BREASTFEEDING: breast and nipple care

Australian Breastfeeding Association

In this booklet ...

Cover photo courtesy of Elysia Venner

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Australian Breastfeeding Association

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Introduction

Just like the rest of your body, the shape and size of your breasts are unique to you, but they are still perfectly designed to produce food for your baby. Some mothers and babies find breastfeeding easy, while others may need support as they learn together. It is a skill worth learning as breastfeeding is important for you and your baby.

This booklet tells you what to expect as your breasts change during pregnancy and briefly covers how breastfeeding works. It covers common breast and nipple problems, how to prevent them and what to do if they occur.

If your breasts or nipples are sore and you are looking for help right now, the good news is that most problems can be solved. The ideas in this booklet have helped many women in the past and may help you now. As with any health issue, it is best if you act as soon as you notice something is wrong.

Photo courtesy of Lynne Dullard

A shape and size that is unique to you ...

Photo courtesy of Amanda Radovic

designed to produce food for your baby ...

Photo courtesy of Dez Rock

and most problems can be solved.

Breast changes during pregnancy

When you first become pregnant, the blood supply to your breasts increases. Changes in your hormones cause the milk-making glands to grow. Often the first signs of pregnancy are tender nipples and breasts getting bigger. Your areola (the coloured area around the nipple) may become larger and darker.[1] The colour usually fades after you stop breastfeeding but may not go back to the way it was before.

The bumps on each areola are called Montgomery glands. They secrete oil that helps to keep your nipples and areolas soft and supple and to prevent harmful germs growing.

Nipples come in many different shapes and sizes. Babies breastfeed, not nipple-feed, so the size and shape of your nipples should not matter. If you have flat or inverted nipples (that turn inwards), there is no need to do anything special before your baby is born. Breasts change during pregnancy and after the birth and this will make it easier for your baby to find them and start breastfeeding. However, if your nipples stay flat or inverted, you may need extra help to attach your baby at first. See more about this on **page 12**.

From about the 4th month of pregnancy, your breasts will usually start making a golden fluid called colostrum. You may notice colostrum on your nipples while you are showering or during sex, or as a damp mark on your bra. Some women do not notice any colostrum. That's normal too.

Colostrum is very rich in anti-infective factors that help to protect your baby from harmful germs. It is all the food and drink your newborn needs in the first few days after birth. During this time, your colostrum will gradually change to mature breastmilk, which is thinner and a paler milky colour (often with a bluish tinge).

Preparing to breastfeed

You don't need to do anything to prepare your nipples for breastfeeding, but you can learn about your nipples and breasts and get used to handling them. Here are some helpful ideas:

- Check that your bra still fits well as your breasts grow during pregnancy. Many women like to get a bra correctly fitted after about the 4th month of pregnancy.
- Do not use rough towels or anything drying, such as alcohol-based products, on your nipples.
- Gently pat breasts and nipples dry after showering or bathing.
- If the skin on your nipples is very dry, talk to your doctor about the use of a suitable cream.

How breastfeeding works

Each breast has **lobes** of glands where the milk is made. These contain clusters of **alveoli**, which are small hollow sacs with milk-making cells around the outside and the milk in the centre. Little tubes, called **ducts**, carry the milk from the alveoli towards the nipple. The milk flows from the ducts through several tiny openings in the **nipple**.

The size of the breast does not affect how much milk it can make, although some breasts can store more milk than others.

When your baby starts to suck, the many nerves in the skin of your nipple send messages to your brain. A hormone called oxytocin is then released into your body and causes your milk to be released or pushed out. This process is called the **let-down reflex** or milk ejection reflex. The movement of your baby's tongue creates a vacuum to remove the milk from your breast into the back of their mouth so they can swallow it. The more often your baby sucks and causes a let-down and the more milk they remove from your breasts, the more milk you will make. This is known as **'supply and demand'**. It means that you make as much milk as your baby takes or you express.

When your baby is well attached to your breast, it should feel comfortable. Breastfeeding is less likely to hurt if your nipple is well back in your baby's mouth. You can feel this if you suck your own thumb. Your mouth rubs less on the end of your thumb as you push it deeper into your mouth.

Babies have three types of sucking:

- The first, rapid suck, which helps start the milk flowing (let-down).
- The deep, rhythmic suck-and-swallow action when the let-down occurs. This is the main part of the feed. As the feed goes on, the baby may swallow less often and pause from time to time.
- Gentle sucking towards the end of the feed. This is faster and 'lighter' than the other sucking actions. There is not a lot of swallowing. Many babies need this sucking time. It is sometimes called 'comfort sucking'.

Many new mothers like to have someone nearby to help them as they learn to breastfeed. Others feel more comfortable without someone there. Let people know what you prefer. Gather what you need before each feed, perhaps a drink (water is best), tissues or hand towel and extra pillows. In hospital, you can draw the curtains if you prefer privacy.

While breastfeeding is natural, both mother and baby need time to feel it is easy. You will find your way together.

Caring for your nipples

Caring for your nipples during pregnancy and after the birth of your baby will help to keep your skin healthy and ready for breastfeeding.

It is common for nipples to be sensitive in the early weeks after a baby is born. It can take a little time for a mother and her baby to get breastfeeding working well for them and for a mother's nipples to get used to the sucking action of a baby. Speak with an Australian Breastfeeding Association counsellor or a lactation consultant if you feel you need more information and support.

- Sore nipples are most often due to a baby not attaching well to the breast. This can cause pain and damage, such as cracked nipples. Getting the attachment right as soon as you can will prevent this from becoming an ongoing problem. We talk about how to manage sore nipples later in this booklet (see **page 14**).
- In the first few weeks of breastfeeding, many mothers find that their breasts leak milk. Bras and clothing can get quite wet. If this happens, wearing breast pads inside your bra can keep your clothing dry. You can get both single-use and washable (cloth) breast pads. If a pad sticks to your nipple, don't pull it off. Hand express a little milk or use some water so that it doesn't hurt your nipple as it comes away. Many mothers find that leaking milk stops after the first few weeks.
- Your nipples don't need lots of washing. Plain water is fine, but if you usually use soap when you bath or shower, it is OK to use this on your breasts and nipples too. There is no need to 'toughen up' your nipples for breastfeeding.
- Using a silicone milk catcher on a regular basis may lead to sore nipples.

Photo courtesy of Nerida Carter

Baby-led attachment

Babies are born with an instinct to look for their mother's breast and attach. 'Baby-led attachment' describes how babies use their instincts to seek out their mother's breast. Baby-led attachment offers your baby the most natural start to breastfeeding.[2] If you have sore nipples, this can help a baby to 're-set' how they attach. Here is a step-by-step guide to baby-led attachment. (See Resources on page 36 for a video.)

Start with a calm baby. A calm baby is more likely to be able to follow through on their instincts than a baby who is upset.

