

# COMMON CHALLENGES

Breastfeeding can be challenging at times, especially in the early days. But remember that you are not alone. Lactation consultants can help you find ways to make breastfeeding work for

you and your baby. And while many women are faced with one or more of the challenges listed here, many women do not struggle at all! Also, many women may have certain problems with one

baby that they don't have with their other babies. Read on for ways to troubleshoot problems.

Ask a lactation consultant for help to improve your baby's latch. Talk to your doctor if your pain does not go away or if you suddenly get sore nipples after several weeks of pain-free breastfeeding. Sore nipples may lead to a breast infection, which needs to be treated by a doctor.

## CHALLENGE: SORE NIPPLES

Many moms say that their nipples feel tender when they first start breastfeeding. Breastfeeding should be comfortable once you and your baby have found a good latch and some positions that work.

### WHAT YOU CAN DO

- A good latch is key, so see [page 14](#) for detailed instructions. If your baby sucks only on the nipple, gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again. (Your nipple should not look flat or compressed when it comes out of your baby's mouth. It should look round and long, or the same shape as it was before the feeding.)
- If you find yourself wanting to delay feedings because of pain, get help from a lactation consultant. Delaying feedings can cause more pain and harm your milk supply.
- Try changing positions each time you breastfeed.
- After breastfeeding, express a few drops of milk and gently rub it on your nipples with clean hands. Human milk has natural healing properties and oils that soothe. Also, try letting your nipples air-dry after feeding or wear a soft cotton shirt.
- Get help from your doctor or lactation consultant before using creams, hydrogel pads (a moist covering for the nipple to help ease soreness), or a nipple shield (a plastic device that covers the nipple while breastfeeding). Some women should not use these products. Your doctor will help you make the choice that is best for you and your baby.
- Don't wear bras or clothes that are too tight and put pressure on your nipples.
- Change nursing pads (washable or disposable pads you can place in your bra to absorb leaks) often to avoid trapping in moisture.
- Avoid harsh soaps or ointments that contain astringents (like a toner) on your nipples. Washing with clean water is all that is needed to keep your nipples and breasts clean.
- If you have very sore nipples, you can ask your doctor about using non-aspirin pain relievers.

## CHALLENGE: LOW MILK SUPPLY

Most mothers can make plenty of milk for their babies. But many mothers worry about having enough milk. Checking your baby's weight and growth is the best way to make sure he gets enough milk. Let your baby's doctor know if you are concerned.

For more ways to tell if your baby is getting enough milk, see [page 20](#).

### THERE MAY BE TIMES WHEN YOU THINK YOUR SUPPLY IS LOW, BUT IT IS ACTUALLY JUST FINE.

- When your baby is around 6 weeks to 2 months old, your breasts may no longer feel full. This is normal. (It's also normal for some women to never experience "full" breasts.) At the same time, your baby may nurse for only a short time, such as five minutes at each feeding. These are not signs of a lower milk supply. The mother's body adjusts to meet the needs of her baby, and the baby gets very good at getting milk from

the breast. It's also normal for your baby to continue to nurse for 10 or 15 minutes on each breast at each feeding or to prefer one breast over the other. Each baby is different.

- Growth spurts can cause your baby to want to nurse longer and more often. These growth spurts can happen when your baby is around 2 to 3 weeks, 6 weeks, and 3 months of age. Growth spurts can also happen at any time. Don't be worried that your milk supply is too low to satisfy your baby. Follow your baby's lead. Nursing more often will help build up your milk supply. Once your supply increases, you will likely be back to your usual routine.

### WHAT YOU CAN DO

- Make sure your baby is latched on and positioned well.
- Breastfeed often and let your baby decide when to end the feeding. If your baby does not empty the breast,

try pumping afterward. The more often you empty your breasts, the more milk your breasts will make.

- Offer both breasts at each feeding. Have your baby stay at the first breast as long as he or she is still sucking and swallowing. Offer the second breast when the baby slows down or stops.
- Try to avoid giving your baby formula or cereal in addition to your breastmilk. Otherwise, your baby may lose interest in your breastmilk, and your milk supply will then decrease. If you need to supplement your baby's feedings, try using a spoon, syringe, cup, or dropper filled with breastmilk.
- Limit or stop your baby's use of a pacifier while, at the same time, trying the above tips.
- Check with your doctor for health issues, such as hormonal issues or primary breast insufficiency, if the above steps don't help.

