

Common Breast/Chest Feeding Concerns

Breast/Chest feeding is not always easy. There are many common conditions that can make providing milk for your baby a challenge. Some of these include sore or cracked nipples, plugged, or blocked milk ducts, engorgement, mastitis, and low milk production. Here are some ways to prevent and treat these conditions.

Sore or Cracked Nipples

Sore nipples are one of the most common breast/chest feeding complaints. Feeding and pumping should not hurt. The skin on your nipple should not break down. Mild tenderness, like the kind you may feel with your menstrual cycle, is common for the first week or two. Then, it should go away.

How to Prevent Sore Nipples when Breast/Chest Feeding

- Feed baby often to prevent engorgement.
- Keep the baby close and facing you during feeding, with a deep latch.
- Release baby's suction with your finger to break the latch.
- If feeding still hurts after 30 seconds, release suction, and latch again.
- Here is a helpful video on to help you get a proper latch:
<https://www.youtube.com/watch?v=0L-OAr7Dr48>

How to Prevent Sore Nipples when Pumping

- Put a small amount of nipple cream or olive oil on your nipple before pumping. This will help lubricate your nipple.
- Adjust the suction on the pump so you are comfortable.

- Make sure the pump flange (funnel shaped piece) is a good fit. Pump for a few minutes and then watch your nipple. If areola is being pulled into the flange, you are more likely to feel pain. Your nipple should move freely back and forth in the flange while pumping, while also touching the sides of the flange.
- Here is a video on fitting your pump flange correctly-
<https://www.youtube.com/watch?v=TpAnNNpRwx8>

Treatment for Sore/Cracked Nipples

- Try all the prevention tips.
- If you are breast/chest feeding, start on the least tender side.
- Try to relax during the feeding or pumping session.
- Apply lanolin or olive oil to your nipple after feeding or pumping.
- If there is an open crack, you may put purified lanolin or a nipple balm on your nipples. Then apply a nonstick pad, such as a Telfa or Curad pad, or parchment paper, so that the wound does not stick to your bra or breast pad.
- Seek help from a lactation consultant.

Plugged or Blocked Milk Ducts

A plugged milk duct is an area of swelling in the breast. It is not a true 'plug in a duct'. This swelling prevents milk from moving down the ducts. Plugged ducts occur because an area of the breast/chest is making more milk than what is being removed. A sudden decrease in the amount of milk being removed from the breast/chest days after

days of increased milk production can cause plugged areas to develop.

Symptoms of a Plugged Duct

Symptoms of a plugged duct may include:

- A lump in the breast/chest that is tender, but no fever.
- A tiny white spot on the nipple.

How to Prevent Plugged Ducts

Maintain a regular feeding or pumping routine daily. Your body will adjust milk production to prevent plugs.

How to Care for a Plugged Duct

- Do not increase the frequency of feeding or pumping sessions.
- Use a cool compress on the plugged area for 10 to 15 minutes before nursing or pumping.
- Begin feeding on the side with the swollen region.
- Avoid aggressive massage or using a pump or other device to 'get the plug out'. The area is inflamed and needs about 24-48 hours to heal before milk will start flowing again.

Engorgement

Engorgement is swelling, tightness, and an increase in the size of the breasts/chest. It usually happens during the first week after the birth. It is caused by swelling in the breast/chest tissue. Some breast/chest fullness is likely as your milk comes in.

Signs of Engorgement

Engorged breasts/chest feel hard, full, tense, warm and tender. They may also throb or ache.

How to Prevent or Decrease Engorgement

- Nurse 8-10 times a day starting right after birth. If your baby is not able to nurse, then pump 8-10 times a day instead. With no more than 5 hour break overnight.
- Rotate which side you offer first.

How to Treat Engorgement

- Hand express 2-3 tsp of milk before latching, to allow the baby to latch deeply.
<https://www.youtube.com/watch?v=Fs-WEgrLJF0&t=29s>
- Nursing often will improve engorgement.
- Lie on your back after nursing or pumping. Place cold packs on your breasts/chest for 10-15 minutes, to reduce swelling.
- Wear a well-fitting, supportive bra.
- Take acetaminophen (Tylenol) or a non-steroid anti-inflammatory (like ibuprofen) for pain.

Mastitis

Mastitis is an area of inflammation in the breast/chest that causes redness, tenderness, and heat, as well as fever, nausea, body aches, and chills. Mastitis can be due to a plugged duct, and it can sometimes be caused by an infection (bacteria). Sometimes antibiotics are needed to treat the infection. Mastitis most often occurs on one side and can be very painful.

How to Prevent Mastitis

- Feed or pump at regular intervals, according to your normal routine.
- Wear a supportive bra that is not too tight.

How to Treat Mastitis

- Follow your normal feeding/pumping routine. **Do not** increase the frequency of nursing or pumping, as this will increase milk production and lead to more inflammation.
- Start with the non-inflamed side, this will help your milk let down on the sore side.
- Wear a supportive bra that's not too tight.
- Call your healthcare provider. Your provider may start you on antibiotics for the infection. Take all the prescribed antibiotics, even after you start to feel better.
- Seek help from a lactation expert.
- Take acetaminophen (Tylenol) or a non-steroid anti-inflammatory (like ibuprofen) for pain.

Odor in Breastmilk

The fat in breastmilk breaks down into smaller units called fatty acids. Fatty acids cause the soapy taste or funny smell of the milk.

The odor of the milk increases the longer the milk is stored in the fridge or freezer. Most babies don't care about the smell or taste, and the milk is **not** spoiled or harmful.

Think about all the stinky foods you eat and enjoy, such as cheese, fish, and hard-boiled eggs.

Call your primary care provider if you feel that your infant will not take your stored milk because of the smell or taste.