

# Common Breastfeeding Problems & Their Solutions



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## Mothers

### ◆ Sore Nipples

Breastfeeding should not hurt. In the early days of breastfeeding, sore nipples are almost always the result of incorrect positioning & attachment (latching on) of the baby. The best prevention is latching the baby on properly from the first day!

#### Management

- Ask for skilled help.
- Ensure proper positioning and attachment.
- Express some milk at the end of a feed, spread it on your nipples & air-dry them. Creams or lotions are usually not necessary.



### ◆ Thrush or Yeast infection

This is an occasional cause of sore nipples, which can happen at any time after a period of trouble-free feeding. Thrush can also occur after having been on antibiotics. The nipple pain may continue even after the feed is over. Most cases typically present with 'shooting' or 'burning' deep breast pain, which may radiate to the back & shoulders, & worsen even after the feed.

Sometimes it can be associated with itching of the breast or nipples, or appearance of small reddish blisters or white spots on the nipples.

#### Management

- Seek medical advice if thrush is suspected.



## ◆ *White Spot*

Usually, white spots are caused by milk solids blocking the openings of the milk ducts onto the nipples.

### **Management**

- Try out some new positions of the baby, while making sure of correct positioning & attachment. Feed the baby well & often. Good feeding will usually remove the blockage.
- Gently squeeze behind the spot after a warm bath or shower, to let the milk solids out & free the duct.
- Ask for skilled help if it doesn't resolve in 24 hours.



## ◆ *Breast Engorgement*

This condition commonly occurs in the early days after delivery, when the milk that starts to 'come in' is not removed efficiently. The breasts are overfull, partly with milk, & partly with increased tissue fluid & blood, which interfere with the flow of milk. The mother may have fever, with painful, rock-hard, swollen breasts, which make it difficult for the baby to latch on.

***Allowing unrestricted, frequent feedings from the first day is the best way to prevent breast engorgement!***

### **Management**

It is essential to continue breastfeeding.

- Before feeding, apply warm compress (can use warm towels) to the breast (avoiding the nipple & areola).
- Massage the back, neck & breasts to help the mother to relax.
- Release some tension in the breast by gentle hand expression.
- Feed the baby with correct attachment.



- Apply cold compress (e.g. ice packs wrapped with a fine layer of cloth) between feeds to reduce swelling.
- Continue to breastfeed your baby frequently (10-12 times per 24 hours).
- Ask for skilled help if the engorgement doesn't resolve in 24 hours.

### ◆ **Blocked Duct**

When milk is not effectively removed from the breast, it can cause blockage in one of the small ducts that transport milk from the breast to the nipple. Apart from a firm lump in the breast, which may or may not be painful, the mother generally feels well without a fever. The baby may be fussy when nursing on that side, as milk flow may be slower than usual.

#### **Management**

- Continue breastfeeding on the affected side.
- Apply warm compress & gentle massage over the affected area before a breastfeed. To enhance the milk flow, continue to massage gently over the firm lump during the feed.
- Try & offer the affected breast first at most of the feeds, while preventing the other breast from getting engorged.
- Feed the baby in different positions, preferably with his chin pointing to the area of hardness for better drainage.
- Seek medical advice if it doesn't improve within 24 hours.

### ◆ **Mastitis**

It is an inflammation of the breast tissue, which usually results from inefficient drainage of milk from the breast. The mother will have fever & flu-like symptoms, associated with a painful, hot, red, hard & swollen breast. If not treated, an abscess may form.