Talk to your baby's doctor if you think your baby is not getting enough milk.



## CHALLENGE: OVERSUPPLY OF MILK

Some mothers worry about an oversupply of milk. An over-full breast can make breastfeeding stressful and uncomfortable for you and your baby.

### WHAT YOU CAN DO

- Breastfeed on one side for each feeding. Continue to offer that same breast for at least two hours until the next full feeding, gradually increasing the length of time per feeding.
- If the other breast feels too full before you are ready to breastfeed on it, hand express for a few moments to relieve some of the pressure. You also can use a cold compress or washcloth to reduce discomfort and swelling.
- Feed your baby before he or she becomes overly hungry to prevent aggressive sucking. (Learn more about hunger signs on [page 18](#).)
- Burp your baby often if he or she is gassy.

Ask a lactation consultant for help if you are unable to manage an oversupply of milk on your own.

## CHALLENGE: STRONG LET-DOWN REFLEX

Some women have a strong milk ejection reflex or let-down, which can cause a rush of milk. This can happen along with an oversupply of milk.

### WHAT YOU CAN DO

- Hold your nipple between your first and middle fingers or with the side of your hand. Lightly compress your milk ducts to reduce the force of the milk ejection.
- If your baby chokes or sputters when breastfeeding, gently break the latch and let the excess milk spray into a towel or cloth.
- Allow your baby to come on and off the breast at will.

## CHALLENGE: ENGORGEMENT

It is normal for your breasts to become larger, heavier, and a little tender when they begin making milk. Sometimes, this fullness may turn into engorgement, which is when your breasts feel hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing, and flattening of the nipple.

Engorgement sometimes also causes a low-grade fever and can be confused with a breast infection. Engorgement is the result of the milk building up. It usually happens during the third to fifth day after giving birth. But it can happen at any time, especially if you are not feeding your baby or expressing your milk often.

Engorgement can lead to plugged ducts or a breast infection (see [page 26](#)), so it is important to try to prevent it before this happens. If treated, engorgement should fix itself.

Ask your lactation consultant or doctor for help if the engorgement lasts for two or more days.

## CHALLENGE: ENGORGEMENT (CONT.)

### WHAT YOU CAN DO

- Breastfeed often after giving birth. As long as your baby is latched on and sucking well, allow your baby to nurse for as long as she likes.
- Work with a lactation consultant to improve your baby's latch.
- Breastfeed often on the affected side to remove the milk, keep the milk moving freely, and prevent your breast from becoming overly full.
- Avoid using pacifiers or bottles to supplement feedings.
- Hand express or pump a little milk to first soften the breast, areola, and nipple before breastfeeding.
- Massage the breast.
- Use cold compresses on your breast in between feedings to help ease the pain.
- If you plan to return to work, try to pump your milk as often as your baby breastfed at home. Be sure to not let more than four hours pass between pumping sessions.
- Get enough rest, proper nutrition, and fluids.
- Wear a well-fitting, supportive bra that is not too tight.
- Try reverse pressure softening to make the areola soft around the base of the nipple and help your baby latch. Try one of the holds in the illustrations on the left. Press inward toward the chest wall and count slowly to 50. Use steady and firm pressure, but gentle enough to avoid pain. You may need to repeat each time you breastfeed for a few days.

### SIX ENGORGEMENT HOLDS\*:



1. One-handed "flower hold." Works best if your fingernails are short. Curve your fingertips in toward your body and place them where baby's tongue will go.



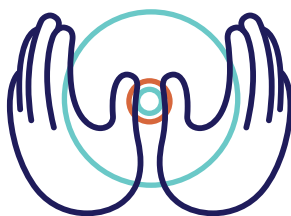
2. Two-handed, one-step method. Works best if your fingernails are short. Curve your fingertips in toward your body and place them on each side of the nipple.



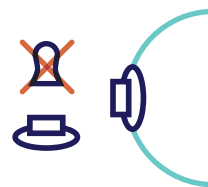
3. Use the two-handed, one-step method. You may ask someone to help press by placing fingers or thumbs on top of yours.



