms, or pain or redness in your breast. These symptoms suggest you may have a breast infection (mastitis). The infection requires **prompt** treatment with antibiotics.

Call your doctor during office hours if:

- Your nipples sting or burn and you have shooting pains in your breast, especially after nursing. You may have a yeast infection of your nipples. A yeast infection requires treatment with medication. Babies can get yeast infections in their mouths and diaper areas.
- The nipple pain inhibits your let-down reflex. In this case, your doctor may prescribe a pain medication.

Call your baby's doctor during office hours if:

- Your baby is not satisfied after most nursings. Your baby may not be satisfied because your milk supply is low or because your baby is not emptying your breasts. After weighing your baby, the doctor can decide whether you need to change your feeding schedule or offer your baby supplemental breast milk or formula. You may need to use an electric pump temporarily to express any milk left after nursings. Pumping will help increase your milk supply.
- Your nipples have a yeast infection, you see white patches in your baby's mouth, or your baby has had a diaper rash for 3 or more days. In this case, your baby may need to be treated for a yeast infection.

Plugged Ducts

What is a plugged duct? A plugged duct is when one or more of the milk ducts become blocked. It will feel like a hard, tender lump in your breast. Incomplete emptying of the breast usually causes plugged ducts. Stress, fatigue, or a tight bra can also cause a plugged duct. Some women are more prone to plugged ducts than others.

Because a plugged duct can lead to a breast infection, it needs to be unplugged as soon as possible.

How can I unplug the duct?

- Nurse on the tender side first when the baby is hungriest and sucks more strongly. This will ensure complete emptying of that breast.
- Massage the breast with the lump, expressing extra milk and trying to unplug the duct. Between nursing sessions apply moist heat to the breast. (The best way is to soak in a hot bath while massaging your breast and expressing milk. A hot shower or a heating pad is also helpful.)
- Be persistent! With a plugged duct you have to work with massage, expression, nursing, and moist heat until it clears.
- Sleep on your side instead of your back to assist the flow of milk down into your breasts.
- Since stress can be an important factor in plugged ducts, make sure you get plenty of rest and relaxation.
- When the plugged duct unclogs, you may feel a burning or pinching.

WARNING: if redness, a painful lump, and/or a fever and flu-like feeling accompany a plugged duct, you could have a breast infection. Call your physician immediately!

How can I prevent plugged ducts?

- Nurse frequently.
- Empty each breast at each nursing.
- Avoid tight or poorly fitting bras.
- Sleep on your side instead of back. Get plenty of rest.

Breast Infection (Mastitis)

Mastitis is an infection in the breast. The condition usually occurs in women who are breast-feeding. You may have both general symptoms of illness and breast symptoms including: flu-like feeling, fever, chills, headache, breast pain, breast redness, breast firmness, nipple or areolar pain and/or difficulty getting milk to flow.

Call your physician promptly if you have any symptoms of mastitis. The sooner you start treatment, the sooner you will feel better. Prompt treatment may prevent complications, such as a breast abscess (a pocket of pus requiring drainage).

What is the cause? Bacteria usually cause breast infections. Bacteria are normally present on the nipple and in a baby's mouth. They can enter the breast through a cracked nipple or the milk ducts and cause mastitis.

Many factors can make a breast-feeding mother susceptible to mastitis. One of the principal factors is inadequate drainage of milk from your breasts. Poor emptying can occur by allowing too much time to pass between feedings. Also, milk may not drain well if a duct is clogged, or a tight-fitting bra may obstruct milk flow.

Injury to the breast can make a breast-feeding woman more susceptible to mastitis. A baby teething on the breast or incorrectly latching on to the nipple may cause the injury. Use of a breast pump that generates excessive vacuum can also injure the breast.

Exhaustion may contribute to mastitis. For example, returning to work, not getting enough sleep, and having house guests may tire a new mother.

What is the treatment?

- 1. Take the entire antibiotic your doctor prescribes even if you feel much better after a few days.** Mastitis is usually treated with an antibiotic for 10 days.
- 2. Rest and stay in bed as much as possible.** Get all the help you can for at least the next 2 days.
- 3. Drink plenty of fluids,** especially if you have a fever.
- 4. Take medicine for the pain if necessary.** You will probably need pain medication during the first 2 days of your illness. Ask your doctor for a prescription if necessary. Ibuprofen is a good choice for over-the-counter pain medication. Only very small amounts of ibuprofen are excreted in breast milk.
- 5. Nurse more often,** especially from the side that is infected, to keep your breasts well emptied. You do not have to wean your baby if you have mastitis. In fact, you should nurse more often. You may need to put moist heat on the affected area of your breast before nursing to help start milk flow. For example, put a warm washcloth on the breast, take a warm shower, or submerge the breast in a basin or tub of warm water. You can begin feedings on the side that is not infected and then move your baby to the infected breast once your let-down has been triggered.

If you are pumping milk for a sick or premature hospitalized baby when you develop mastitis, discard the milk collected from the infected side until you are well.

- 6. Pump your breasts if necessary.** If nursing your baby is too painful or doesn't relieve your breast fullness, you may need to rent an electric breast pump. Often an electric pump will comfortably and efficiently empty your breasts.

You may need to rent a breast pump if:

- The infected breast is still not emptying well even though you have followed the treatment suggestions.
- Nursing your baby from the infected breast is too painful.
- Your baby refuses to nurse from the infected breast.

When should I call the doctor?

Call YOUR doctor during office hours if:

- Your symptoms are not better within 48 hours after you start taking antibiotics.
- A tender breast lump develops that is not relieved by nursing.

Call your BABY'S doctor during office hours if:

- You think your milk supply is decreasing.
- Your baby shows any signs of illness such as fever, poor feeding, tiredness, irritability, trouble breathing, or a rash. Call any time if you are worried.
- Your baby develops a diaper rash while you are taking antibiotics. The rash may be due to a yeast infection and may require treatment with a medication.