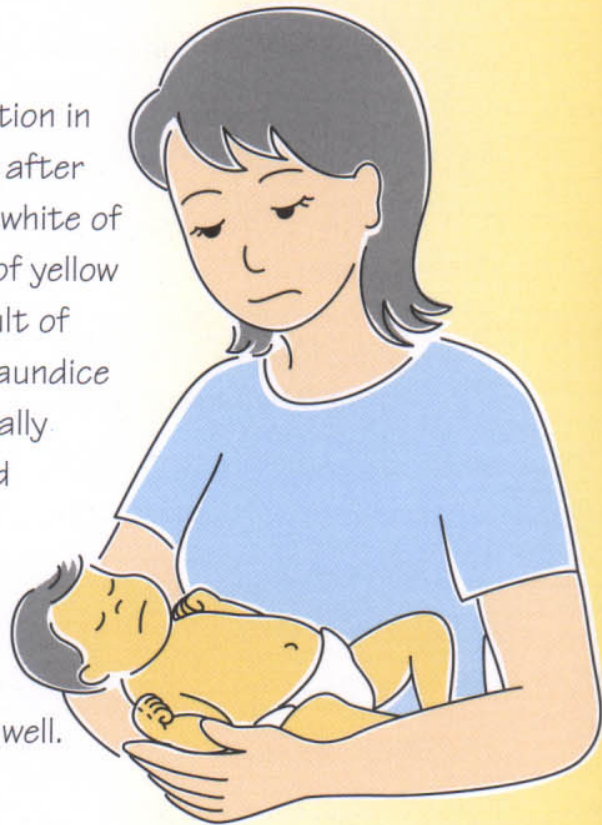
## Management

- Be prompt to seek medical advice, since treatment should be started immediately.
- Breastfeeding must continue, to keep the breast as well drained as possible. (Neither mastitis nor the mother's medication will affect your baby.)
- Feed frequently, offering the unaffected breast first at each feed for a couple of minutes to enhance the milk flow, after which the baby should switch over to the affected side to continue with the rest of the feed.
- Express the milk if the baby doesn't drain the breast efficiently.

## Babies

### ◆ Newborn Jaundice

Jaundice is a common physiological condition in newborns, which appears on the third day after birth as visible yellowing of the skin & the white of the eyes. It is caused by increased levels of yellow pigments (bilirubin) in the blood, as a result of normal breakdown of old red blood cells. Jaundice in a healthy newborn is not serious, & usually clears up on its own. Exclusively breastfed babies may have prolonged jaundice, sometimes even until the 3rd month, which is considered normal. **There is no need to stop breastfeeding** if the infant is thriving, and the breastfeeding is going well.



## Management

- If your baby has jaundice, be prompt to attend the nearest Maternal & Child Health Centre for assessment by a doctor.
- Give frequent breastfeedings (optimally 10-12 feeds per 24 hours), to help pass the bilirubin out in the stools.
- Giving water or glucose water does not help to clear the jaundice.

## ◆ Sleepy Baby

Newborn babies commonly sleep through feeds during the early days after birth, which often misleads mothers to assume that the baby has had satisfied feeds. *Sleepy babies tend to get sleepier when feeds are missed, when they are jaundiced, or when they have not had enough caloric intake.*

To ensure that babies nurse often enough to get an adequate milk supply, mothers should arouse the baby during the feeds, or to wake him up for feeds if he sleeps longer than 3 hours. Babies will set their own schedule of demand feeding when they get a bit older.

### How to Wake Up a Sleepy Baby:

- Unwrap your baby & get some skin-to-skin contact.
- Gently rub his spine, shoulder blades & soles of feet.
- Burp him or change his diaper.