4. Two-handed, two-step method. Using two or three fingers on each side, place your first knuckles on either side of the nipple and move them 1/4 turn. Repeat above and below the nipple.



5. Two-handed, two-step method. Using straight thumbs, place your thumbnails evenly on either side of the nipple. Move 1/4 turn and repeat above and below the nipple.



6. Soft-ring method. Cut off the bottom half of an artificial nipple and place it on the areola. Press with your fingers.

## CHALLENGE: PLUGGED DUCT

Plugged ducts are common in breastfeeding mothers. A plugged milk duct feels like a tender and sore lump in the breast. You should not have a fever or other symptoms.

A plugged duct happens when a milk duct does not drain properly. Pressure then builds up behind the plug, and surrounding tissue gets inflamed. A plugged duct usually happens in one breast at a time.

### WHAT YOU CAN DO

- Breastfeed on the affected side as often as every two hours. This will help loosen the plug and keep your milk moving freely.
- Aim your baby's chin at the plug. This will focus his suck on the duct that is affected.
- Massage the area, starting behind the sore spot. Move your fingers in a circular motion and massage toward the nipple.

- Use a warm compress on the sore area.
- Get extra sleep, or relax with your feet up to help speed healing. Often a plugged duct is a sign that a mother is doing too much.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts. Consider trying a bra without underwire.
- If you have plugged ducts that keep coming back, seek help from an IBCLC.

If your plugged duct doesn't loosen up, ask for help from a lactation consultant. Plugged ducts can lead to a breast infection.

## CHALLENGE: BREAST INFECTION (MASTITIS)

Mastitis is soreness or a lump in the breast. It can cause the following symptoms:

- Fever or flu-like symptoms, such as feeling run down or very achy
- Nausea
- Vomiting
- Yellowish discharge from the nipple that looks like colostrum
- Breasts feel warm or hot to the touch and appear pink or red

A breast infection can happen when other family members have a cold or the seasonal flu. It usually only happens in

one breast. It is not always easy to tell the difference between a breast infection and a plugged duct. They have similar symptoms and can improve within 24 to 48 hours. Some breast infections that do not improve within this time period need to be treated with medicine from your doctor. (Learn more about medicines and breastfeeding on [page 30](#).)

### WHAT YOU CAN DO

- Breastfeed on the affected side every two hours or more often. This will keep the milk moving freely and your breast from becoming overly full.

- Massage the area, starting behind the sore spot. Move your fingers in a circular motion and massage toward the nipple.
- Apply heat to the sore area with a warm compress.
- Get extra sleep, or relax with your feet up to help speed healing. Often a breast infection is a sign that a mother is doing too much and becoming overly tired.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts.

Ask your doctor for help if you do not feel better within 24 hours of trying these tips, if you have a fever, or if your symptoms worsen. You might need medicine.

### SEE YOUR DOCTOR RIGHT AWAY IF:

- You have a breast infection in which both breasts look affected.
- There is pus or blood in your breastmilk.
- You have red streaks near the affected area of the breast.
- Your symptoms came on severely and suddenly.

Also, talk with your doctor about any medicines you take or plan to take.

## CHALLENGE: FUNGAL INFECTIONS

A fungal infection, also called a yeast infection or thrush, can form on your nipples or in your breast. This type of infection thrives on milk and forms from an overgrowth of the *Candida* organism. *Candida* lives in our bodies and is kept healthy by the natural bacteria in our bodies. When the natural balance of bacteria is upset, *Candida* can overgrow, causing an infection.

Signs of a fungal infection include:

- Nipple soreness that lasts more than a few days, even after your baby has a good latch

- Pink, flaky, shiny, itchy, or cracked nipples
- Deep pink and blistered nipples
- Achy breasts
- Shooting pains deep in the breast during or after feedings

### WHAT YOU CAN DO

Fungal infections may take several weeks to clear up, so it is important to follow these tips to avoid spreading the infection:

- Change disposable nursing pads often.
- Wash any towels or clothing that come in contact with the yeast in

very hot water (above 122°F).

