Breastfeeding should be a pleasurable experience for you and your baby. If something hurts or feels wrong, there is likely a problem, and it can be fixed with knowledgeable advice and support. This information sheet lists common problems and offers suggestions for solving them. Remember, you might not experience every symptom for any given problem.

Sore Nipples

What you might notice

♦ nipples or areolae feel “sunburned”
♦ cracked or bleeding nipples

What’s going on

Many women feel a short flash of pain for a few seconds at the beginning of a feed in the week after the baby’s birth. The pain goes away quickly, and after a few days it doesn’t happen at all. If you experience pain beyond this, something is likely to be wrong and can probably be easily fixed.

What can help

• check your positioning: even a tiny adjustment can make all the difference – remember tummy to tummy, baby to breast, nose to nipple!
• taking your baby off the breast and trying again until positioning and latch are just right may help
• remember to break your baby’s suction by gently inserting your little finger into the corner of her mouth, then remove the breast; don’t just pull her off, as this can be painful
• if you stop feeding to “rest” your nipples this can lead to engorgement, which will add to your pain and won’t help you solve the real problem
• nipple shields can decrease the stimulation from the baby and again do not address the actual cause which is usually a problem with positioning
• creams or lotions are often advertised as being soothing on sore nipples – the liquid with the best healing properties is your own breastmilk rubbed over the nipples
• your doula, a lactation consultant, or a breastfeeding support group can be helpful

Engorgement

What you might notice

• painfully swollen or hard breasts
• breasts feel warm to the touch
What’s going on

This is very common about 2-6 days after the baby’s birth, especially if the baby is not able to feed frequently or for long enough, if he is not positioned well, or if supplements are given. Engorgement is caused by a build-up of milk. Your baby may not be able to get a good mouthful of breast tissue in his mouth if the breast is too swollen, and might not feed well, making the problem worse.

What can help

- feeding well and often, to your baby’s cue
- pacifiers, water or supplementary bottles of formula will reduce the amount of breastmilk the baby wants and can lead to engorgement – consider carefully the decision to offer any of these to your newborn baby
- check your positioning: even a tiny adjustment can make all the difference – remember tummy to tummy, baby to breast, nose to nipple!
- express a little milk before a feed so the breast is easier for the baby to take into his mouth; this may be easier if you run warm water over your breasts for a couple of minutes, or apply a warm cloth to them first
- a cool green cabbage leaf (or other leafy vegetable) tucked into your bra can provide relief as the enzymes in the cabbage ease engorgement
- timing feeds and making sure the baby has a limited time at each breast can make the problem worse - allow the baby to finish the first breast before offering the other one
- a cold compress between feeds can be soothing
- do not restrict fluids: keep drinking water – this will not make the engorgement worse, and dehydration can reduce your milk supply or contribute to mastitis

Mastitis

What you might notice

- a lump in the breast which may or may not be painful
- red or inflamed patches or streaks flaring out from the areolae
- breasts are hot to the touch in patches
- localized pain
- fever and chills
- pus and blood in the milk
- flu-like symptoms

What’s going on

Mastitis is inflammation of the breast, whether from blocked milk ducts or due to an infection. With blocked ducts, you may notice a lump and milder degrees of some of the other symptoms. With an infection, your symptoms may be more severe.

Even mild dehydration can make you prone to mastitis. Mastitis also can occur if you baby’s feeding pattern changes, such as if you return to work, if you’re travelling, or if you become suddenly busier. Poorly fitting bras, especially those with under-wire, can also contribute to the problem.

What can help

- if you stop breastfeeding it will make the mastitis worse since it will increase engorgement and block the ducts more – many lactation consultants will recommend feeding the baby more often, as much as the baby wants (the milk is still fine for the baby to drink)
- drink lots of water: at least 2-3 litres a day
- check your positioning: even a tiny adjustment can make all the difference – remember tummy to tummy, baby to breast, nose to nipple!
- you could try a new position - a change can get the milk flowing through the blocked part
- finding a position in which the baby’s chin points to the lump or reddened area applies the strongest sucking action to the blocked ducts - this might require creativity, such as lying down with the baby’s legs pointing over your head
- run the shower – as hot as you can stand – over the breast
- using a little oil (such as olive) and a plain hair comb, “comb” the breast over the lump or reddened area, towards the nipple: this can help gently break up the clogged milk and get the milk flowing freely again; firm massage can also help
- apply cold packs between feeds if this is soothing
- you will be experiencing flu like symptoms and should ensure that you get plenty of
rest, eat well and have enough fluids – going to bed with the baby can be helpful

- if the mastitis is severe and an infection is present, your doctor may prescribe antibiotics; these will treat the mastitis, but remember to take all the pills (don’t stop when you feel better); also be aware that antibiotics can leave you susceptible to thrush (yeast infection), so you may want to eat lots of plain yogurt or take acidophilus to restore the “good bacteria” in your system

Thrush (Yeast Infection)

What you might notice

- itchy nipples or areole
- white spots on the nipples
- shiny areolae
- red, painful nipples or areole, with soreness during and after a feed
- shooting pain, or pain radiating from the nipple
- soreness in the shoulders or upper back
- red sores on your baby’s bottom
- white spots in your baby’s mouth or throat

What’s going on

Thrush is a yeast infection and can affect your breasts, the baby’s mouth, and your vagina. It can occur when you have taken antibiotics which destroy both the “bad” and the “good” bacteria in your system. You must treat yourself and the baby at the same time.

