



Solutions for common breastfeeding concerns

Sore nipples

One of the most common breastfeeding concerns is having sore nipples. During early postpartum, breastfeeding moms often experience a slight discomfort from the initial suckling that resolves within a minute of feeding. In some cases, your nipple may be red and painful during most of or the entire feeding.

Common causes:

- Improper latch-on because of uncomfortable positioning.
- Tight latch because of bottle and/or pacifier use.
- Use of a pump with a flange that doesn't fit properly.

Simple remedies:

- 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.
- A small change in feeding position can make a world of difference. Experiment with the “cross-cradle hold” and “football hold,” which can

provide a little more head and neck support. This may also help encourage a wide latch.

- If her nose is smashed into your breast, slightly lower her body 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 her from the least sore breast first to minimize an aggressive feeding on a sensitive nipple.
- Don't pull her off your breast before breaking the suction of the latch. Break your baby's suction by placing your finger between your breast and her gums before taking her off your breast.
- After a feeding you may try putting some of your own breast milk on your areola and nipples. This may help to sooth sore breast tissue. Allow your breasts to air dry after applying it. A thin application of lanolin or other nipple ointments may be tried but may not be more effective than your own milk. If all else has been corrected, soreness often resolves within 7-10 days post-partum.
- If you're using a breast pump, it may come with different flange sizes that will fit better. The lactation consultant at your local hospital or health department may be able to assess and find a properly fitted flange for you.
- Wear cotton clothing next to your breasts (a breastfeeding bra or a loose-fitting top). Take plastic liners out of your bra.
- 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.

Breast engorgement

Another common breastfeeding concern is having hard and swollen breasts, usually in both breasts during early post-partum days.

Common causes:

- Infrequent or delayed feedings.
- Over-production of milk.
- Poor or inefficient milk removal.
- Supplemental feedings.
- Rapid or sudden weaning.
- Breast edema.

Simple remedies:

- Relieve the pressure in your breast as soon as possible by breastfeeding, hand expressing your milk, or using a breast pump. If your breasts are too full for her to latch on, express a little milk by hand or pump first.
- Breastfeed or pump every two hours to help build up a good milk supply while relieving the engorgement. Remember, your newborn baby should be breastfed at least 8 to 12 times per 24 hours.
- To relieve uncomfortable breast pressure, take a warm shower or place a warm, wet cloth on your breast for a few minutes before a feeding or pumping.
- If your baby doesn't breastfeed long enough to soften them, use a breast pump until both breasts feel comfortable.
- Use cold packs on your breasts 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. Do this by placing your fingers and thumb right at the neck of your nipple and press into your chest for about a minute. The nipple should become more elastic to allow either breastfeeding or pumping to be more effective.

Painful breasts

Less than 1 week post partum

Congrats on your little bundle! Many moms experience painful breasts during the transition from first milk to the surge of mature BM -- about 2-5 days after birth. If your breasts feel full and hard, it sound like you need to quickly relieve what is referred to as engorgement. – Refer to tips for breast engorgement:

<https://www.gerber.com/key-topics/feeding-concerns/articles/breastfeeding-problems-solved>

It's amazing how something so small as a newborn can have such an appetite! Also try to make sure baby is positioned correctly with a nice deep comfortable latch during each feeding.

Here's a link for some great tips on positioning and latch.

<https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=5623>

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Greater than 1 week post partum

Great... first off, congratulations on your little bundle of joy :) Many mommas may experience painful breasts during breastfeeding. Here are some common causes of painful breast along with some brief guidance:

Milk Ejection - Described as a shooting discomfort that runs from breast to nipple lasting only a minute or two after baby begins a feeding. Not all moms feel a milk ejection. No need for treatment.

Overly Full or Engorged Breast - Breast is producing milk faster than being emptied. Relieve discomfort by feeding or pumping more often. Ensure that baby

has a deep latch for best feedings and milk removal. If milk is fully established and mom is greater than 8 weeks post-partum, breast may be over producing. Block feed from one breast for 3-4 hours. If other breast becomes overly full before the next feeding block, hand express or pump the breast only to relieve the pressure not to empty the breast.

Plugged Duct - A breast lump caused by a milk duct being plugged is most effectively relieved by applying a warm compress followed by baby breastfeeding with a deep latch. Massaging the lump towards the areola will help it drain as baby is feeding.

Bacterial Infection - Most often related to a nipple injury from a shallow latch or improper pump flange fit. See your healthcare provider for a full assessment and treatment plan.

Fungal Infection - This is also referred to as thrush, yeast infection or candida overgrowth. May be related to recent use of oral antibiotics, breast pad use without changing out when moistened or baby was diagnosed with thrush and passed it to mom. Both mom and baby should be fully treated. All items exposed to breast and baby's mouth should be sterilized daily until treatment is complete.