If your baby is upset, try these ideas to calm them:

- skin-to-skin contact
- stroking their back in one direction
- talking to them
- gentle rocking movements
- letting them suck on your clean finger.

Get to know your baby's feeding cues. Your baby will be calmer if you start the feed as soon as they are ready. Crying is a late feeding cue so it is important to recognise earlier signs that your baby needs a feed, such as:

- turning head from side to side
- sticking tongue out
- wriggling
- putting hands to mouth.

Skin-to-skin contact. Have your baby just in a nappy and take your bra off. Have your baby chest-to-chest so they can move to your breast easily. A light blanket may be useful to put over both of you for warmth. However, skin-to-skin is not essential at feeding time if you feel more comfortable with both of you lightly

Feeding cues

Photos courtesy of Portland Group VIC

dressed. Just make sure your baby can get to the breast easily.

Positioning. With your baby chest-to-chest with you and between your breasts, they can easily move to one of your breasts when they are ready. Some mothers like to lie in bed propped up with pillows or lean back in a chair. Use your arms to support your baby on your chest as they look for your nipple. Leaning back can also help to lessen nipple damage, as it reduces the drag on the nipple that may occur when a mother is sitting upright. It may take some time for your baby to decide to feed. Let them take their time.

When your baby is ready to feed, they will start to lift and bob their head around. Some babies will bob their way down to a breast, others will gently glide towards a breast or quite dramatically throw themselves towards a breast. All these movements have a definite purpose and that is to find the breast!

As your baby moves closer to your breast and nuzzles towards your nipple, they may bring their hand(s) to their mouth and begin to feel around with their fists and move their head from side to side. Don't worry if they suck their fist. Some babies do this to calm themselves. They will soon figure out that it's not the breast. It's all part of the process. Don't hurry them. Let them do it in their own time.

When your baby finds your breast, they will bring their tongue forward and may lick the breast. They may press into your breast with their fists and even move their feet up and down on your tummy. This helps to release the hormone oxytocin which helps to get your breastmilk flowing.

When your baby finds just the right spot, they will dig their chin into your


Baby-led attachment


...allows your baby


... to follow his instincts


... to get to your breast.

Photos courtesy of Amanda Radovic

breast, reach up with an open mouth, attach to your breast and begin sucking. Let your baby lead the way as much as possible. If you are leaning back, gravity will hold your baby's body against yours. However, if you are sitting more upright, it may help to pull your baby's bottom closer to your body or to provide some firm support to their neck and back. Avoid putting pressure on their head. A baby needs to have their head free so that they can move it to a position where they can latch on well.

A baby who attaches in this way will be on the breast with a wide-open mouth and tongue down. If you have a sore or grazed nipple, they are not be likely to cause further damage.

Mother-led attachment

The cradle hold

When you have visitors or are out in public, you may like to attach your baby yourself and use the cradle hold. Many of the points listed below are helpful, whatever feeding position you choose. Remember, there is no one right way for every mother and baby. The right way is what works for you and your baby. (See photo page 11.)

Steps to attach your baby in the cradle hold

- Sit comfortably with your back and feet supported.
- Unwrap your baby and hold them close, along your forearm.
- Support your baby's neck and back with your wrist and hand, so that they are able to move their head into the right position to attach well. **Don't hold their head**.
- Turn them onto their side with their chest towards you, head tilted slightly back, at the same level as your breast. Their nose will be level with your nipple.
- Tuck your baby's feet around your side and their lower arm near your waist.
- Gently brush your baby's mouth with the underside of your areola. Your baby should open their mouth wide when you do this. Holding your breast like you would a sandwich may allow them to take in more of your breast and make it easier for them to attach. When your baby opens their mouth wide and their tongue comes forward over their lower gum, move them quickly to the breast, with your nipple aimed at the roof of their mouth. Their first point of contact will be their lower jaw or chin on your areola, well down from the nipple.
- As their mouth closes, they should take in a large mouthful of breast.
- If your breast is very full and tight, expressing to soften the area around the nipple may allow them to attach more easily.

Breastfeeding should not hurt, but some nipple pain is fairly common, especially in the early weeks.[3] **If it is still painful as the feed goes on:**

- Make sure that there is no bunched clothing between you, or that your baby's arm is not getting in the way.

- Try to gently move your baby, still attached, so that their chin presses further into the breast. For example, hugging the lower half of your baby's body closer to yours can help them take a larger mouthful of breast.
- If that doesn't help, insert a clean little finger into the corner of your baby's mouth to break the suction and take them off the breast. Wait for the baby to open their mouth wide and then reattach.
- If your nipples are creased, ridged or squashed, blistered, cracked or bleeding, your baby is not properly attached. They do not have the nipple far enough back in their mouth and it is being squashed against their hard palate.

Chest to chest and chin to breast is a quick way of describing good positioning. Your baby's whole body should be very close to yours, like you are 'wearing' them.

To check that your baby is attached well, look for these signs:

- Chin is pressed into the breast and nose is clear or only just touching the breast.
- The lower lip is turned out, not sucked in. The upper lip will be in a neutral position on the breast, neither turned in nor out.
- Tongue is forward over the lower gum. (This may be hard to see, so don't pull them away to check or you might detach them).
- Much of the areola is in your baby's mouth, with more on the 'chin side'.
- Even if it hurts as you first put your baby to your breast, the pain should stop once the milk is flowing.
- Your baby's whole jaw will move as they suck and even their ears may wiggle. Their cheeks should not hollow as they suck.

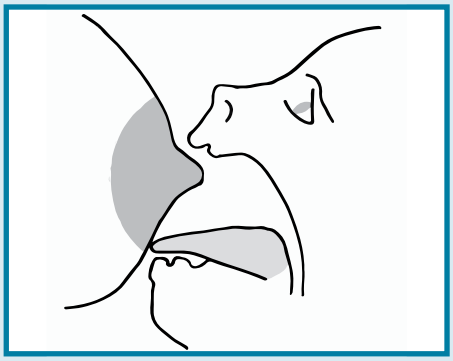


Fig 1. Approaching attachment
Baby has wide gape with tongue down and forward. Nipple is aimed at the roof of baby's mouth, with first point of contact being baby's lower jaw or chin on the areola, well away from nipple.

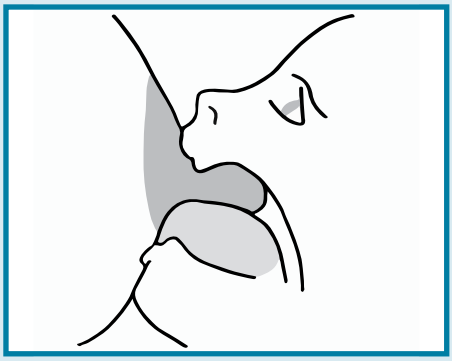


Fig 2. Good attachment
Tongue is forward over gums, lower lip rolled out, chin against breast. The tongue lowers to create vacuum to remove milk

Illustrations by Joy and Keith Anderson

The cradle hold

Your baby's body lies across yours, with their feet toward or under your opposite arm. If the natural level of your nipples is quite high, a pillow on your lap may help support your baby's weight so that you can relax your arms and shoulders. If using a pillow, take care that it does not lift your baby too high. You should not have to lift your breast to attach your baby.

