

Breastfeeding Challenges You May Face

It may take some time for you to adjust to breastfeeding. But with patience, practice and – perhaps most importantly – the support of those around you, you can find a way to meet your feeding goals.



KEY TAKEAWAY

If you're having trouble or feeling discouraged, get help right away.



FAMILY STORY

At first, my breasts were swollen and my nipples were sore. I felt like giving up. But with the support of my doctor and another breastfeeding mom who had been through the same things, it got much easier. After a couple of weeks, the short-term pain was long forgotten, and I knew I was doing the best for my baby.

Soreness

Sore nipples

A deep latch is key to your comfort. It's common to have some soreness for the first week. But if your nipples are damaged (cracked, bleeding, scabbed or blistered), your baby is probably not latching well. Get help early. Talk with your health care provider and try:

- improving your baby's latch (see [Latching On](#))
- soothing your nipples by dabbing on expressed milk, and letting them dry before dressing
- starting to feed your baby before he cries
- breastfeeding on the less-sore side first
- expressing your milk (see [Expressing Your Milk](#)) until you're less sore

Heavy, painful breasts ("engorgement")

It's normal for your breasts to get larger or to feel heavy, warm and uncomfortable when your milk supply increases or if you miss a feeding. If this causes your nipples to flatten, it can make it hard for your baby to latch. Talk with your health care provider and try:

- breastfeeding early and often – at least 8 times every 24 hours, including at night
- gently massaging your breasts and expressing milk to soften your areolas before feeding
- applying "reverse pressure" by lying back and – using the straight fingers of both hands with knuckles touching your nipple – firmly but

gently pressing your areola toward your chest wall for a count of 50, just before latching

- placing ice packs on your breasts (but not directly on your skin)
- taking a shower or placing warm, wet washcloths on your breasts before feeding
- breastfeeding on the engorged breast first

Red, sore spot on breast ("plugged duct")

If a milk duct (the channel your milk flows through) gets plugged, you may get a lump or firm area on your breast. Plugged ducts usually clear up in a day or two, but they can get infected. To help prevent plugged ducts, try:

- breastfeeding often – at least 8 times every 24 hours, including at night
- positioning your baby with her nose or chin pointed to the sore spot
- using different breastfeeding positions (see [Breastfeeding Positions](#)) to drain all areas of your breasts
- taking a shower, massaging your breasts or placing warm, wet washcloths on them before feeding
- massaging your breast – from behind the lumpy area towards the nipple – while feeding
- draining one breast well before switching sides
- expressing your milk (see [Expressing Your Milk](#)) if your breast is still lumpy after feeding
- calling your health care provider or HealthLink BC at 8-1-1 if the lump doesn't go away in a couple of days

Painful breast and flu-like symptoms (“mastitis”)

If you feel like you’re getting the flu and your breast is firm, swollen, hot, red and painful, contact your health care provider or HealthLink BC at 8-1-1 right away. You may have an infection and need antibiotics. Neither the infection nor the antibiotics will harm your baby, and your milk will still be safe to drink. Take the antibiotics as directed while:

- breastfeeding, expressing or pumping milk often – at least 8 times every 24 hours, including at night
- breastfeeding on the sore side first or, if it’s too sore, switching to the sore side as soon as your milk lets down
- positioning your baby with her nose or chin pointed to the sore area
- ensuring your baby has a good latch and is feeding well (see [Latching On](#))
- practising the recommendations as listed for “Red, sore spot on breast”



TRY THIS

If you have mastitis you can help yourself feel better by getting more rest, drinking more fluids, and using warm or cold packs on your painful breast.

Itchy or burning nipples or rash on areolas (“thrush”)

If your nipples burn or itch or if you have a rash on your areola (the coloured area around your nipple), you may have a yeast infection (“thrush”). If your baby is affected, she may have white patches in her mouth or a red rash in her diaper area. She may refuse to breastfeed, have slow weight gain and be gassy and cranky. Both you and your baby will need to be treated with antifungal cream. See your health care provider right away. Your partner may also need to be treated. In addition, ensure you’re:

- washing your bras daily
- keeping your nipples dry
- washing and disinfecting your breast pump every day
- asking your health care provider about probiotics
- avoiding soothers or boiling them for 5 to 10 minutes each day and replacing them often
- only using breast pads without a plastic lining, and changing the pads often. If you use reusable breast pads, change and clean them after each feeding.