What can help

- foods containing sugar and those containing yeast or fungus (breads, mushrooms, cheeses such as blue cheese) will make the problem worse so you could consider avoiding these in your diet
- eating plain yogurt containing live cultures will provide the “good” bacteria for your gut to destroy the thrush; you can also smear the yogurt directly on your breasts and in your vagina as a topical treatment
- wash clothing in hot water, and add a cup of vinegar to the rinse cycle
- see your doctor for a prescription of antifungal cream

- your partner may need treatment as well, as men can carry yeast infections without showing symptoms
- if other measures are unsuccessful, painting your breasts and your baby’s mouth and bottom with an antifungal such as gentian violet or a solution of bicarbonate of soda (1 teaspoon baking soda in 250 ml. sterile water, or water boiled for 20 minutes) can be effective

Dehydration

What you might notice

- low urine output from the baby (see below under “What can help”)
- when you lift the baby’s skin in a light pinch, the skin does not retract immediately
- the inside of your baby’s mouth feels drier than usual
- the fontanelles (soft spots) on the baby’s head are sunken
- the baby is listless, very sleepy, unresponsive, or unwilling to feed (note: these can be signs of severe dehydration and require immediate medical attention)

What’s going on

Newborn babies can become dehydrated in a matter of a few hours. This is not something that takes days to come on. Missing even one or two feeds and going eight or so hours without feeding can cause a problem.

What can help

- keep an eye on urine output – as a guideline expect your baby to have at least one wet nappy on Day 1, two wet nappies on Day 2, three on Day 3 and so on, until Day 6 - after Day 6, fewer than 6 thoroughly wet nappies is cause for concern
- it can be hard to tell when a disposable nappy is wet: try placing a paper towel inside and check that for wetness; the whole towel should be soaked, not just spotted or damp
- urine should be clear or straw-coloured, not dark yellow
- check positioning and feed as often as possible
- undressing the baby and allowing her to cool off a little, or sponging her with a tepid cloth,
can wake her enough to feed her more successfully

- if you are concerned at all, see your doctor

**Failure-to-Thrive**

**What you might notice**

- your baby doesn’t put on weight as you would expect
- your baby seems hungry all the time, is crying constantly, or is very lethargic

**What’s going on**

Be careful of opinions that your baby is “too small” or “not gaining weight fast enough.” What are the standards? Some of the charts in use were developed from statistics for formula-fed babies who gain weight faster than breastfed babies. The charts you are looking at may have been prepared using babies from a different racial group than your baby and therefore are less relevant. The most important thing to consider is: Is your baby healthy? That answer may not depend on the numbers on a scale.

Occasionally, however, some babies really do need to get more nutrition. This is almost always possible without having to supplement with formula. See below.

**What can help**

- feed, feed, feed: don’t limit your baby’s feeds to a set schedule of, say, every three hours, and don’t limit the time she spends at the breast … let your baby feed as often and as long as she likes
- check your positioning and the baby’s latch
- ensure you are eating a healthy variety of foods and eating as much as your appetite dictates: breastfeeding is not a time to cut calories to lose weight!
- ask a qualified lactation consultant to check the baby’s palate and tongue: in rare cases, certain formations can make it harder for the baby to nurse as effectively as she might, and sometimes a simple treatment can help

**Resources for further help**

**La Leche League:** An international support group for breastfeeding moms. Most branches have group leaders and lactation consultants who can help if you are having problems.
www.lalecheleague.org

**Australian Breastfeeding Mothers:** Provides breastfeeding consultants and peer group support in Australia
www.breastfeeding.asn.au

**National Childbirth Trust:** The NCT provides Breastfeeding Consultants and peer group support in the UK.
www.pregnancyandbabycare.co.uk

**International Breastfeeding Consultant Association:** Find a lactation consultant near you.
http://gotwww.net/ilca/

**Websites for more information**

www.kellymom.com
http://www.bfirc.com/newman/articles.htm
www.breastfeeding.com

**Helpful Breastfeeding Books**

**So that’s what they’re for!**
*Janet Tamaro-Natt*

**Bestfeeding**
*Mary Renfrew*

**Fresh Milk: The secret life of breasts**
*Fiona Giles*

*Please note that the information in this information sheet is not intended as medical advice. If you are concerned, seek professional medical care.*