Photos courtesy of Amanda Radovic

The twin, side or underarm hold

Your baby's head is level with the breast, while their body and legs are tucked under your arm. You can support your baby's body with a pillow or cushion beside you, or you may prefer to hold them close with your hand. An upright pillow behind your back can help to bring your body forward, so there is more room behind you for your baby's legs. This can be a useful position after a caesarean birth.

Lying down

You lie on a bed or couch with your baby at your side. Their body lies close to yours. You can lay your baby on a pillow if required, or place a pillow behind your back to give you support. Some mothers prefer to feed using the breast on the same side as the baby. Others choose to roll towards their baby a little more and offer the upper breast.

Flat or inverted nipples

If you have flat or inverted nipples, you may need some extra help with breastfeeding in the early days. Your baby needs to learn to open their mouth wide and draw out your nipples when feeding. Many babies soon learn how to do this, while others take a little longer.

Babies breastfeed, not nipple-feed.

Babies can feed from almost any nipple shape, including most inverted nipples. To help this to happen:

- If you can, try to avoid drugs during labour. Instead you may be able to use a TENS machine, hypnotherapy, water, massage, heat packs or focussed breathing.
- Straight after birth, your baby is likely to be alert and keen to breastfeed. Be skin-to-skin with your baby at this time (for the first hour after birth and preferably longer). This triggers your baby's instincts to find your breast and start suckling. If drugs are in the baby's body, they may not be as alert.
- Whether or not your baby sucks at this time, keep up the skin-to-skin contact. This will help to maintain your baby's body temperature, keep them calm and help you both to get to know each other. If your baby hasn't fed straight away, this will help breastfeeding get the best start possible when they are ready.
- Ask that you and your baby stay together in the same room all the time, unless your doctor says that your baby needs to be taken somewhere else. Feed your baby as often and for as long as they want. This means that your breasts will not become too full when your milk comes in. It will make it easier for your baby to attach well and get all the milk they need. It will also help to build up your milk supply.
- Avoid teats or dummies while your baby is learning to breastfeed. If other fluids are medically required, ask the hospital staff about how you can give them without using a bottle and teat. A cup or a teaspoon often works well.

If your baby finds it hard to attach to a full breast, hand express just before a feed or try reverse pressure softening (described on page 26). Removing a little milk softens the breast tissue under the areola. This may be enough to allow your baby to attach. If your baby is upset and still cannot attach, their attempts to latch on may damage your nipples. Try giving them your expressed milk from a small cup or teaspoon, before you offer the breast again. This will take the edge off their hunger so they are more patient as they try to take the breast.

If you and your baby still have problems, even after trying all the above ideas, ask for help. An experienced midwife or a lactation consultant can often help you fix attachment problems in the early days. This can save you and your baby days or even weeks of frustration.

Using a nipple shield for flat/inverted nipples

Another option is to use a nipple shield to help your baby attach. The baby sucking draws breast tissue into the nipple shield. This can give them something firm to latch on to. You may only need the shield for the first few minutes of each feed. Once the nipple is drawn out, take

your baby off the breast and gently but quickly remove the nipple shield. Put your baby back to the breast straight away. The nipple may now be drawn out enough for them to attach.

Some people worry that a nipple shield will cause a decrease in milk supply. However, a thin silicone nipple shield that is used correctly is unlikely to do this as long as the baby is being fed often and is attached well to the breast. Checking signs that your baby getting enough milk can help reassure you that your baby is getting as much as they need. Once breastfeeding is going well, flat or inverted nipples are usually not a problem. However, if your nipple is very inverted and can't be drawn out at all, you may need to use a nipple shield long term.

If you are using a nipple shield, it is a good idea to keep in touch with an Australian Breastfeeding Association counsellor or a lactation consultant until you no longer need the nipple shield or until you are sure that your baby is growing well.

Often, a baby who has breastfed with a nipple shield in the early months will reject it at some point, when they no longer need it. One day they may just bat it away and go straight onto the breast as if they had been doing it all their life!

Breastfeeding with flat or inverted nipples can be a challenge. However, with some help in the early days, most mothers go on to breastfeed their babies without further problems.

If it wasn't for nipple shields, I would never have been able to breastfeed my baby and do so successfully for 10½ months. I am what I like to call 'nipple-challenged'. I have always had an inverted nipple and a flat nipple. Once my daughter was born, I tried very unsuccessfully to breastfeed for several days. It was very frustrating and disappointing to see she just couldn't attach and started to refuse my offers.

On day 4, just as I thought all was lost, a midwife brought me a nipple shield to try. From the very first go with the nipple shield my daughter latched on and fed successfully. From there we never looked back.

Signs of a good milk supply

After your milk is in and you are fully breastfeeding, you will know your baby is getting enough milk if:

- they have at least 5 heavily-wet single-use nappies or at least 6 pale, very wet cloth nappies in 24 hours.
- their bowel motions will be soft and a mustard-yellow colour.
- they are generally content, even if sometimes unsettled or fussy.
- they have bright eyes and good skin tone. (If you gently 'pinch' their skin, it will spring back into place.)
- they are gaining weight and growing in length. Weight gains can vary from week to week. After the first couple of weeks they are usually best looked at over a longer period (such as 4 weeks).[4] Always weigh your baby without clothes or in clothes of the same weight, on the same scales. A recent big feed or bowel motion can change weight results quite a lot.

Sore nipples

Check your nipples for signs of damage at the end of each feed. Sometimes when your baby comes off the breast, the nipple may look flattened and white or you may see a line of swelling and redness across the nipple, or a small stripe of blood under the skin. This may mean that your baby's sucking is putting stress on your nipple because they are not attaching in the best way. This is probably the cause of your pain.

Many mothers who have sore nipples find that it hurts most as the baby first attaches. The soreness usually eases as the milk begins to flow. The following can help:

- **Trigger your let-down reflex**. Take time to relax and get comfortable before a feed. It may help to express a little milk, breathe slowly and deeply to help to relax your whole body, drop your shoulders and gently massage your breast. If pain makes it hard to relax, ask your doctor about suitable pain relief.
- **Feed your baby as soon as they show they are ready, rather than putting off the feed**. Pick up your baby and feed them before they start crying for a feed. If they come to the breast before they are very hungry, they will be more patient and less likely to hurt your nipples. It is fine to wait until after the breastfeed to change their nappy. (See feeding cues on page 7.)
- **Start the feed on the less sore side** and then switch to the other side after the milk has let down. This should lessen the pain in the sore nipple, as your baby will suck more gently after the milk has let down. Starting each feed on the same side for a few days should not be a problem, as long as neither breast becomes overfull. You may need to adjust the length of time your baby feeds from each side, or gently express if one side still feels full after a feed.
- **Take care with your baby's position at the breast**. Try different feeding positions or use baby-led attachment for a few feeds.
- **When taking your baby off your breast, make sure you break the suction first**. If they don't let go by themselves, insert your clean finger into the corner of their mouth, between their gums.

