Breastfeeding - Mother's Breast Symptoms

Definition

• Breastfeeding questions about mother's breast symptoms

Health Information

Topics Covered

Go to the topic that relates to your question for advice:

- 1. Breast engorgement (swelling and pain) of both breasts
- 2. Blocked milk ducts (1 or more tender lumps in the breast)
- 3. Sore or cracked nipples
- 4. Leaking breast milk

Care Advice

1. Breast Engorgement (Swelling and pain of both breasts):

- Engorgement usually begins 2 or 3 days after your baby's birth.
- Also, can start at any time when breasts are not emptied regularly.
- Breastfeed your baby more often. Do not use pacifiers.
- Remove a little milk before feeding your baby. Hand express or briefly use a breast pump.

• Gently squeeze the areola with your fingers at the start of each feeding. This will soften the areola and help your baby latch on. Milk release won't occur if your baby only latches on to the nipple.

• Pump your breasts when they hurt or when a feeding doesn't help discomfort. Also, pump when you must miss a feeding.

• Use a cold pack on the breasts between feedings. Cold, clean raw cabbage leaves or a bag of frozen peas work well.

• Call Your Doctor or Lactation Consultant if:

• Not better after 24 hours of this treatment.

2. Blocked Milk Ducts (Tender lump in the breast):

- Causes the breast not being emptied all the way
- Treatment goal: Open up the blocked milk ducts
- Breastfeed your baby more often. Do not use pacifiers.

• Before each feeding session, use heat on the breast lump for 5 minutes. Do this with a hot shower, hot bath or heating pad.

• While feeding or pumping, massage the swollen areas toward the nipple.

• Try different feeding positions at the breast. A different position may drain the affected area (ducts) better.

- Call Your Doctor If:
- Lump becomes red and very painful
- Fever occurs
- Not better after 24 hours of treatment

3. Sore or Cracked Nipples:

• Most often, due to friction from not latching on right. Can also be due to a non-areolar grasp on the breast.

- Clean with warm water once daily. Do not use soap which dries out the skin.
- For sore nipples, coat and lubricate nipple and areola with breast milk.

• For cracked nipples, use 100% lanolin after feedings. No prescription is needed. (Exception: mother allergic to wool). Hydrogel pads are also good for healing.

• Help your baby latch on to as much of the areola as possible. Do this by compressing the areola. (Proper latching-on should prevent nipple injury)

• Prevent the breast from pulling out of your baby's mouth. Support the breast from below during feedings.

• Start feedings on the side that is least sore.

• Limit feedings to less than 10 minutes on the sore side. Total feeding should not last more than 30 minutes.

• Your baby should be kept on task and awake during feeds. Sometimes, they flutter feed while almost asleep and won't actively suck. This can lead to sore nipples.

• Don't pull your baby off the nipple until she has released her grip. You can break the seal by placing your finger in the mouth between gums.

- Call Your Doctor If:
- Not better after 24 hours of treatment

4. Leaking Breast Milk:

• Leaking milk is a common problem that nursing mothers have during the first months.

• Usually, the leaking lessens as supply starts to equal demand. A balance is made between what the baby drinks and what the breasts make. Here's what you can do:

• Keep a regular nursing pattern. Try to not skip or postpone feedings. (Reason: More milk leaks from over-full breast.)

• Use nursing pads under your bra. You can use pads that can be thrown away or washable pads. Change pads often to keep your nipples dry.

- Shirts with patterns hide milk spots better.
- You can also carry a clean top in your diaper bag when you go out.
- If this advice doesn't help, ask a lactation consultant for more tips.

Call Your Doctor If

- Fever occurs
- Breast looks infected
- Breast symptoms not better after 24 hours of treatment
- Painful breastfeeding lasts over 24 hours of treatment
- Your baby is not feeding well
- Your baby starts to act sick
- You think you or your baby needs to be seen

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Copyright 2000-2022 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any resources does not imply an endorsement.