

New Food Choices Support Breastfeeding

Solutions for Common Concerns

SORE OR CRACKED NIPPLES

Symptoms:	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> ▪ Breast or nipple pain ▪ Cracks across the top of nipple or around the base ▪ Bleeding possible ▪ May be infected ▪ Nipple may be flat/inverted and baby is latching poorly 	<ul style="list-style-type: none"> ▪ Ensure a good latch; ask an IBCLC to observe latch in the hospital before discharge ▪ Breastfeed at least 8 times every 24 hours – every time baby shows early signs of hunger ▪ Avoid long intervals between feeds (baby nurses more vigorously when he has not eaten in awhile) ▪ Keep breast pads clean and dry ▪ Avoid alcohol, soaps, perfumes, deodorants, and other products on the breast ▪ Avoid bottles the first 3-4 weeks 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Begin feeding on the side that hurts less (baby nurses more vigorously on the first breast) ▪ Ensure a good latch; ask a lactation expert to help ▪ Vary the positions for breastfeeding ▪ Massage breasts to encourage milk to flow before latching baby <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Do not limit feedings <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Apply drops of mother’s milk ▪ Hydrogel dressing can be comforting for moist wound healing ▪ Wear breast shells between feedings to keep clothing away from breasts <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Do not stop breastfeeding unless nipples are severely damaged; use a breast pump to maintain milk production ▪ Do not use soap or creams on nipples ▪ Do not miss feedings or wait until the breast is full to breastfeed 	<p>Comfort measures do not resolve the soreness</p> <p>Mother reports severely damaged nipples or pain with breastfeeding</p> <p>Mother reports a severe burning, stinging sensation (could signify Candida albicans) or says baby has white patches inside mouth</p> <p>Mother reports her nipples are blanched after feeding</p> <p>Mother is running a fever</p> <p>Mother’s nipples look infected</p>

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ENGORGEMENT

Physical Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> ▪ Swelling ▪ Tenderness ▪ Warmth ▪ Pain ▪ Skin shiny, tight ▪ Nipple flattened <p>Mother May Report</p> <ul style="list-style-type: none"> ▪ It began on the 3rd to 5th day after birth ▪ Breastfeeding was going well until now ▪ Baby cries and refuses the breast ▪ Her breasts feel hard and painful ▪ She feels overwhelmed 	<ul style="list-style-type: none"> ▪ Breastfeed within the first hour after birth ▪ Get help to assure baby is latched well ▪ Breastfeed at least 8 times or more every 24 hours in the early days ▪ Listen for signs of the baby swallowing to be sure milk is transferring ▪ Respond to baby's early signs of readiness to feed and feed day and night when those early signs are observed ▪ Keep baby skin to skin with mother ▪ Do not limit the feedings; allow baby to feed as long as he wants and to release the breast on his own <p>Avoid supplementing the baby with foods other than the mother's milk</p>	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot!) compresses ▪ Apply pressure behind the nipple to help move swelling away from the nipple and back towards the breast ▪ Express a little milk to soften the areola <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ If the mother still feels full, continue to express milk to relieve the fullness ▪ Apply ice packs (frozen peas work well) <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Breastfeed more frequently ▪ Offer both breasts at each feeding ▪ Express milk if necessary to keep breasts from being uncomfortably full ▪ Express milk in a warm shower or bath 	<p>Comfort measures have not relieved engorgement</p>

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PLUGGED DUCTS

Physical Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> ▪ Localized pain ▪ Lump that is tender ▪ Mother's temperature usually below 101.3°F 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Breastfeed in varied positions ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) ▪ Ask for help from family and friends for non-infant-care chores ▪ Rest and drink plenty of fluids 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot!) compresses over the blocked area ▪ Massage the breast toward the nipple, paying attention to gently massaging the lumpy area <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Position baby with chin pointed toward the affected area ▪ Ensure a good latch ▪ Begin feeding on the breast with the plugged duct ▪ Gently massage the lumpy area during the feeding <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Express milk by hand or with a quality breast pump to keep the affected breast from becoming too full <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Do not avoid breastfeeding ▪ Allow the baby to feed whenever he shows signs of hunger ▪ Get plenty of rest ▪ Contact the doctor if there is a fever ▪ Get help from an IBCLC who can observe a feed and ensure the baby is latched well and is transferring milk 	<p>The plugged duct is not relieved</p> <p>Mother reports fever or flu-like symptoms or may report "Feeling like I've been hit by a truck."</p>

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MASTITIS

Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> ▪ Mother has a fever greater than 101.3°F ▪ An area on the breast is red and painful ▪ Mother has flu-like symptoms (achy feeling) ▪ Milk production has declined ▪ Baby may not be interested in nursing on that side ▪ Mother has a previous plugged duct that never fully resolved 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ If plugged duct arises, treat aggressively ▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) ▪ Ask for help from family and friends for non-infant-care chores ▪ Rest and drink plenty of fluids and avoid overdoing it 	<p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot!) compresses over the affected area <p>During the Feed:</p> <ul style="list-style-type: none"> ▪ Breastfeed on both breasts, beginning with the affected breast ▪ Begin feeding on the side with the plugged duct ▪ Gently massage the lumpy area while baby is feeding <p>After the Feed:</p> <ul style="list-style-type: none"> ▪ Remove milk by hand or with a quality breast pump if breast is still uncomfortably full ▪ REST! ▪ Drink plenty of fluids ▪ Be vigilant about hand washing <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> ▪ Baby can continue to breastfeed ▪ Do not stop breastfeeding! Breasts need to be well drained ▪ Put the baby to breast whenever he shows signs of hunger ▪ Always contact the doctor if mother is running a fever or has flu-like symptoms; encourage her to consult her physician if symptoms do not improve after beginning an antibiotic regimen 	<p>Mother reports fever and/or flu-like symptoms or may report “Feeling like I’ve been hit by a truck.”</p>

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