Once your baby learns to attach well, sore nipples will improve quickly. Damaged nipples may take a few days to heal fully. If they don't, or if the pain persists through the whole feed, check your baby's positioning again or look for another cause. It may be worth asking your doctor to check whether you have an infection on your nipples. Your baby may also have a tongue-tie. (More information on page 16.)

A warm water compress, such as a warm wet face washer, applied to sore nipples after a feed can be soothing.[5] Or you could smear a few drops of your breastmilk onto your nipples with a clean finger and allow to dry.

Other reasons for sore nipples

- **The weight of heavy breasts** can make it hard for your baby to keep the nipple in their mouth. You can support the weight by using a rolled hand towel tucked underneath.
- If your nipples start to **hurt towards the end of a feed**, it may be because your baby is tired and their attachment has changed. Try taking them off. If they are still hungry, let

them feed again as long as they are attached well. If they have finished their feed and just need comfort, try cuddling, rocking, or patting them, or use a baby sling.

- **Older babies** can also hurt your nipples, though sore nipples are most common when breastfeeding a newborn baby. The same treatments apply.
- **As our babies grow bigger, we tend to take less care in getting them on and off the breast**. Check your baby's positioning and attachment. If your nipple begins to hurt during a feed, adjust their positioning. If that doesn't help, take them off the breast and start again.


Photo courtesy of Katy MacLelland

- **Heavy babies held loosely on the lap may pull on the nipple**. Active and distracted older babies may turn and twist at the breast without letting go. Around 4 to 6 months of age, most babies are easily distracted during feeds. It may help to find quieter places to feed.
- **There may be something in your baby's mouth**. Babies at the crawling stage put lots of things into their mouths. A baby with an object such as food, a small piece of paper, or even sand in their mouth, may bite while trying to attach to the breast, or the object itself may hurt your nipple.

One mother recalls:
I remember once starting to feed Anna when she was around 9 months. I felt a sharp pain. I took her off the breast and tried again but there was still pain. By this time, she was crying loudly and throwing her head back. Then I saw a small wad of silver foil in the roof of her mouth. Once I took it out of her mouth, we settled down happily to breastfeed.

- **Babies who fall asleep at the breast sometimes bite down if they feel the nipple slipping out**. You may need to be alert and take care to slip your nipple out of their mouth at the end of a feed.
- **A teething baby whose gums are tender may want to bite and chew**. They may do this while feeding. Giving them something hard and cold to chew on before a feed may help soothe their sore gums. This may stop them biting on your breast. Some mothers feel that changes in their teething baby's saliva make their nipples red and sore. Ideas to try include:
  - rinsing nipples after feeds with clean water
  - bathing in salty water or even going for a swim in the ocean
  - smearing some breastmilk over them after a feed
  - changing breast pads or bras as soon as they get wet.

See your doctor if these things don't help or if the area becomes very red or looks infected.

A further word about biting

Some babies bite at the start of a feed because the milk does not let down quickly enough for them. Express a little milk before the feed to start the let-down, so that milk flows straight away. You may only need to do this when your baby is tired or very hungry. Relax your shoulders as your baby starts to feed to help trigger the let-down.

Some babies bite if they don't want the breastfeed being offered. Others bite because Mum is talking to someone while feeding or doing something else such as using her phone, reading or watching TV. They get upset that they are not getting her full attention. A baby may bite at the end of a feed when they have had enough milk and are ready to play.

Photo courtesy of Vicky Leon

If your baby has bitten you before, always watch them while they feed. They may give you a warning that they are about to bite. They may seem to be 'playing' at the breast, the expression on their face may change or you may feel their tongue move back. They may stop sucking and slide off the nipple a little. If you notice any of these signs, break the suction and take them off the breast straight away. If they do bite, say, 'No!' firmly and stop breastfeeding. This will help teach them not to bite you. Try to avoid a loud 'Ouch!' or other noise, as this may frighten your baby. Or it may amuse them, so they think it is a game and try it again.

While taking milk from the breast, your baby will not bite, as their tongue is between the nipple and their gums or teeth. They are not likely to bite their own tongue.

Other factors that may cause sore nipples

The baby has a tongue-tie

Tongue-tie occurs when the thin band of tissue under the baby's tongue (the lingual frenulum) restricts the movement of the tongue. It occurs in around 8% of newborns and is more common in boys.[6] It can sometimes cause problems with breastfeeding because the tongue is not free or mobile enough for the baby to attach properly. This can cause 'nipple-feeding' because the nipple is not drawn far enough back in the baby's mouth. As a result, the nipples rub against the baby's hard palate during feeding and are more likely to be damaged. These babies may also be less able to remove milk from the breast.[7]

Tongue-tie
Photo courtesy of Cathra Murray

Here are some signs that a baby's tongue-tie may be causing problems with breastfeeding. You may not have all of them:

- nipple pain and damage
- the nipple looks flattened after breastfeeding
- you can see a compression/stripe mark on the nipple at the end of a breastfeed
- baby comes on and off the breast a lot
- the baby fails to gain weight well.

All of the above signs can be seen with other breastfeeding problems too. They may not mean that your baby has a tongue-tie. If you notice any of the signs above, you can discuss them with a breastfeeding counsellor by calling the **National Breastfeeding Helpline** on 1800 686 268 or contact a lactation consultant.

Not every tongue-tie causes problems with breastfeeding. If it does, it may help to have the tight frenulum released. Breastfeeding straight after a tongue-tie release can help to stop any bleeding. It also distracts the baby from any discomfort and acts to reduce any pain.[8]

Breastfeeding was uncomfortable and not quite what I expected. I had seen my sister and friends feed before but not really taken much notice. My baby was taking over an hour to feed and I was sore. After leaving hospital it went from bad to worse, with my nipples eventually cracking and bleeding.

Then a child and family health service midwife told me that my baby was tongue-tied and I booked her in the next day to have it fixed. As scary as it was to see my 3-week-old have this procedure, I was grateful that there was a solution.

The very next feed after her 'snip' was like heaven. It confirmed that I was doing it right. We have now gone on to have a fantastic feeding relationship. Breastfeeding is the most rewarding experience ever and, 9 months later, I don't want to stop.

Nipple creams and ointments

Most mothers do not need any nipple creams or ointments, other than their own breastmilk. However, there are a number of topical creams and products used to help prevent or treat sore nipples. While some may be helpful, others may cause damage and nipple soreness in mothers with sensitive skin. Speak with your midwife, lactation consultant or doctor about options that may suit you.