### Remember:

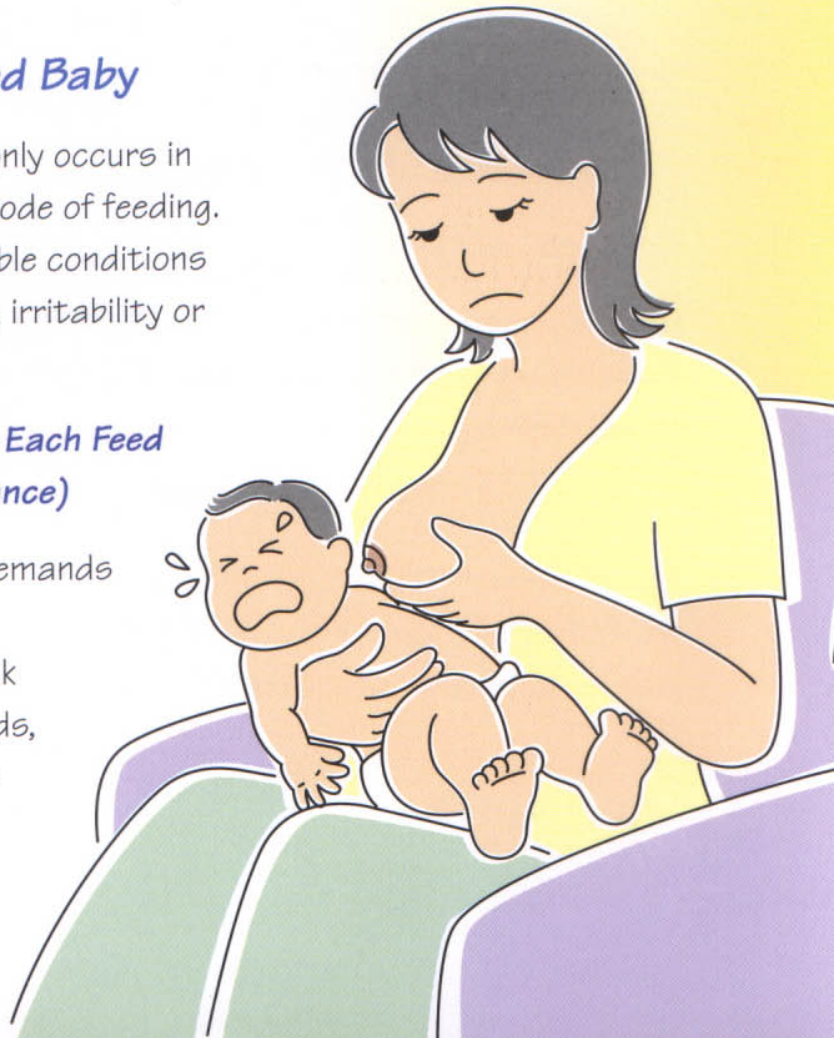
Make sure that your baby gets enough milk by giving him frequent feeds, monitoring his weight gain & urine output.

## ◆ Colic in the Breastfed Baby

Infantile colic quite commonly occurs in babies regardless of the mode of feeding. The following are the possible conditions that may cause fussiness, irritability or colic in breastfed babies.

### Offering Both Breasts at Each Feed (Foremilk/Hindmilk Imbalance)

The baby will be irritable, demands frequent feeds in spite of the mother's abundant milk supply, brings back his feeds, & passes explosive watery stools & flatus.



## Management

- While ensuring correct attachment & positioning, babies should be encouraged to finish suckling from one breast first, to enable them to get enough fat from the hind milk. The second breast should be offered only if the babies still show signs of hunger.
- Ask for skilled help, (e.g. MCH nursing staff or lactation consultants) if no improvement.

## Overactive Let-down Reflex

Typically, a few seconds or minutes after the beginning of each feed, the baby may repeatedly come off crying & choking, often associated with spraying of the mother's milk in great quantity. There will also be symptoms of foremilk / hindmilk ~~imbalance~~ *imbalance* caused by too much intake of foremilk in proportion to hindmilk.

## Management

- Try feeding the baby one breast per feed.
- Express some milk before you feed the baby, to release some tension in the breast.
- To enable gravity to help decrease the milk flow, try lying flat on your back with the baby lying on top of you to nurse.
- Ask for skilled help if no improvement.