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Rapid milk ejection

Another breastfeeding problem is the forceful spraying of your milk resulting in your baby coughing, gagging and even pulling off the breast.

Common causes:

- Individual hormone response.
- Overactive milk supply.

Simple remedies:

- Increase your baby's control of the milk flow by adjusting her feeding positioning to an upright football hold, side-lying hold or a laid-back breastfeeding position.
- Expressing some milk to catch the initial forceful flow before putting your baby to your breast may be helpful.
- Use of a breast shield to allow for a slight barrier from the milk spray during the initial forceful "let-down" is another option. Proper use of the breast shield is very important and should be discussed with a lactation consultant as to not cause additional concerns due to improper use.

Chapped nipples

Breastfeeding may leave your nipples chapped and tender.

Common causes:

- Initial breastfeeding positions and adjustments.
- Washing nipples with harsh soap or using other drying agents such as alcohol.

Simple remedies:

- A gentle moisturizing balm help to soothe chapped and tender nipples. Look for a lanolin-free, hypoallergenic blend of natural emollients. The balm is safe for both of you, so there's no need to wipe it off before feeding.
- Gently wash breasts and nipples with mild soap and water. Do not overuse soap or use rubbing alcohol, which can dry the skin and cause cracking.
- Apply some expressed breastmilk on your nipples and allow them to air dry.
- Place a soothing gel patch inside your bra to prevent friction. The patch is cool on contact.

Clogged milk ducts

A tender-to-the-touch lump anywhere on your breast or in your underarm area is most likely plugged or clogged milk ducts and can make breastfeeding uncomfortable.

Common causes:

- Inadequate feeding drainage/emptying.
- Scar tissue in the breast.
- Underwire bras, tight-fitting bras, or tight-fitting sleeveless tops.
- Feeding in the same position for all breastfeedings.
- Breastfeeding difficulty caused by plugged pores.

Simple remedies:

- 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 breastfeeding positions.
- Avoid wearing a tight breastfeeding bra or one with underwire that may hold back milk flow.

Slow-milk-ejection reflex

As a breastfeeding mom, you may experience milk “let-down” (release) from your breasts that can take longer than 10 minutes to occur.

Common causes:

- You’re feeling stressed or anxious about feedings.
- You're in an uncomfortable feeding position.
- Difficult or painful feedings.

Simple remedies:

- Stay relaxed by singing or humming a song, reading a book, or calmly talking to your baby during feedings.
- Gently massage your breast with your hand before putting her to your breast.
- Breastfeed her in a calm, stress-free environment.

- Adjust to a more comfortable breastfeeding position.

Leaking milk

One of the most common breastfeeding concerns is milk leaking from your breasts between feedings.

Common causes:

- Your body knows it is close to feeding time
- Hormonal response to hearing a crying baby.

Simple remedies:

- Use an absorbent breastfeeding pad or clean folded handkerchief inside your bra to catch the drip. Don't forget to change the pad or handkerchief 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 reduction

After seeing that your baby is not satisfied after feedings and not gaining proper weight, breastfeeding moms may notice a decrease in milk supply.

Common causes:

- Recent bottle or formula supplementation.
- You've returned to work or school.
- Taking medications with a side effect of decreasing breastmilk production.
- Significant increased sudden stress.
- You may be a little dehydrated.

Simple remedies:

- 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.
- Try to relax with your baby and get some rest.
- Take it easy and drink more fluids to prevent thirst.

Over milk supply

When your breasts are very full and not “emptied” after complete feedings, milk may spray after your baby comes off your breast satisfied. With this breastfeeding difficulty, your baby may seem uncomfortable after just a few minutes of feeding and come off your breast frequently.

Common causes:

- Initial 4 to 6 weeks post-partum supply adjustment to your baby's feeding needs.
- Over-pumping.
- Hormonal response.

Simple remedies:

- Increase your baby's control of the milk flow by adjusting her feeding position to an upright football hold, side-lying hold or a laid-back feeding position.
- Feed from one breast per feeding session and pump the other breast only to provide comfort if it becomes uncomfortable between feedings. This may only be less than a minute of pumping.
- Continue to offer the same breast if she's interested within two hours after her last feeding, then resume to the other breast for the next feeding for up to two hours.

Difficulty latching on

Another common breastfeeding problem is when your baby opens her mouth for your breast, but doesn't latch on to feed.

Common causes:

- Using bottles or pacifiers too early.
- A sleepy baby.
- Flat or inverted nipples.

Simple remedies:

- Avoid pacifiers and bottle-feeding the first 3 to 4 weeks to firmly establish breastfeeding.
- 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.
- Try different breastfeeding positions.
- 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.
- 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.

If you have any concerns contact your doctor or reach out to a lactation consultant. It's especially important to call your physician if your breasts are painful, hot, have an area of spreading redness or you have a temperature over 100° F as you may have a breast infection and require medication.