Bras

Bras that don't fit well can cause nipple soreness and even blocked ducts and mastitis. Seams rubbing across the nipple can hurt. If your bra does this, try wearing a soft cotton

breast pad inside it. Bras made of synthetic materials can cause sore nipples in some women because they don't allow the skin to breathe.

You can choose whether or not to wear a bra at night. A soft cotton sleep or sports bra or stretchy crop-top may give enough support and can hold breast pads in place at night if you leak milk. Change wet bras or pads as soon as possible, wash them often and dry in the sun where possible.

Dummies and bottles

Babies suck on dummies and bottle teats in a different way from the breast. While learning to breastfeed, some babies can have trouble switching from one type of sucking to the other. This is known as 'nipple confusion' and in some cases can result in damage to your nipples. Use of a dummy or bottles may also reduce your baby's need to suckle at your breasts. If less milk is taken from your breasts, it may be harder to build up a full milk supply. Breastmilk gives your baby all the food and drink they require, so they rarely need extra fluids in the first days and months of breastfeeding. If your baby does need extra feeds, you could use a small cup rather than a bottle. If you want your baby to have a dummy, wait until after they have learnt to suck well at the breast and are gaining weight well before you start. This usually takes about 6 weeks.

Breast pumps

If you need to express your milk and your nipples are already sore, hand expressing may be gentler than a breast pump. It is a skill that takes practice. The Australian Breastfeeding Association's booklet ***Breastfeeding: expressing and storing breastmilk*** has a step-by-step guide on how to hand express. Your midwife, lactation consultant, child health nurse or Australian Breastfeeding Association counsellor may also be able to show you how. There are useful articles on the Association's website, including some with links to videos **online**.

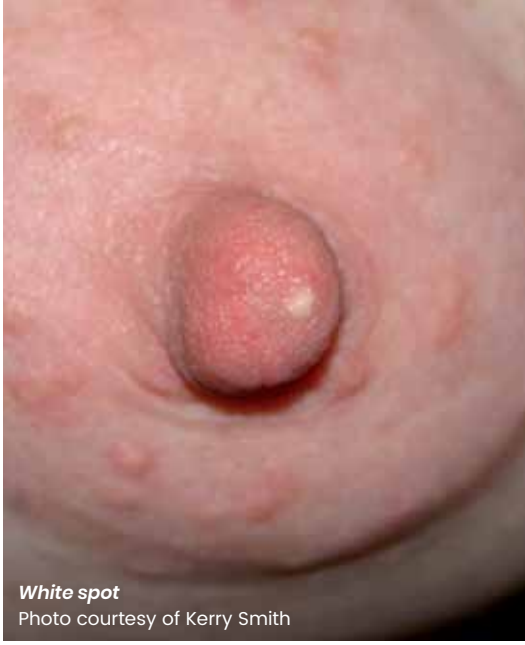
If you prefer to use a breast pump to express your milk, avoid the old-style type with a rubber bulb. They can cause even more damage to your nipples as it is very hard to control the suction. They are also hard to clean. In a similar way, silicone milk catchers can make nipples sore. With an electric breast pump, use a suction setting that is comfortable for you. Many Australian Breastfeeding Association groups offer electric breast pumps for hire. Association members receive a discount on hire fees. Some groups also sell personal-use electric pumps. The booklet ***Breastfeeding: expressing and storing breastmilk*** contains more information on breast pumps.

Nipple vasospasm

Mothers with nipple vasospasm report sharp pains and burning or stinging of the nipple. At the same time, the nipple goes white, followed by a change from red to blue. It is often worse if the nipples are cold. In some cases, mothers have a history of Raynaud's syndrome. This is when they have a similar response to cold, but in their fingers and toes. Nipple vasospasm can also occur when the nipple is stressed and damaged by poor attachment or an infection.

Keeping the breasts warm and applying warmth after a feed can prevent or reduce the pain. If you suspect that you may have nipple vasospasm, seek medical advice or contact

an Australian Breastfeeding Association counsellor, lactation consultant or child health nurse for further support and information.



White spot
Photo courtesy of Kerry Smith

White spot on the nipples
This can appear as a small white or creamy spot on the end of the nipple. The area around the white spot may look red and feel sore, usually throughout the feed. In some cases, the white spot is a blocked milk duct at the very tip of the nipple and in others it is due to skin growing over the end of the duct.

Changing your baby's feeding position to avoid pressure on the sore spot can help relieve the pain. Sometimes frequent feeds can help remove the white spot. If this fails to help, try soaking the nipple in warm water and then gently rubbing it with a wet face washer. Olive oil massaged into the affected nipple may also help soften and break up the blockage. If this does not help, then a doctor can use a sterile needle to gently release the blockage. White spot can recur. Early treatment and changing the baby's feeding position often help.

Dermatitis, eczema or other skin problems
These problems may be a reaction to a nipple treatment or to soaps, shampoos, or traces of detergent or fabric softener in clothing. If you think this may be causing your sore nipples, stop using the suspect product/s. Wash your bras and washable breast pads with a laundry product designed for sensitive skin and rinse well. If the soreness does not get better after a day or two, consult your doctor.

Hormones
Hormonal changes often cause nipple soreness. Many breastfeeding women report that their nipples are tender just before a menstrual period or around the time of ovulation. This usually only lasts for a day or so. If you become pregnant while you are breastfeeding, your nipples can be very tender. Some ideas for dealing with this can be found in the Australian Breastfeeding Association's website article ***Breastfeeding through pregnancy and beyond***.

Medical problems
If you develop sore nipples when your baby is older and has learned to feed well and you are not pregnant, it may be that there is a medical problem, such as an infection. Seek advice from your doctor.

Checklist of things to do to help relieve sore nipples

Feed your baby often. Don't put off feeds.

Before feeds

- Make yourself comfortable. Use any special ways you have learnt to relax, or listen to calming, pleasant music. Take some slow, deep breaths and relax your shoulders.
- If pain is making it hard to relax, ask your doctor about pain relief.
- Soften a very full breast using reverse pressure softening[9] (see page 26). Another way is to hand express a little milk to soften the areola and to get the milk flowing.
- Apply a warm face washer to your breast to help the let-down.
- Gently massage from the outer part of the breast towards the nipple. This may also help your milk to let down.

During feeds

- Make sure your baby is positioned and attached well.
- Offer the less sore side first. Make sure that the sore breast does not become overfull.
- Vary feeding positions. Try baby-led attachment.
- Frequent, short feeds are better than long feeds spaced further apart. Spacing out feeds can lead to very full breasts and an upset, hungry baby who finds it hard to attach.
- If you need to remove your baby from the breast, gently break the suction with a clean finger.

After feeds

- As your baby comes off the breast, check your nipples for signs of stress or damage.
- Hand express a few drops of milk and spread it over your nipple.
- Change breast pads often. Washable, cloth breast pads may be better if single-use ones rub or stick to your nipples.

