

## Fact Sheet

### Breastfeeding- Common problems

[womensnewbornhealth.com.au](http://womensnewbornhealth.com.au)

#### Sore nipples.

The most common cause of sore nipples is that baby is not attaching well to your breast.

It is normal for women to feel some tenderness in the first few days, but your nipples should not be painful, grazed or cracked.

[[Link to Breastfeeding: How it works cover page]]

#### Options for sore nipples

- ensure baby is attaching well  
baby– led attachment may encourage your baby to open his/her mouth wider and latch deeper onto your breast. [[ refer to feeding positions factsheet and baby led attachment video- insert link in here]]
- skin to skin contact with your baby just before a feed will ensure that you start the feed with a calm baby who may latch easier
- laid back breastfeeding position means that the baby is more likely to get a deeper latch and therefore may be less painful on your nipple
- start the feed on the breast that is least sore
- hand express a little milk at the beginning of the feed to soften your areola. Hand expressing a little milk also encourages your milk to flow before baby attaches to your breast. Nipple pain may be worse at the beginning of the feed until the milk starts to flow well or your milk 'let's down'
- express a few drops of your milk and rub gently onto your nipple and areola area after baby has fed. This helps to keep your nipples healthy and heal the skin if there are grazes or cracks. Allow the nipple and areola area to dry before putting your bra back on



- it is best to avoid nipple creams. If you feel you need to use one, be sure to use a purified lanolin cream- as creams containing other ingredients need to be removed before feeding your baby. This may cause further damage to your nipples. Be sure to follow the manufacturer's directions.

If the nipple soreness is not getting better each day, please see an Australian Breastfeeding Association counsellor, your Child and Family Health Nurse, Midwife or Lactation consultant for support.

#### Breast fullness

As your milk supply increases in the first three to five days, you may experience some discomfort due to 'full breasts'.

- wear a supportive bra (during the day) that is not tight on your breasts
- breastfeed your baby as often as your baby wants to feed
- at night, a supportive singlet (known in Australia as a 'crop top') is preferred by many women as this prevents breast compression at night
- use a cold compress in the form of a 'cold gel pack', 'ice placed in a bag and wrapped in cloth or towel or cold cabbage leaves on your breasts. This may help to relieve some of the discomfort.

#### Some tips when using cold compresses;

- wrap the cold compress in a cover such as a face washer or small towel to stop damage to your skin happening
- apply the cold compress to the area of your breast where the most discomfort is felt. Be sure to avoid the nipple and areola area

womensnewbornhealth.com.au

- apply the cold compress for 10-15 minutes at a time. You can apply the cold compress again in an hours' time.

### Blocked ducts

A blocked duct is a blockage in the milk duct which carry's breast milk to the nipple. The blockage forms a lump which is usually felt on the edge of the areola area. The skin over the area where the blockage is may become red and feel hard and hot to touch. The area may feel sore and you may feel unwell and have a mild temperature. Some mothers with a blocked duct may also notice a "white spot" on the nipple as well.

### What causes a blocked duct?

- pressure caused by a tight bra, top or your fingers feeding
- not emptying the breast while feeding or expressing
- not feeding often enough

### How can I relieve a blocked duct?

- start treatment as soon as you experience symptoms
- just before baby feeds, gently massage the blockage (hard area near the nipple) with the pads of your fingers
- feed your baby as often as they will feed from the affected breast and keep this breast as empty as possible
- feed baby from the affected breast at the beginning of each feed as this is usually when baby sucks vigorously- ensure that baby is well latched!

- during the feed gently massage the breast to encourage milk to flow
- express milk from the affected breast if baby won't feed on that side – this will encourage the blockage to clear
- pain relief may help. Be sure to check with your doctor, pharmacist or 'Mothersafe'- Medications in pregnancy and lactation service [[link to Mothersafe here]]
- ensure that your bra is not tight and causing pressure on your breast
- at night wear a supportive singlet (crop top)
- rest as often as you can!

### Mastitis

Mastitis may occur as a result of a blocked duct that has not cleared. The milk that builds up behind the blocked duct can move into the tissue of the breast and cause the area to become inflamed. This is known as Mastitis and it is important that you start treatment straight away

### Other causes of Mastitis:

- baby not latching well to the breast
- grazed or cracked nipples
- not feeding often enough
- breasts are too full
- stopping breastfeeding suddenly

womensnewbornhealth.com.au

### Signs and Symptoms of mastitis:

- a red, sore area on the breast that may feel 'hot' to touch
- flu-like symptoms- feeling hot and cold with aching joints

### Prevention of Mastitis

- breastfeed baby as often as baby needs to feed(8 to 12 times a day in the early weeks)
- ensure baby is latching well to the breast
- wake baby for a feed if your breasts become too full and baby is not showing feeding cues- If baby wont feed, express some milk to empty your breast a little
- offer both breasts at each feed- if baby only feeds from one breast, start the next fed on the opposite breast
- if your breasts still feel full after baby has fed, express milk until you breast feels more comfortable
- avoid offering baby feeds of infant formula unless there is a medical reason to give your baby these feeds
- rest as often as you can!

### Treatment of Mastitis

- continue to breastfeed baby or express milk from the breast that has Mastitis- It is safe to continue breastfeeding your baby
- if your milk is not flowing easily you can place warm cloths or a warm pack on the affected breast before you breastfeed or express your milk

- just before baby feeds, gently massage the blockage (hard area near the nipple) with the pads of your fingers toward the nipple area
- express milk after breastfeeding from the affected breast until your breast feels comfortable
- wrap a cold pack in a cloth and place on the affected breast after feeding and/or expressing. Leave the wrapped cold pack in place for around 10-15 minutes
- pain relief may help. Be sure to check with your doctor, pharmacist or 'Mothersafe'- Medications in pregnancy and lactation service [\[\[link to Mothersafe here\]\]](#)
- rest as often as you can
- drink plenty of water throughout the day
- if you don't start to feel better in a few hours, be sure to see your local doctor
- if your local doctor prescribes antibiotics for you, take them according to the directions

**It is safe and recommended to continue to breastfeed your baby when you have Mastitis**