



# BREASTFEEDING & BITING

Many nursing moms worry about babies biting. Some babies never bite and some only bite once. There are many ways to manage it. Biting does not have to end breastfeeding.

## Planning Ahead:

- Nurse in a quiet room away from noise and TV.
- Close the shades or curtains to make the room dim.
- Keep a few toys or videos for older siblings to keep them busy while you nurse.
- Give the baby your full attention while nursing – don't talk on the phone or do other things that might distract the baby.
- Keep an abundant milk supply so that milk flows easily and quickly.
- Remove baby from the breast when showing signs of fullness. A baby who is biting is not hungry.

## What to do if Baby Bites:

- Say “no!” and frown. Don't laugh or smile.
- Put the baby down and end the nursing for that feeding.
- Watch the baby toward the end of a feeding when babies tend to bite.
- Notice if there are other patterns to the biting – time of day, position used, level of interest. Try to avoid nursing during those times. Offer milk by cup.
- If starting to bite, pull the baby in close, or use your finger to break the suction.
- When nursing goes well, praise and gently stroke the baby.

## MORE TO KNOW . . .

- Biting may be the baby's way of soothing teething pain.
- Babies around the world often breastfeed up to age 3 or 4 years.
- Most biting problems resolve in time.

**For more help, call the county health department or the Arkansas WIC Breastfeeding Help-line at 1-800-445-6175.**





# COLD FACTS ON STORING BREASTMILK

## Fresh Milk

- Milk pumped on the same day can be added together to make enough for a feeding.
- Chill the milk as soon as possible and definitely within 4 hours.
- If the milk will be used within 5 days, keep in the refrigerator. Otherwise, freeze it.
- If stored in a cooler with frozen gel packs, use within 24 hours.
- Warm by shaking gently under warm, running water.
- Avoid microwaving, which can cause hot spots and damage the milk.

## Frozen Milk

- Label and date bottles or bags.
- Don't add fresh milk to frozen milk.
- Use within 6 months if stored in a self-defrosting freezer.
- Use within 12 months if stored in a zero degree, standard freezer.
- Defrost by shaking gently under warm, running water.
- Keep thawed milk in the refrigerator and use within 24 hours.
- Do not refreeze thawed milk.

## MORE TO KNOW . . .

- Wash hands with soap and water before pumping or preparing bottles.
- Store milk in 2 ounce or 4 ounce “single-serve” portions, plus a few extra 1-ounce portions for when the baby wants more.
- Don't over fill the storage container.
- When all the milk isn't taken at a feeding, discard if not taken within the next 2 hours.

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*Information adapted from the USDA Children's Research Center at Baylor College of Medicine, Houston Texas.*



# DIFFICULT LATCH-ON DURING BREASTFEEDING

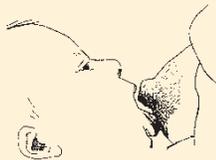
Trouble latching onto the breast may be due to incorrect positioning, too full or too hard breast, or flat and inverted nipples.

## Use correct breastfeeding positioning

- Get comfortable and put a book or a box under the feet so the lap is flat.
- Hold the baby “tummy to tummy”.
- Line up the baby’s body so that the ear, shoulder, and hip are in a straight line.
- Hold the baby behind the neck and shoulder to guide to the breast.
- Support the baby’s bottom in the crook of the arm.

## Help the baby to get a wide open mouth to latch

- Line-up the baby’s nose with the nipple.
- Allow the head to tilt slightly backwards as it meets the breast.
- Express a drop of milk.
- Bring the baby’s mouth to the nipple and allow licking.
- Wait for a wide open mouth.



- Quickly pull the baby to the breast and onto the nipple.

## Soften the breasts if too full or hard

- Cover both breasts with an ice pack for 3-4 minutes.
- Massage the breast to help get the milk flowing.
- Hand express or pump the milk to soften the breast.
- Repeat the ice packs every 2-3 hours until the breast is softer.

## Help draw out flat or inverted nipples for a better latch

- Sit up in a chair with a pillow supporting the back so that the nipples are more erect.
- Use a breast pump to draw out the nipple for a few minutes just before putting the baby to the breast.
- Quickly bring the baby to the breast with a wide open mouth.