In general

- Don't use anything on your nipples that may damage or dry the skin.
- Wear bras that fit well.
- Take care when using breast pumps. Use a good quality pump. Make sure the breast cup fits your breast well and is centred over the nipple. Make sure suction is not too high. Expressing should not hurt.
- Get help from a lactation specialist if you are using a nipple shield.

See your doctor if your nipples don't get better quickly.

Cracked nipples

If you can find and fix the cause of sore nipples, they usually improve quickly. However, if this doesn't happen, it may be that cracks have formed in the nipple skin. Sometimes the crack can be seen on the nipple itself or where the nipple joins the areola, but they can be very fine and hard to see. Breastfeeding with a cracked nipple is often very painful and nipples may bleed during breastfeeds.

Note: *Although bleeding looks scary and blood may sometimes show up in your baby's bowel motions or vomit, it will not harm them. It is quite safe for your baby to keep breastfeeding.*

Finding the cause

There are a number of possible causes of cracked nipples:

- In the early days, cracked nipples are often the result of poor positioning or attachment. Baby-led attachment may help. Or try different ways of holding your baby until you find what suits you both best. It may be that your baby's mouth is not level with your nipple. Try standing in front of a mirror to see where your nipples point before you attach your baby, so you can adjust your baby's position when feeding.
- The shape of a baby's mouth (such as a high palate) or tongue-tie can sometimes cause problems that lead to cracked nipples. A baby with tongue-tie may not be able to bring their tongue forward over their lower gum (where it needs to be) to cup the breast. See the previous section for more information and ask a health professional to check.
- Infections, dermatitis and using breast pumps incorrectly can also cause cracks or make them worse.

It is important to treat the cause of the cracks as well as the cracks themselves, or they are likely to come back. Once you have fixed the cause, healing can begin. The time taken for cracks to heal varies. Cracks that have a medical cause or become infected can be slow to heal. However, if cracks are there for long periods, it is usually because the real cause has not yet been found and treated.

Treating the nipple

You can use the first aid measures described for sore nipples to help cracked nipples as well. If your baby attaches well, you may still be able to breastfeed even with a crack. Sometimes this is too painful or makes the crack worse. In this case, take your baby off that breast for 1 or 2 days to rest the nipple until the crack begins to heal. Express your milk to avoid getting overfull and to keep up your supply. Only you can decide how much pain you can cope with and whether you need to stop feeding from the sore breast for a time.

A warm water compress, such as a warm wet face washer, on the nipple for 5 minutes straight after feeds can be soothing.[5] Spread a little breastmilk over your nipple as the milk contains factors that kill harmful germs and aid healing. Your midwife, lactation consultant or doctor may suggest nipple creams or other treatments that may help you.[10]

Expressing your milk

If you do decide to rest a cracked nipple, you will need to express your milk. Keep feeding from the other breast and express from the cracked side. Feed your baby the expressed breastmilk until they return to full breastfeeding. If you can, express by hand. Some breast pumps can cause more pain and damage to the nipple. If you prefer a breast pump, use a good-quality manual or electric pump on a very gentle setting. It is easier to express once you have had a let-down. It may be easier to express the sore side while your baby feeds on the other as their sucking will trigger the let-down.

If a new baby is having trouble learning how to attach to the breast well, a bottle and teat may confuse them and make it even harder for them to learn how to breastfeed. You can feed expressed breastmilk with a small cup instead. Even newborn babies can drink very well from a cup. See the Australian Breastfeeding Association's website article on **cup-feeding**.

Make sure you keep the breast well drained. See **page 30** in the section on mastitis and watch for signs of infection. An Australian Breastfeeding Association counsellor, your midwife, lactation consultant or child health nurse can show you how to express. The booklet ***Breastfeeding: expressing and storing breastmilk*** will also be helpful, as well as articles on the Australian Breastfeeding Association's **website**.

Putting your baby back to the sore breast

After 12 to 24 hours, or when the crack has improved, slowly start feeding again on the sore breast. Start each feed on the less sore side and feed for only a short time on the sore side. Make sure your baby attaches well, especially during these early feeds. It may help to have someone experienced there to support you when you first put your baby back to the sore breast.

After each feed, check how your nipple is healing. It is normal for scabs to become white and moist during a feed. You may still need to express after giving the breast for a short time. Offer your baby the expressed milk until they return to full breastfeeding. The nipple may remain tender for a few days, especially at the start of a feed.

Some mothers find expressing and feeding too much of a chore but don't want to put the baby to the breast because of the pain.

Newborn babies can drink very well from a cup
Photo courtesy of Megan Thompson

Older babies can also drink well from a cup
Photo courtesy of Joy Anderson

I was advised to take my baby off the breast for 24 hours. I expressed and fed her the milk for three feeds but found it very tiring, so I decided to feed from the breast again. Even though I expressed before the feed to start the milk flowing, my baby came to the breast very hungrily and suckled so strongly that the pain was unbearable. I decided that I needed to take the edge off her hunger so that she would suck more gently. Next feed, I expressed a little milk before picking my baby up and fed it to her from a cup before offering the breast. I kept doing this until my nipples were fully healed.

Using a nipple shield

Some mothers with very sore and damaged nipples decide to try a nipple shield. If you do this, it is a good idea to seek help from an Australian Breastfeeding Association counsellor or a lactation consultant. In some cases, a nipple shield can make matters worse. Make sure it fits well, with space inside the cone part of the shield to allow your nipple to stretch when your baby sucks.

Feeding on one side only

If you need to rest just one nipple for a short period, you could feed from the 'good' breast only. You will still need to express from the sore side to keep your supply up and reduce the risk of mastitis. Most babies can get enough milk feeding only from one side, so if you are happy to feed often from the 'good' side, you may not need to save the expressed milk to feed to your baby. You will probably need to feed more often than usual during this time.

It is most likely that the cracked nipple will heal and your baby will feed again from that side. However, should the problem persist on one side only, you need not wean your baby. You can breastfeed even in the long term from just one breast. Many mothers feed their babies long-term using only one breast, for all sorts of reasons.

Checklist of things to do to help a cracked nipple

- Find the cause. These could be poor positioning or attachment, medical problems such as infection or dermatitis, or damage from a breast pump.
- Follow the ideas for sore nipples. Pay careful attention to positioning and attachment.
- Gently wash your nipples with soap during your daily shower or bath to help prevent infection.
- Stop feeding from the sore breast for 12 to 24 hours to rest the nipple and allow healing to begin.
- Express by hand or use a good-quality breast pump to maintain your supply. Feed the expressed milk to your baby with a small cup.
- Gradually start breastfeeding again on the sore nipple. Give short feeds and feed your baby from the less sore side first. Take special care with positioning and attachment.
- See your doctor if you need pain relief or you suspect a medical cause.
- Use a nipple shield only after seeking expert help.
- Contact an Australian Breastfeeding Association counsellor, your child health nurse, midwife or lactation consultant for further help.

See your doctor if healing is slow.