## Colic Induced by Maternal Diet

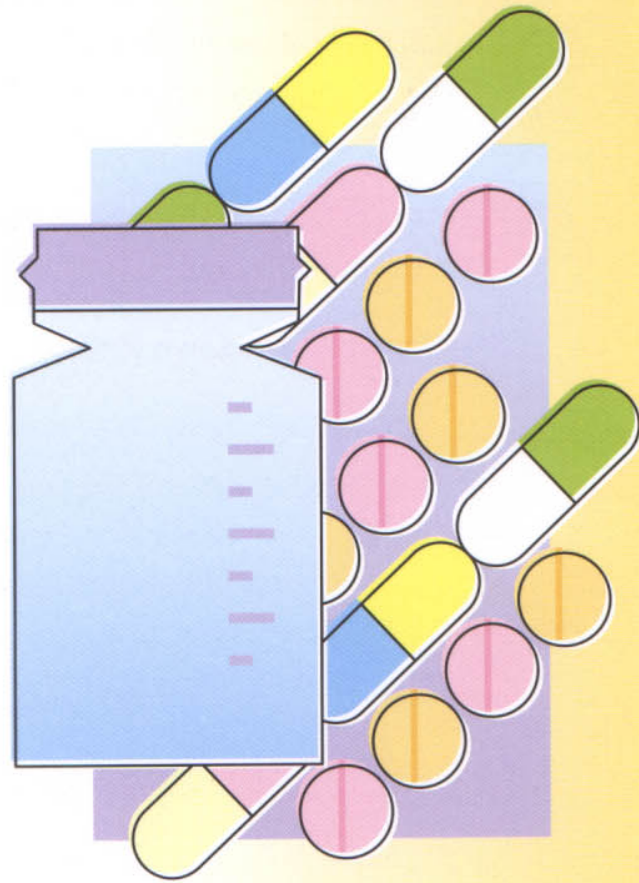
It is assumed that proteins (especially cow's milk protein) & other allied substances in the mother's diet excreted into her milk may induce colic in the baby.

## Management

Try to eliminate each type of food one by one (e.g. dairy products, cocoa products etc.), leaving it out of the diet for about 7-10 days at a time, in order to assess any benefit.

## Breastfeeding and Medication

- Most drugs do appear in breastmilk, but only in very tiny amounts.
- In most cases, you may not need to stop breastfeeding. Check with your doctor, e.g. MCH doctor, if you are in doubt.
- Most commonly used drugs, taken only when necessary, are generally considered safe (even for conditions such as epilepsy, hyperthyroidism, diabetes, or high blood pressure, etc.).
- Observe your baby for any unusual effects, e.g. restlessness, irritability, longer & deeper sleep periods, diarrhoea, rash, etc.



### ◆ **Drugs That Should Not be Taken While Breastfeeding**

- **Chemotherapy Drugs for Cancer**  
They kill cells in the mother's body, & they may harm the baby as well.
- **Radioactive Substances**
- **Ergotamine (for Migraine Headaches)**  
Causes vomiting, diarrhoea, & convulsions in infants.
- **Some Drugs for Arthritis**  
Can suppress the baby's immune system.
- **Drugs of Abuse**  
Can cause irritability, poor sleeping patterns, tremors & vomiting.  
Babies can become addicted to these drugs.



## ◆ *Tobacco Smoke and Breastfeeding*

- It would be better if the mother does not smoke. But if you can't avoid doing so, try your best to give a smoke free environment to your baby.
- If both parents are smoke free during pregnancy and in the first year after delivery, protection of the baby from Sudden Infant Death Syndrome (SIDS) is doubled.
- Nicotine may decrease the mother's milk supply and may cause vomiting, diarrhoea and restlessness to the baby.
- Smoking around a baby harms the ears, nose, throat and lungs, which may lead to asthma, ear and other infections and breathing problems.



## ◆ *Breastfeeding and Maternal illness*

Very few maternal illnesses require the mother to stop breastfeeding. In order to protect the baby against infections, with rare exceptions (e.g. HIV infection), the mother should continue breastfeeding, even if she is taking medication. If the baby does get sick, he is usually less sick than if breastfeeding has stopped.