

# Breastfeeding challenges and tips to try

Take action with these tips to try Breastfeeding is well worth the practice and patience it can sometimes take. Most concerns can be easily managed and you may need a little support along the way. Ask your doctor, midwife or lactation consultant or look for a breastfeeding clinic in your community. Difficulty latching on Your baby opens her mouth for your breast, but doesn't latch on to feed. Common causes include flat or inverted nipples, or an over-sleepy baby. Tips to try Practice skin-to-skin as often as possible between feedings to help your baby get a nice deep sleep and be more rested and interested in the next feeding. Offer your breast during early hunger cues. Express some milk to have a few drops on your nipple before offering your breast. Express a small amount of milk from your breast by hand or with a breast pump before feeding to soften the areola and stimulate milk flow, so she will receive milk flow right away. Try different feeding positions. See our guide to breastfeeding and feeding positions. Consider a nipple shield for flat or inverted nipples if the nipple does not stay stimulated even after the use of a breast pump. Ask your lactation consultant about the proper use of a nipple shield. Improper use can result in additional concerns. Avoid pacifiers and bottle-feeding the first three to four weeks to firmly establish breastfeeding. Sore nipples It is common during early post-partum feedings to experience a slight discomfort when nursing. The key to preventing many issues is to ensure a proper latch and comfortable positioning for you both. Tips to try Practice skin-to-skin positioning between feedings. If your baby is crying between feedings and seems stressed, this will help her relax. Wait until your baby is calm and begins to look around. This will be a perfect time to help guide her to your breast. Experiment with different feeding positions such as the "cross-cradle" and "football" holds. Both provide a little more head and neck support, which may encourage a better latch. If baby's nose is pressed into your breast, lower her body slightly to help her nose come out and chin come into your breast for a better latch. Her head should not be overly tilted in or back. Feed baby from the least sore breast first to minimize an aggressive feeding on a sensitive nipple. Know how to get your baby off your breast - never pull her off before breaking the suction of the latch. Break her suction by placing your finger between your breast and her gums before taking her off your breast. Express a few drops of breast milk and rub on your areola and nipples after a feeding to help protect and soothe tender nipples. Allow your nipples to air dry after feeding as well. If you're using a breast pump, see if it came with different breast shield sizes that will fit better. The lactation consultant at your local hospital or public health unit may be able to assess and find a properly fitted breast shield for you. Wear cotton clothing next to your breasts (a breastfeeding bra or a loose-fitting top). If your nipples are too sore to have your bra or clothing touch them, use breast shells with large nipple openings and holes for air circulation over your nipple and under your bra. Chapped nipples Breastfeeding may leave your nipples chapped and tender due to initial breastfeeding adjustments or from washing nipples with soap or using other drying agents such as alcohol. Tips to try Try a gentle moisturizing balm to soothe chapped and tender breasts. Gently wash breasts and nipples with water, and don't use soap or rubbing alcohol, which can dry the skin and cause cracking. Apply some expressed breast milk on your nipples and allow them to air dry. Breast engorgement Hard and swollen breasts, usually in both breasts during early post-partum days, can be caused by infrequent or delayed feedings, over-production of milk, poor or inefficient milk removal, supplemental feedings, rapid or sudden weaning, or breast edema. Tips to try Relieve the pressure in your breast as soon as possible by either breastfeeding, hand expressing your milk, or using a breast pump. If your breasts are too full for baby to latch on, express a little milk by hand or pump first. Breastfeed or pump every two hours to help build a good milk supply while relieving the engorgement. Remember, your newborn baby should be breastfed at least 8 to 12 times per 24 hours! Take a warm shower or place a warm, wet cloth on breasts. If your baby doesn't breastfeed long enough to soften them, use a breast pump until both breasts feel comfortable. Use cold packs between feedings. If your hands and/or ankles are swollen due to retaining extra fluids, your breasts might also be swollen from retained fluids. Try pushing the excess fluid away from the nipple and areola. Place your fingers and thumb at the neck of your nipple and press into your chest for about a minute. The nipple should become more supple to allow breastfeeding or pumping to be more effective. Painful breasts Feeling pain the first few days? Full but not swollen breasts during the early post-partum days can be caused by the transition from first milk to the surge of transition milk "about 2 to 5 days after birth. Call your health care professional if your breasts are painful, hot, have an area of spreading