Nipple infections

Thrush (*Candida albicans*) is a yeast-like germ that is present in the gut of healthy people. 'Staph' (*Staphylococcus aureus*) is a bacterial germ also often found on healthy human bodies. Both of these can cause infection if they get into the breast, leading to breast and nipple pain in breastfeeding mothers. Staph is often the cause of mastitis. All mouths, including those of babies, contain germs that can cause thrush or a bacterial infection if the nipple skin is broken. This will delay healing of the damage already there. In some cases, these infections may occur even when nipples don't look damaged.[11]

Signs of infection on the nipples can include redness, shiny areas, flaking or white spots, or there may be no outward signs. Symptoms can include sore nipples that are extremely sensitive (especially to light touch), itching, knife-like or burning pain, and deep pain or throbbing within the breast. It often begins during the feed and continues for some time afterwards. If you have any of these signs, see your doctor for diagnosis and treatment.[11] One common treatment is a combined antifungal/antibacterial cream. In severe cases, you may have to take tablets. Your doctor will also check for other conditions, such as dermatitis, which may have similar symptoms.

Thrush spreads easily. If a breastfeeding mother is being treated for thrush, her baby's mouth is usually treated at the same time. This will stop mother and baby passing the infection back and forth between them through breastfeeding.[12] Thrush in the mouth appears as white, curd-like patches or coating that cannot be wiped off easily. Even if no white can be seen in the baby's mouth, it is usually still treated if the mother has symptoms of thrush on her nipples. Vaginal thrush in the mother and/or nappy rash in the baby should also be treated if either is present.

Very strict attention to hygiene is key to getting rid of a thrush infection. This means washing hands before and after feeds and nappy changes. Wash towels, face washers, bras and cloth breast pads frequently in hot water and dry them in the sun.[13] Wash bras and breast pads in a laundry product designed for sensitive skin and rinse well. Dummies should be boiled,[14] as well as any toy that goes into the baby's mouth. Put away any that cannot withstand this treatment.

If you think you may have infected nipples, seek medical treatment. Contact an Australian Breastfeeding Association counsellor, a lactation consultant or child health nurse to talk about other things you can do to help you deal with this painful problem.

Sometimes a mother may believe she has thrush when there is pain in the breast after feeds. However, pain may have other causes and seeing a doctor can help you work out what might be going on for you.

Caring for your breasts

This section will help you understand why breast problems occur and how you can deal with them. Many mothers have no breast problems while they are breastfeeding but if you are one of those who do, you will know how unwell and sore you can feel.

Engorgement, blocked ducts, breast inflammation and infection are the main causes of discomfort. The term **mastitis** is often used to describe any, or all, of these problems. However, it really just means breast inflammation. Mastitis can occur whether or not the breast is infected. Early treatment can clear up these problems quickly. In the past, an infection of the breast often led to a breast abscess that needed surgical drainage. A breast abscess is now quite rare, but if it occurs, an untreated breast infection is usually the cause.

Engorgement

Very full or engorged breasts are common in the first days after a baby is born. Your breasts start making colostrum during pregnancy but the birth of your baby is the signal for full milk production to start. At any time from 24 hours after the birth, whether your baby breastfeeds or not, you will notice signs that you have more milk. As your baby is sucking, they will start to swallow more often and your breasts may leak milk during or between feeds. Your breasts will feel full and can become larger. Your milk has 'come in'.

This early rush of milk can make some mothers' breasts feel hard, swollen and tender (or 'engorged'). This is less likely to happen if you have 24-hour rooming-in with your baby, with them **fed according to need**, rather than by the clock. Engorgement is caused by a build-up of fluids in the breast tissue, as well as milk. As the milk supply settles, the extra fluid reduces and the breasts become softer and comfortable again. There are things you can do to lessen the engorgement and make yourself more comfortable.

How to prevent engorgement

Your breasts will feel quite full, but you will be less likely to get engorged if you feed your baby often from birth. Don't limit their time at the breast. Little babies feed very often. After the first day, when babies may be a little sleepy, they need to breastfeed 8 to 12 times in every 24 hours. Your milk is a complete food and drink for your baby. They do not need any other fluids, unless these are prescribed by your doctor for a medical reason. If you give other fluids, even water, your baby will take less of your milk and any engorgement you have will take longer to settle down. If your baby is restless or unhappy, putting them to the breast will comfort them as well as nourish them. It will also keep your breasts softer while building a good supply of milk.

Feeding your baby at night is important. Having your baby with you at night allows you to pick them up and feed them whenever they wake. You can also give them an extra feed if you wake with full, tender breasts. If you are in hospital and your baby needs to stay in the nursery, let the staff know that you would like to be with your baby

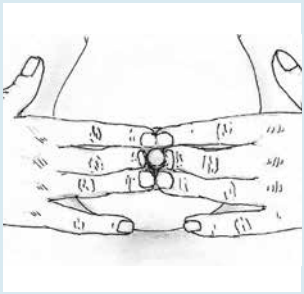
each time they wake. You could go to them or arrange for them to be brought to you. Make sure your breasts are not feeling full when you go to sleep at night, as they can become overfull while you are asleep. Try to catch up on some sleep during the day if your baby is feeding often at night. You might also like to limit visitors for a while, if you are tired or stressed.

Keep yourself comfortable

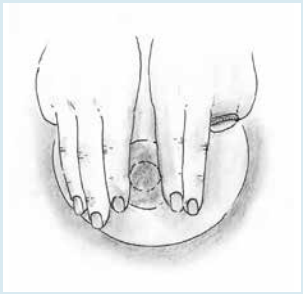
If your breasts do become engorged, the best thing to do is feed your baby. However, if your breasts are very swollen and full, your nipples may not stand out well and your areola may be very firm. This can make it hard for your baby to attach well.

'Reverse pressure softening'[9] can be used to soften your areola so that your baby can take a good mouthful of breast. To do this, apply pressure with two or three fingers of each hand placed flat at the sides of and close to your nipple. Hold for 1 to 3 minutes or more until the tissue softens beneath them. Repeat with your fingers above and below the nipple. Or use all your fingertips on one hand to push the tissue in around the whole nipple and hold for 1 to 3 minutes (see drawings below). This will soften the breast around the nipple and areola and allow your baby to draw the nipple well into their mouth rather than sucking just the end of it. It may also trigger your let-down reflex.

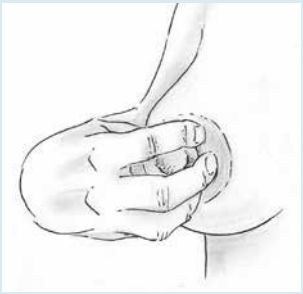
'Reverse pressure softening' to soften overfull breasts before feeding or expressing (Note: This works best when mother is lying on her back.)



2-handed, 1-step method
With fingernails short and fingertips curved, push in with each one touching the side of the nipple. Hold for 1 to 3 minutes or more.