**If no success with latch-on, contact a breastfeeding counselor in the community, the county health department, or call the Arkansas WIC Breastfeeding Help-line at 1-800-445-6175.**





# ENGORGEMENT DURING BreastFeeding

(FULL HARD BREASTS)

In the first week after delivery, the milk becomes more abundant and the breasts feel fuller. Sometimes this change happens too quickly. As a result, the breasts may feel hard, tight, painful and warm to touch. Latching onto the breast may suddenly be too difficult for the baby.

## Prevent Engorgement

- Nurse the baby often, 8-12 times each 24 hours.
- Avoid formula or water in the early weeks unless instructed by the doctor.
- Avoid pacifiers in the first few weeks if possible.

## If Engorgement Occurs

- Cover all of both breasts with an ice pack for 3-4 minutes. (Put crushed ice cubes in a plastic bag or use a package of frozen peas wrapped in a wash cloth to make an ice pack.)
- Massage the breast, then hand express or pump out milk to soften the breast. This will make it easier to latch the baby on.
- Try nursing the baby to help empty the fullness.
- If the ice pack does not help, wrap the breast with very warm, wet towels or hand express in a warm shower with spray directed on breasts.
- Repeat the ice packs or warm soaks every 2-3 hours until the breasts are softer.

## MORE TO KNOW . . .

Hand expression can quickly soften the nipple area of the breast for a better latch.

- Massage around the breast and nipple.
- Place the fingers and thumb behind the nipple 1 to 1-1/2 inches back from the end.
- Push the fingers in toward the chest. Slowly press the thumb and fingers together.
- Move the position of the fingers and thumb around the breast to express all parts.
- Use a bowl or cup to collect the milk.

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# MASTITIS DURING BREASTFEEDING

Mastitis is a breast infection. It begins suddenly and if not treated, gets worse quickly.

Germs may enter through a break in the skin or through the nipple. Once treatment starts, the mother usually feels better in a day or two. **The milk will not harm the baby and breastfeeding can continue.** The mother usually has:

- Flu like symptoms – fever of 100.8° or more, chills, body aches.
- A painful, hot, reddened breast

## What To Do:

- Call the doctor and describe the symptoms.
- Antibiotics may be needed – take all of the prescription, even after starting to feel better. Most antibiotics are safe to use while breastfeeding.
- Wrap the breast with a wet, very warm towel or cloth; or soak the breast in a basin of very warm water. Repeat several times a day until the redness is gone.
- Take acetaminophen (Tylenol™) or ibuprofen (Advil™, Motrin™) for pain.
- Drink more fluids to replace what's lost with a fever.
- Keep the breasts soft by continuing to nurse frequently. Add gentle massage to help the breasts empty.
- Get more rest and nap when the baby naps.

## MORE INFORMATION . . .

Contact a doctor if the symptoms haven't gone away after finishing the antibiotic.

### To Avoid Mastitis:

- Don't allow the breasts to become overly full. Try not to miss or put off a feeding. Talk to a breastfeeding counselor about ways to manage if making more milk than the baby can take.
- Treat sore nipples quickly. See the Sore Nipples information sheet.
- Avoid tight bras or clothing that binds.

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# The NIPPLE PINCH TEST

The nipple size and shape can make breastfeeding easier or harder. Most babies will nurse on any nipples without a problem. The Nipple Pinch Test will help you decide if your nipples are normal, flat, inverted or retracted.

Make a “C” shape with your right hand.

Place your thumb and the first finger around the areola.

Push your finger and thumb back into your chest.

Gently squeeze the thumb and finger together.

Use a mirror to look at a side view of both nipples as you do the pinch test.

