



## COMMON Breastfeeding Concerns

You have chosen to breastfeed because it is best for your baby and your family. However, some women may experience initial difficulties and most women have many questions. If you are having a problem with breastfeeding, follow the suggestions on this handout, call Botsford Breastfeeding Services at (248)471-8471 or contact a community breastfeeding specialist. Most importantly-DO NOT GIVE UP! Most problems and concerns get better in a week or two as you and your baby adjust to each other.

### NIPPLE SORENESS

Some mild nipple tenderness is not uncommon during the first week of nursing. This is usually felt when the baby first latches on to the breast. If your nipple hurts during the entire feeding, or you are developing sores on your nipples, the baby may not be latched on properly. If this occurs, take your baby off and try these suggestions.

1. Make sure the baby's mouth is far back on the areola, about 1-inch past the nipple.
2. Start feedings on the least sore side first.
3. When the baby is done feeding (active sucking and swallowing has stopped), remove baby from the breast. Do not let baby use you as a pacifier.

If soreness continues longer than one week, or your nipples are cracked, bruised or bleeding, CALL FOR HELP! Applying a pure lanolin cream can also be soothing to cracked or scabbed nipples. Never put anything on your nipples that must be wiped off before nursing the baby.

### BREAST ENGORGEMENT

Most women notice their breasts feel heavy and full during the first week. This is natural and happens to mothers who bottle-feed as well. If your baby is nursing well, your breasts will feel more comfortable in a day or two. During this time, breastfeed often-every 1½-2 hours.

Sometimes severe engorgement can make it difficult for the baby to latch on. Try a warm washcloth on your breasts and express a little milk by hand to soften the areola before breastfeeding. If you are still uncomfortable after nursing, try an icepack on your breasts (rewarm breasts before nursing). Engorgement is time limited and will pass once your body adjusts to the baby's needs.

### BREAST INFECTION

If you develop a sore breast, you may have a plugged duct or a breast infection (mastitis). A plugged duct is a sore area on one breast, which may be pink or warm to the touch. A plugged duct can become an infection. A breast infection has some of the same symptoms as a plugged duct as well as a fever and "flu" like feelings. A plugged duct or mastitis can be caused by:

- ◆ Missing a feeding
- ◆ Cracked nipples
- ◆ A too tight bra
- ◆ Baby is not feeding well
- ◆ Stomach sleeping
- ◆ Getting overly tired

#### *Taking care of the problem:*

Nurse often on the sore breast. Lightly massage the sore breast while nursing and apply warm, moist washcloths to the area. Call your health care provider if you develop a fever. You may need to take an antibiotic to treat the infection. It is very important to take all the medicine as well as continue to breastfeed from both breasts during this time.

### HOW DO I INCREASE MY MILK SUPPLY?

The more your baby nurses, the more milk you will make. The less your baby nurses, the less milk you will make. If you give your baby many bottles of formula, you will make less milk. To increase your milk supply, increase the number of times you nurse your baby throughout the day. Around two weeks, six weeks and three months your baby will probably experience a growth spurt and may suddenly need to nurse every hour for one-two days. This is your baby's way of telling your body to make more milk. Let your baby feed often and you will have more milk in a day or two.

  
Education and support to  
breastfeeding families.  
Botsford Hospital New Beginnings Maternity Center