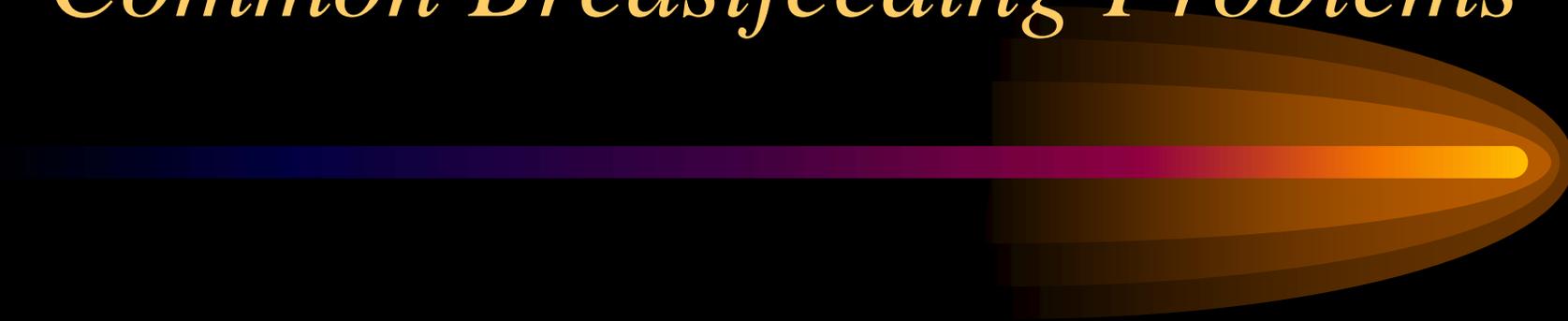


Common Breastfeeding Problems



*Competency Based Breastfeeding Training
Arkansas WIC Nutrition & Breastfeeding*

#1 Engorgement

- Caused by hormones &/or infrequent nursing
- Involves both breasts
- Edema + overload of milk causes the breasts to become “rock hard”.
- Interferes with latch on



Management of Engorgement

- Cover the *entire* breasts with ice packs. Protect the skin with a thin cloth.
- If the baby is unable to latch on, soften the breasts by manual expression or pumping.
- Gently massage firm areas of breast while nursing.
- Repeat the cycle until engorgement is relieved.

Additional Management Tips for Engorgement

- If no response to ice, try warm wet soaks OR immerse breasts in basin of very warm water.
- Massage firm areas of the breasts as baby nurses.
- If unable to nurse, pump or manually express.

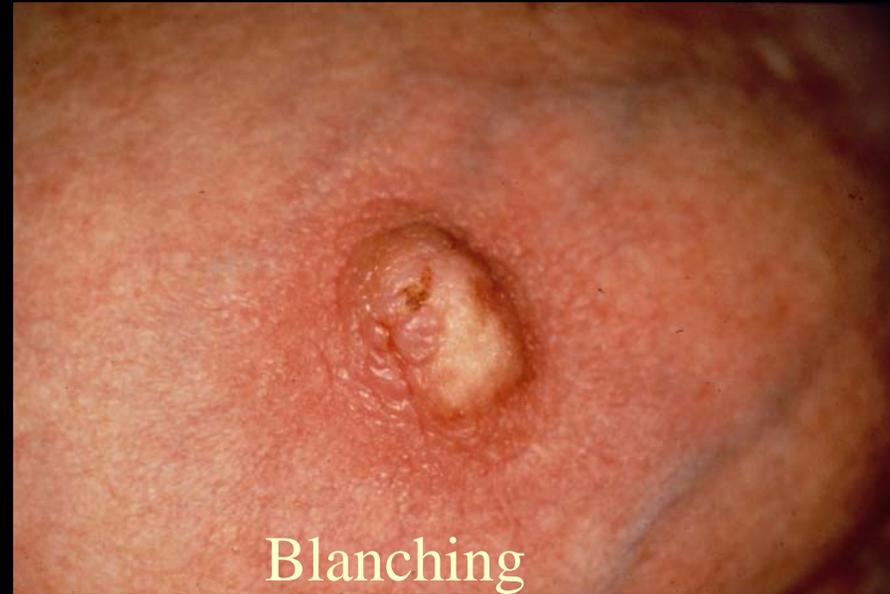
#2 *Breast or Nipple Pain*

- Mild *discomfort* is common first week
- **Pain** is *not a normal* part of breastfeeding
 - Signals a problem
 - Requires intervention
 - Is a frequent cause of early weaning