DANGER

Don’t take codeine or medicine that contains codeine (like Tylenol 3) while breastfeeding. It can seriously harm your baby. Talk with your health care provider or a HealthLink BC pharmacist at 8-1-1 to learn about what medication is safe to use during breastfeeding.



HOW TO

Keep your breasts healthy

- Wash your hands with soap and water before touching your breasts.
- Keep your milk flowing by regularly breastfeeding, hand expressing or pumping.
- Express and rub a few drops of your milk on your nipples after each feeding, then let them air dry.
- Expose your nipples to the air as much as possible by wearing loose-fitting clothing. If you’re comfortable doing so, go without a top and bra at home.
- If you wear nursing pads, change them as soon as they’re wet.
- Be sure your bra fits comfortably. You may find you need a larger size while breastfeeding.
- Get as much rest as possible and drink plenty of fluids.



KEY TAKEAWAY

If your soreness continues or if you need help to deal with the pain, talk with your health care provider or call HealthLink BC at 8-1-1.



PARTNERS

What You Can Do

Help your partner by learning all you can, listening, and providing encouragement and hands-on support.

Other Challenges

Flat or inverted nipples

If your nipples sink in or if they don't stick out when they're stimulated, it may take your baby longer to learn to latch on. Try gently rolling your nipple with your fingers, or use a breast pump on the low setting to draw your nipple out just before you try latching. If your baby still isn't feeding well, give her expressed milk until she can get a good latch.

Breast or chest surgery

If you've had breast or chest surgery, you'll likely be able to breastfeed. If you have implants, you'll probably produce enough milk. But if you've had breast reduction or top surgery, you may not. And if a surgical cut was made along the edge of your areola, you may have nerve damage and produce less milk. See the [Resources](#) section for places you can go for support.

Tongue-tie

If the connection between your baby's tongue and the floor of his mouth is too short, it may limit how he can move his tongue and may make feeding difficult. Try different breastfeeding positions (see [Breastfeeding Positions](#)) and get support from someone familiar with tongue-tie. If it's still causing a problem, see your health care provider; if it interferes with feeding, tongue-tie can sometimes be fixed.

Spitting up

Spitting up small amounts after feeding is very common in the first few months. It may stop as your baby grows. See [Common Health Concerns](#).

Abuse or trauma

For some people who have experienced trauma, breastfeeding may trigger an emotional reaction that may be overwhelming. For others, breastfeeding may be helpful and calming. The most important thing is for you and your baby to feel safe and comfortable. Talk with your health care provider about your feeding goals and to find support in reaching them.

Feel Like Giving Up?

Learning a new skill takes practice, and it can be discouraging. Talk to someone you trust. Set small goals, like getting through the next feeding or breastfeeding for one more week. Breastfeed as much as you feel you can. And remind yourself that **some amount of breastfeeding is better than none**.



FAMILY STORY

The best piece of advice I have is to keep trying. Breastfeeding is so worthwhile. And there are many people and groups to support you. I got so much helpful advice from others who had breastfed and from my doctor.



DID YOU KNOW

There's more information on breastfeeding and returning to work in [Toddler's First Steps](#), available from your public health unit and online at healthlinkbc.ca/toddlers-first-steps.

Breastfeeding in Public

In British Columbia, there are laws that protect your right to breastfeed anywhere, at any time. Breastfeeding in public is a normal, healthy and legal activity, and it's illegal for anyone to ask you to stop or cover up.

Feeling modest?

With practice, you can breastfeed with very little breast showing. And many public places and stores have a private space where you can feed your baby.



TRY THIS

If it makes you more comfortable when breastfeeding in public, place a light cover over your baby while he latches on. You can leave it on while he feeds or take it off once he's latched.