redness or you feel feverish (your temperature is over 38.5° C). You may have mastitis (breast infection) and require medication. Tips to try Gently massage the upper part of your breasts. Apply a warm or cool relief pack. Take warm showers. Breastfeed frequently—at least 8 to 12 times per 24 hours. Make sure your baby is positioned correctly during each feeding. She should be lying with her whole body facing you. Check that your nipple and as much of the area around the nipple is covered almost completely with her mouth, her tongue on the underside of your areola. When removing her from your breast, remember to break the suction by gently sliding your finger in between your nipple and her gums. Try taking a probiotic supplement that is formulated to help reduce breast pain during breastfeeding. Plugged milk ducts A tender-to-the-touch lump anywhere on your breast or in your underarm area can be a sign of a plugged milk duct. Several things may cause a milk duct to become plugged, including inadequate feeding (emptying), scar tissue in the breast, underwire bras, tight-fitting bras or tight-fitting sleeveless tops, feeding in the same position for all feedings or a plugged pore. Tips to try Apply dry or moist heat to the area by taking a hot shower or applying a warm wet cloth. Nurse or hand-express some milk while your breast is still warm. Offer the sore breast first, and encourage her to feed longer on that side. Massage the area during and between feedings. Alternate feeding positions. Avoid wearing a tight breastfeeding bra or one with underwire that may hold back milk flow. If the lump persists and becomes red and the redness spreads, you may develop a breast infection and fever, which will require immediate attention from your doctor. Over-abundant breast milk supply Forceful flow of your milk may result in your baby coughing, gagging and even pulling off the breast. Individual hormone response or overabundant milk supply may be cause of this. Tips to try Increase your baby's control of the milk flow by adjusting his feeding positioning to an upright football hold, side-lying hold or a laid-back feeding position. Expressing some milk to release the first forceful flow before putting your baby to your breast may be helpful. Use of a nipple shield to allow for a slight barrier from the milk spray during the initial forceful "let-down" is another option. Proper use of the nipple shield is very important and should be discussed with a lactation consultant so as to not cause additional concerns due to improper use. Leaking milk Milk leaking from your breasts between feedings can be due to feeding time approaching or having a hormonal response to hearing a crying baby. Tips to try Use an absorbent breastfeeding pad or clean folded handkerchief inside your bra to catch the drip. Don't forget to change it often. A clean pad prevents growth of bacteria, which thrive where it's warm and moist! Place some direct pressure over the nipple of your breast to minimize the response. Milk "Let-Down" Not all mothers experience the tightening sensation in the breast that typically accompanies the ejection of breast milk, so you may wonder if your baby is getting enough milk. Some mothers can experience slow milk 'let-down' (release), which may make her concerned about baby's feeding. If your baby seems content and is gaining weight, you can assume she is getting the nutrients that she needs; however, if your baby doesn't appear to be thriving and you're concerned about your milk supply, you should consult your doctor or a lactation consultant. Tips to try If you are concerned about slow milk let-down, you may want to try: Gently massaging your breast before breastfeeding. Breastfeeding her in a calm environment. Trying new feeding positions to discover what is most comfortable for you and your baby. Changes in milk production Underproduction of breast milk Your body's production of breast milk may decrease for a variety of reasons, including: Dehydration Medications Increased/sudden stress Formula supplementation Tips to try Drink more fluids. See Healthy Diet for Nursing Mothers Add an extra feeding or pumping session to your daily routine Practice skin-to-skin contact between feedings Practice breast massage before and during feedings Relax and trying to get lots of rest Try taking a fenugreek supplement which is used in herbal medicine to help promote breast milk production Over-production of breast milk Your breasts may be fully and appear "unemptied" after a complete feedings, or milk may spray out after your baby comes off your breast satisfied. An over-supply of milk is most commonly attributed to hormones, over-pumping and your body's adjustment to your baby's feeding needs during the first 4 to 6 weeks post-partum. Tips to try Increase your baby's control of the milk flow by adjusting her feeding position to an upright, side-lying, or laid-back position. Feed from one breast per feeding session and pump the other breast to provide relief, if necessary. Offer the same breast if your baby is within two hours of her last feeding, then move to the other breast for the next feeding. Discuss any milk production concerns with your doctor or a lactation consultant, who can help you maintain a good milk supply and increase comfort for you and your baby.