What to Look For



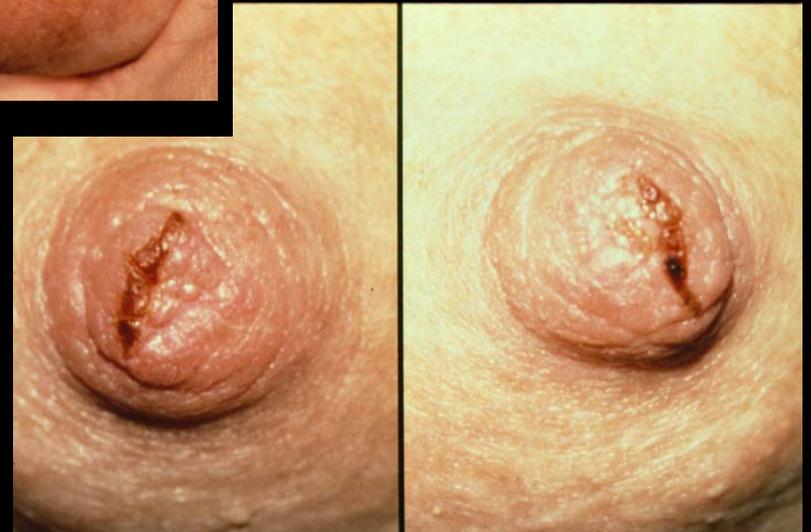
Misshaping



Blanching
(Ischemia)

Without Intervention, the Problem May Worsen

Misshaping
Excoriation or
Blanching
↓
Fissures
↓
Crusts
↓
Bleeding
↓
Infection



Management of Nipple Pain & Trauma

- Optimal positioning & latch on
- Relieve the pain
 - Warm wet soaks & analgesics
 - Moisture- petroleum jelly, lanolin, hydrogel approved for breastfeeding
- Protect the nipple
 - Rotate positions
 - Pump if unable to nurse or to permit healing.



#3 *When Baby Can't Latch On*

- Try football or cross cradle position
- Latch on “Chin first”
- “Sandwich” the breast
- Nipple roll or pump to extend nipple
- Nipple shield to provide a “handle”. Careful assessment of baby & mom is necessary before recommending a shield.



Football Hold



“Nipple Sandwich”



Nipple Shield

#3 When Baby Can't Latch On Because of Weak or Ineffective Suckling

- Premature infants
- Medically ill infants
- Underweight & FTT
- Poor tone



Managing Weak Or Ineffective Suckling

- Cross Cradle hold to maximize support →
- Pump to ↑ maternal milk supply
- Supplement with breastmilk (or formula)
- Frequent follow up weights



4 *Jaundice & Breastfeeding*

- Necessary to first R/O *medical* causes of jaundice - regardless of feeding method.
- Should be co-managed with an MD.

Breastfeeding Jaundice

- Occurs in the first few days of life.
- Is due to ineffective nursing with significant weight loss and ↓ stools & wets.
- Management
 - Feed the baby - Pumped breastmilk or formula
 - Flush out meconium with milk feedings (*not glucose or water*)
 - Correct the breastfeeding problem to achieve effective breastfeeding



Breastmilk Jaundice

- Occurs late (day 5 -10) and is thought to be due to an unknown component of breastmilk
- The baby is breastfeeding normally and is *thriving* with normal weight gain and output (If *not* gaining weight & output is **poor**, the baby doesn't meet the criteria for *breastmilk* jaundice.)

Management of Breastmilk Jaundice

- R/O medical disorders
- (Recent Practice) Temporarily discontinue breastfeeding for 24-36 hours to confirm that it is breastmilk jaundice:
 - the bilirubin level will decrease and will not rise when breastfeeding is restarted.
 - the bilirubin level slowly returns to normal over a period of weeks

Management of Breastmilk Jaundice

- (Emerging Practice) Continue breastfeeding without interruption.
 - Monitor the infant bilirubin levels to ensure that they slowly returns to normal over a period of weeks.
- Treatment practices vary by physician.

5 Mastitis

- Unilateral
- Diffuse tenderness – wedge shaped area of erythema
- Fever 100.8 or >
- Usually due to staph



Management of Mastitis

- Continue nursing
 - Soft, empty breasts heal faster
 - The baby is already exposed before mom is symptomatic
 - Provides natural antibodies to the baby
- Antibiotics - *10 day* course recommended
- Pain relief
 - Warm, wet soaks until redness resolves
 - Acetaminophen or ibuprofen