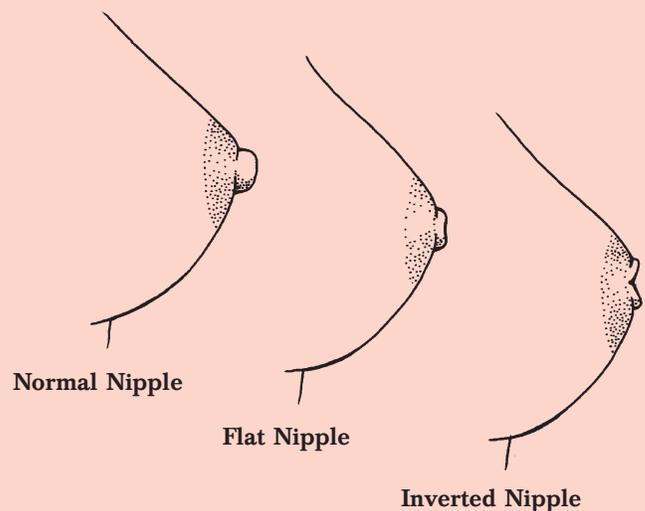
When you do the pinch test:

- A normal nipple will move forward.
- A flat nipple will not move forward or backwards.
- An inverted or retracted nipple will move backwards into the breast.



Some nipples look normal before the pinch test but move backwards or retract into the breast during the pinch test.

If your nipples look flat, inverted or retracted, you may need to talk to a breastfeeding counselor to discuss ways to help you succeed with breastfeeding.



**For questions or help, talk with your doctor, a breastfeeding counselor or nurse at your county health department, or call the Arkansas WIC Breastfeeding Help-line at 1-800-445-6175.**



# SORE NIPPLES DURING BREASTFEEDING

Sore, painful nipples are not normal during breastfeeding. Cracked or bleeding nipples put the mother at risk for a breast infection.

It is also not normal for the nipples to be creased, wedged, oddly shaped, or white after nursing.

## What To Do:

- Cover the nipple with a warm, wet washcloth immediately after nursing.
- Apply petroleum jelly or lanolin. There's no need to wash off before nursing.
- Take acetaminophen (Tylenol™) or ibuprofen (Advil™, Motrin™) for pain.
- If petroleum jelly or lanolin does not help, try a hydrogel sheet wound dressing.
- Use correct positioning and latch on.
- Pump or hand express if nursing is too painful.
- Give the expressed milk by spoon, cup or bottle. If needed, supplement with formula.
- Avoid re-injuring the same spot by using a different nursing position each time.
- Get help from a breastfeeding counselor if the problem is severe.
- See a doctor for a temperature of 100.8° or more.

## MORE INFORMATION . . .

Hydrogel wound dressing is a sheet of gel like material. It helps reduce pain and promotes moist healing of the nipple.

- Apply the gel side to the nipple. Remove before nursing.
- Some brands have a thin clear backing; remove it before placing on the nipple.
- Reuse the dressing for 3-7 days, or until the edges begin to dry out.
- Some common names are Vigilon™, Clear Site™, and MaterniMates™.
- Most brands can be cut to a size that covers the nipple and can be cooled to increase pain relief.

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# YEAST INFECTION DURING BREASTFEEDING

## Is It Yeast?

If breastfeeding has been free of pain and the nipples *suddenly* become sore or painful, it might be yeast. Mom and baby may have recently been treated with an antibiotic.

### Signs of Yeast – Mom

- Burning or stabbing pain in the breast or nipples.
- Red nipples with tiny bumps, blisters, or flaking skin.
- A clean cut at the base of the nipple. Slight bleeding in the cut may occur.
- May have a vaginal yeast infection.

### Signs of Yeast – Baby

- White patches on the tongue, gums, and inside the cheeks that do not rub off.
- A diaper rash with raised, red, sore looking patches that do not heal with regular rash creams.

## WHAT TO DO ...

### Mom:

- Apply over the counter Lotrimin™ cream to the nipples after feedings for 2 weeks.
- If nursing is too painful, pump the milk and feed to the baby.
- Keep the nipples dry and expose to the light 2-3 times a day.
- Do not use lanolin, hydrogel, or other creams.
- If no improvement in the pain or rash, see a doctor. A prescription may be needed.

### Baby:

- Talk with a doctor about treating the baby.
- Mom and baby need to be treated at the same time.

### More to Know...

- Boil breastpump parts, pacifiers, bottle nipples and teethers for 20 minutes once a day.
- Keep bras and bra pads clean and dry.
- During a yeast infection, do not freeze breastmilk for later use.

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