

Common Breastfeeding Concerns

Breastfeeding is not always easy. There are a number of common conditions that can make providing milk for your baby a challenge. Four of these are sore or cracked nipples, plugged or blocked milk ducts, engorgement, and mastitis. Here are some ways to prevent and treat these four conditions.

What are Sore or Cracked Nipples?

Sore nipples are probably the most common trouble for breastfeeding and pumping mothers. Breastfeeding and pumping should not hurt, and the skin on your nipple should not break down any more than the rest of the skin on your body. Mild tenderness, like the kind you may feel with your menstrual cycle, is fairly common for the first week or two. Then it should go away.

How can I Prevent Sore Nipples?

When You are Breastfeeding:

- Feed baby often.
- Release baby's suction with your finger to break the latch.
- If feeding still hurts after 30 seconds, release suction, and latch again.

When You are 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 breast shield (funnel shaped piece) is a good fit. Pump for a few minutes and then watch your nipple. If you see a small space between the wall of the shield tunnel and your nipple, it is a good fit. If your nipple is rubbing against the wall, try a larger size. If your areola is pulled into the tunnel or your breast is popping in and out of the shield, try a smaller size.

What Can I Do if I get Sore or Cracked Nipples?

- Try all of the suggestions above.
- If you are breastfeeding, start on the least tender side.
- Try to relax during the feeding or pumping session.
- When you are done, express a little milk and let it dry on your nipple.
- Allow your nipples to air dry before putting a bra back on.
- If there is an open crack, you may put purified lanolin on your nipples after they air dry.
- Seek help from a lactation consultant.

Plugged or Blocked Milk Ducts

What is a Plugged Milk Duct?

A plugged milk duct is a blockage in the part of the breast that connects the milk making cells to the nipple.

What are Symptoms of a Plugged Duct?

A plugged duct can be a lump in the breast that causes pain, but no fever. It can also appear on the nipple as a tiny white spot. If not treated, a plugged duct can lead to mastitis, discussed later in this handout.

How Can I Prevent Plugged Ducts?

- Breastfeed or pump often, at least 8-12 times a day.
- Help the milk drain, by massaging the breast while nursing or pumping.
- Don't wear tight clothes.
- Get plenty of rest.

How Do I Care for a Plugged Duct?

- Keep breastfeeding and pumping.
- Use a warm pack on the plugged area for 10 to 15 minutes before nursing or pumping.
- Begin feeding on the side with the plug. This helps drain the breast.
- Massage before and during feeding and pumping to help your milk flow.
- Massage from the outside of the breast moving toward the lump.
- Massage the plugged area in a warm shower or bath.

Engorgement

What is Engorgement?

Engorgement is swelling, tightness, and an increase in the size of the breasts. It usually happens in the first few days after a baby is born. It is caused by fluid back up. Some breast fullness is likely as your milk comes in.

What are the Signs of Engorgement?

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

How Can I Prevent or Decrease Engorgement?

- If you are able, nurse or pump 8-12 times a day in the first 48 hours after delivery.
- If your baby is breastfeeding, let him finish the first breast before you switch sides.
- Rotate which breast you offer first.
- Drain your breasts often. Poor drainage and pressure in the breast can damage milk making cells.

What Can I do if My Breasts are Engorged?

- Use your fingertips and apply gentle pressure around your areola for 30 seconds. This will move some of the fluid back and help your baby latch.
- Wear a well-fitting, supportive bra.
- Take a warm shower or soak your breasts in a wash basin filled with warm water before pumping or feeding.
- Take acetaminophen (like Tylenol) or a non-steroid anti-inflammatory (like Ibuprofen) for pain.
- If baby is not able to latch, hand express some milk or pump for a short time, then try again.
- Place cold packs on your breast after feeding or pumping to help with swelling.

Mastitis

What is Mastitis?

Mastitis is a condition that causes redness, tenderness, and heat in the breast as well as fever, nausea, body aches, and chills. Sometimes it is caused by an infection (bacteria) and may need treatment with antibiotics. Mastitis often occurs in one breast and can be very painful.

How Can I Prevent Mastitis?

- Reduce stress and get plenty of rest
- Breastfeed or pump at least 8-12 times a day.
- Massage any red or firm areas of the breast, especially while nursing or pumping.
- If your breasts are engorged or full after feeding, pump to soften them.
- Don't wear under wire bras. They can block milk flow.

What Can I do if I Have Mastitis?

- Keep nursing or pumping.
- Start with the other breast, this will help your milk let down on the sore side.
- Hand express or pump after feedings.

- Try to keep your breasts as empty as possible.
- Place ice packs or warm packs on your breasts. Do what feels best.
- Wear a supportive bra that's not too tight.
- Drink plenty of fluids.
- Call your healthcare provider.
- Your provider may start you on antibiotics for the infection.
- Take all of the prescribed antibiotics.
- Seek help from a lactation expert.
- Take acetaminophen (like Tylenol) or a non-steroid anti-inflammatory (like Ibuprofen) for pain.
- Get plenty of rest.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©5/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7499.