#6 Yeast



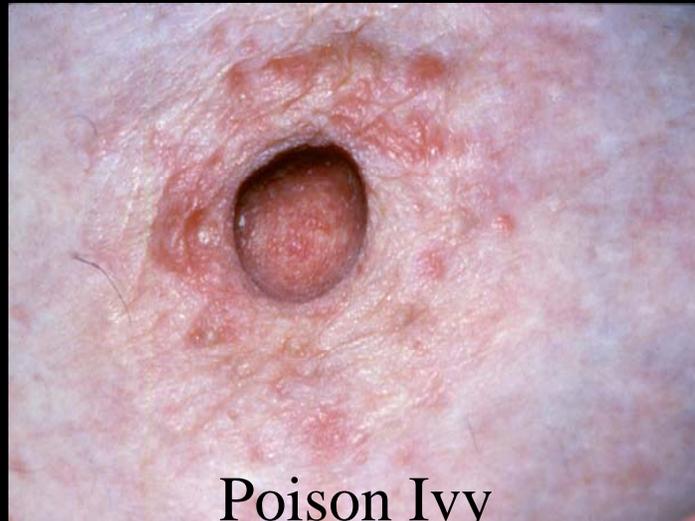
- *Candida* - Spread from the infant's mouth to mom's breast
- Results in erythema, blisters, peeling skin, and pain that lasts throughout the nursing.
- Affects both breasts
- Mom usually has abundant milk
- History of pain free breastfeeding until current episode
- Is more typical of the later months of lactation

Yeast

Other skin problems such as psoriasis or poison ivy can easily be mistaken for yeast on the breast.



Psoriasis



Poison Ivy

Yeast

Look for some other cause of breastfeeding pain if the infant doesn't have thrush (*Candida Albicans*) or hasn't recently been treated for it.



Management of Yeast



Both mom and baby need simultaneous treatment for 14 days.

- Baby needs a prescription from a physician.
- Mom can use OTC clotrimazole (Lotrimin™, Mycelex™) which doesn't have to be washed off before nursing.
- Gentian Violet not recommended due to safety issues.

7 Breastfeeding Myths

“My milk has dried up.”

“My milk has gone away.”

These and the following examples of common myths are ones that often cause moms to stop breastfeeding even when the breastfed baby looks as healthy as this baby.



Myths

- *The baby nurses so often. He must not be getting enough or maybe my milk doesn't satisfy him.*

Fact: Normal newborns to 4 months nurse an average of 10-12 X/day. From 4-6 months, the average is 5+ X/day; from 6-8 months it averages 4-5X/day. Between 9 – 12 months, nursing slows to 3-4X/day. By 12 months, nursing is down to 1-3X/day.

Myths

- *I don't feel any letdown like I was told I would.*

Fact: Not all women feel let down.

- *I wanted to see if I had milk so I pumped. I got barely 1/2 an ounce.*

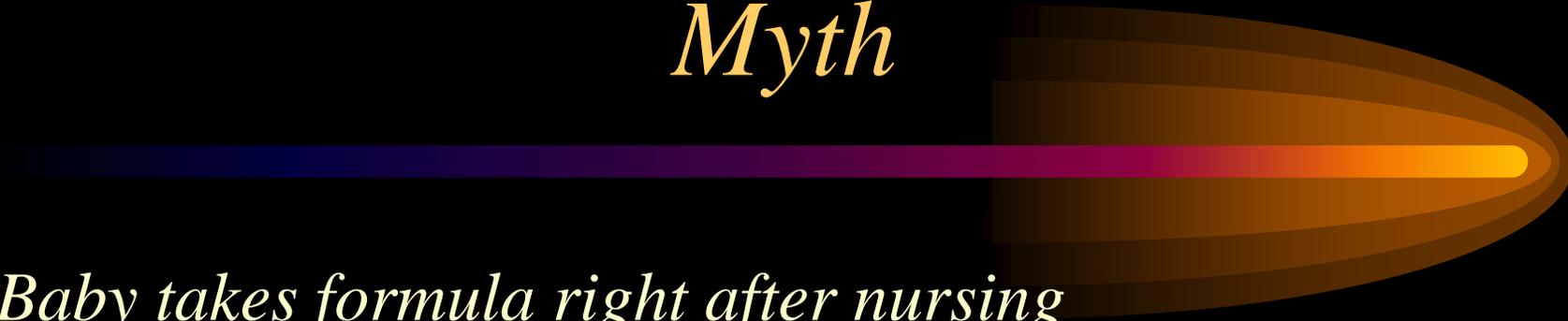
Fact: Not all pumps are effective and milk production varies throughout the day. The baby's weight gain pattern is the best measure of milk production.