- Wear a clean bra every day.
- Wash your hands often.
- Wash your baby's hands often, especially if he sucks on his fingers.
- Boil all pacifiers, bottle nipples, or toys your baby puts in her mouth every day. After one week of treatment, throw away all pacifiers and nipples and buy new ones.
- Boil all breast pump parts that touch your milk every day.
- Make sure other family members are free of thrush or other fungal infections. If they have symptoms, make sure they get treated.



If you or your baby has symptoms of a fungal infection, call both your doctor and your baby's doctor so you can be correctly diagnosed and treated at the same time. This will help prevent passing the infection to each other.

“ I had a terrible time learning to nurse my son. My nipples were terribly sore, and it felt like it wasn't getting any better. After visiting my doctor, the lactation consultant, and the pediatrician, it became clear that a horrible case of thrush had been the source of my pain. I honestly did not think I would make it, but I was too stubborn to quit, and I am grateful I stuck with it. I am proud to say that I breastfed my son until he was 16 months old! – Jessica, Edmonton, Alberta, Canada

## CHALLENGE: NURSING STRIKE

A nursing “strike” is when your baby has breastfed well for months and suddenly begins to refuse the breast. A nursing strike can mean that your baby is trying to let you know that something is wrong. This usually does not mean that the baby is ready to wean.

Not all babies will react the same way to the different things that can cause a nursing strike. Some babies will continue to breastfeed without a problem. Other babies may just become fussy at the breast. And other babies will refuse the breast entirely.

Some of the major causes of a nursing strike include:

- Having mouth pain from teething, a fungal infection like thrush, or a cold sore
- Having an ear infection, which causes pain while sucking or pressure while lying on one side
- Feeling pain from a certain breastfeeding position, perhaps from an injury on the baby’s body or from soreness from an immunization
- Being upset about a long separation from the mother or a major change in routine
- Being distracted while breastfeeding, such as becoming interested in other things going on around the baby
- Having a cold or stuffy nose that makes breathing while breastfeeding difficult
- Getting less milk from the mother after supplementing breastmilk with bottles or overuse of a pacifier
- Responding to the mother’s strong reaction if the baby has bitten her while breastfeeding
- Being upset by hearing arguing or people talking in a harsh voice while breastfeeding
- Reacting to stress, overstimulation, or having been repeatedly put off when wanting to breastfeed

If your baby is on a nursing strike, it is normal to feel frustrated and upset, especially if your baby is unhappy. Be patient with your baby and keep trying to offer your breasts.

### WHAT YOU CAN DO

- Try to express your milk as often as the baby used to breastfeed to avoid engorgement and plugged ducts.
- Try another feeding method temporarily to give your baby your breastmilk, such as using a cup, dropper, or spoon.
- Keep track of your baby’s wet and dirty diapers to make sure she gets enough milk.
- Keep offering your breast to your baby. If your baby is frustrated, stop and try again later. You can also offer your breast when your baby is very sleepy or is sleeping.
- Try different breastfeeding positions, with your bare skin next to your baby’s bare skin.
- Focus on your baby, and comfort him with extra touching and cuddling.
- Breastfeed while rocking your baby in a quiet room free of distractions.

Be sure to feed your baby during a nursing strike to ensure that your baby gets enough milk. The doctor can check your baby’s weight gain.



## CHALLENGE: INVERTED, FLAT, OR VERY LARGE NIPPLES

Some women have nipples that turn inward instead of pointing outward, or that are flat and do not protrude. Nipples also can sometimes flatten for a short time because of engorgement or swelling from breastfeeding. Inverted or flat nipples can sometimes make it harder to breastfeed. But remember, for breastfeeding to work, your baby must latch on to both the nipple and the breast, so even inverted nipples can work just fine. Often, flat and inverted nipples will protrude more over time as the baby sucks more.

Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

### WHAT YOU CAN DO

- Talk to your doctor or a lactation consultant if you are concerned about your nipples.
- You can use your fingers to try and pull your nipples out. You also can use a special device that pulls out inverted or temporarily flattened nipples.

- The latch for babies of mothers with very large nipples will improve with time as the baby grows. It might take several weeks to get the baby to latch well. But if you have a good milk supply, your baby will get enough milk even with a poor latch.

Ask for help if you have questions about your nipple shape or type, especially if your baby is having trouble latching well.