Myth

- *Baby never seems satisfied or wants to nurse all the time.*

Fact: A healthy baby who is gaining weight, but is always hungry may be reacting to timed feeds; a growth spurt, or overabundant milk. Timed feeds interfere with the baby's ability to signal when the tummy is full. Growth spurts are a natural way of increasing the milk supply, but usually last only a few days. If the mom has a large milk supply (milk sprays, baby gulps noisily), the baby fills up rapidly on low fat milk and will feel hungry again in a short time. There are ways to “down turn” the supply to a level more compatible with the baby's needs.

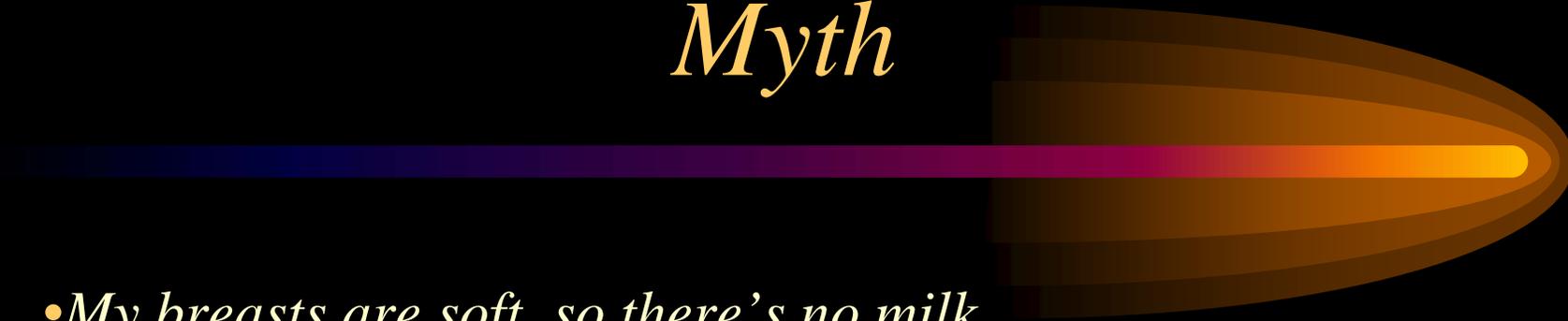
Myth



- *Baby takes formula right after nursing*

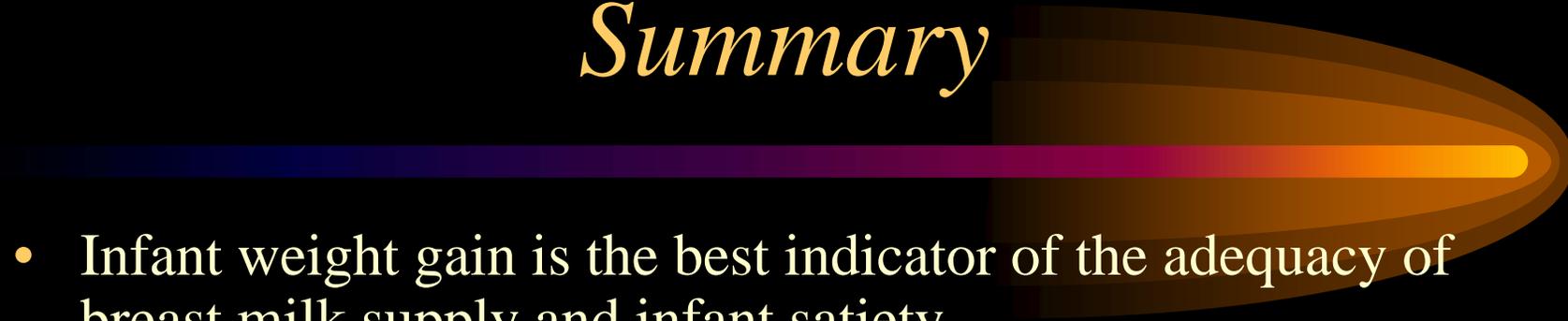
Fact: Breastfed babies usually have a strong, vigorous suck & can quickly empty a fast flowing bottle whether hungry or not. This is not a reliable test of whether or not the baby needs a supplemental bottle and isn't an accurate test of breastmilk supply.

Myth



- *My breasts are soft, so there's no milk.*
- **Fact:** After about 10 days PP, the breast returns to a physiological normal soft state. Full breasts make milk slowly. Empty breasts refill quickly.

Summary



- Infant weight gain is the best indicator of the adequacy of breast milk supply and infant satiety.
- Anticipating and teaching moms about common breastfeeding problems and myths may help avoid early weaning.
- Breastfeeding changes as the infant grows. New questions arise at each stage of lactation. WIC CPA's can be the resource person for moms needing help with problems.