2-handed, 2-step method
Use two or three straight fingers on each side, first knuckles touching the nipple. Push in and hold for 1 to 3 minutes or more. Repeat above and below the nipple.



1-handed, 'flower hold'
With fingernails short and fingers curved, push in around the nipple in a circle. Hold for 1 to 3 minutes or more. A hand mirror may help you see your areola more easily.

Based on work by K Jean Cotterman RNC IBCLC, illlustrations by Kyle Cotterman

Massage and expressing

Another way to help soften your breasts is to massage them gently and express a little milk before your baby has a feed. This will also soften the areola so that your baby can grasp it more easily and help them get a good mouthful of breast.

Engorged breasts can be hard to express. If you are having trouble, try warmth on your breasts before you begin, or express under a warm shower. This may be enough to start your let-down. Gentle breast massage can also help. Handle your engorged breasts very gently as they bruise easily. Express only to soften the breast, or for your comfort.

A 'pump-out'

Sometimes engorgement does not improve, even after you have tried all of these ideas. In this case, it can help to express all the milk you can from your breasts, in one sitting, with an electric breast pump. Much of the engorgement comes from increased fluid in the breast tissues. The relief of milk pressure lets the other fluid drain away.

My daughter fed many times from the start, clocking over 30 mini-feeds in the first day and a half. When my milk came in with a bang on the morning of day 3, I experienced severe engorgement. Within a few hours I could not wear clothing on my top half. Both breasts, from armpits, right up to my collar bones, were swollen and the pain was awful. My daughter was still trying to breastfeed, but attaching to a shiny, tight, flattened nipple was almost impossible for her. Expressing a little made no difference. I had a drug-free natural birth and found this engorgement was far more painful than the birth. I ended up expressing everything from both breasts to try and reset the system, which thankfully for me worked really well.

Managing the discomfort

Engorged breasts can be painful, making it hard for you to relax and enjoy your baby. However, there are ways to make yourself more comfortable. These ideas may help:

- Make sure your bras support your breasts and are not too tight. You should not be able to see pressure marks from seams or edges.
- **Warmth on your breasts for a few minutes before a feed** can help improve milk flow during the feed. **Cold packs after a feed** can help reduce swelling and bring great relief. Pharmacies sell hot/cold packs that you can warm in hot water or the microwave (take care not to overheat) or cool in the freezer. Face washers wrung out in warm water can also provide heat. Even a bag of frozen peas wrapped in a damp cloth can be used as a cold pack! A frozen nappy is another option. Open up a new single-use nappy so it is c-shaped, add some water and freeze it in that shape. You can reuse them as cold packs, so keep a few in your freezer.
- Mothers have also found cold cabbage leaves soothing. Wash some crisp, cold cabbage leaves and dry them. Remove any hard veins in the leaves. Place over the engorged breasts, but avoid the nipple area. Replace with more leaves as they soften. It is still not known whether cabbage leaves have some special factor in them or just work because they are cold.[15,16]

If these measures are not enough to keep you comfortable, speak to your doctor about pain relief.

Engorgement after the early weeks

While engorgement is most common in the first weeks after the birth of your baby, it can happen whenever your baby's feeding pattern changes. Your breasts may start to feel full and uncomfortable if:

- your baby starts sleeping through the night
- you need to be away from your baby for a time
- they are sick and not feeding as often
- they start going longer between feeds
- they wean suddenly.

Breastfeeding your baby is the best way to relieve this engorgement. If you can't do this, express your milk by hand or with a breast pump. Note that, if you are trying to wean your baby, expressing for comfort only will not cause your breasts to make even more milk. If you want to freeze your milk for later use, see the Australian Breastfeeding Association's booklet ***Breastfeeding: expressing and storing breastmilk*** and website article for **storage** guidelines.

You can avoid engorgement during weaning if you cut down the number of breastfeeds slowly. The Australian Breastfeeding Association's booklet ***Breastfeeding: weaning*** and website articles on **weaning** and **weaning toddlers** have more information about the best way to wean for both mother and baby.

Checklist of things to do to help relieve engorgement

- Feed your baby as often as they want from birth, with no limit on sucking time.
- Don't give your baby any other fluids, unless prescribed by your doctor.
- Wake your baby for a feed if you have discomfort from overfull breasts.
- Put something warm on your breasts before feeds or have a warm shower.
- Express a little before a feed or use reverse pressure softening if your breast is too full for your baby to attach.
- Massage the breast gently toward the nipple while your baby is feeding.
- If needed, express for comfort after a feed.
- Use cold packs or chilled cabbage leaves after a feed.
- Ask your doctor about pain relief if needed.

Blocked ducts

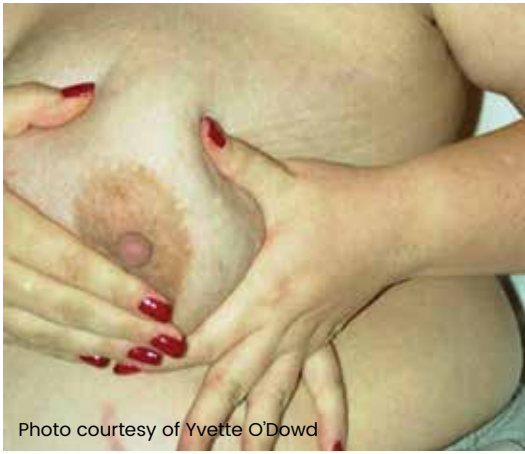


Photo courtesy of Yvette O'Dowd

Sometimes one of the ducts carrying the milk from deep in the breast to the nipple openings becomes blocked. Milk then builds up behind the blockage, forming a lump and your breast begins to feel sore. Ducts can become blocked at any time during breastfeeding and for many reasons.

A lumpy or hard area on your breast may be a blocked duct. There may be only a small lump, or you may be sore and lumpy over a large part of the breast. That part of your breast may feel sore and it may look red. It is often more painful when the milk lets down. In some cases, the blockage is at the nipple, with a white spot on the nipple (see page 19) and a hard section of breast extending up from it.

Learning to detect the first signs of a blocked duct will help you get it under control more quickly and prevent further problems. Start treatment as soon as you feel a lump or a sore spot.

If you cannot clear the lump, that area of your breast may become red and inflamed and you may develop a fever. See your doctor straight away if this occurs or if you cannot clear a blocked duct within a few days.

Checklist of things to do to help relieve a blocked duct

Start treatment straight away

- Rest as much as you can.
- Keep the sore breast as empty as possible by feeding your baby often.
- Apply warmth to the sore area for a few minutes before a feed.
- Feed from the sore breast first, when your baby's sucking is stronger.
- Gently massage from behind the lump towards the nipple during feeds.
- Change feeding positions to help shift the blockage.
- Talk to an Australian Breastfeeding Association counsellor for ideas to help.
- Express some milk if needed, before, after and between feeds.
- Cold packs after a feed may help relieve pain and reduce swelling.
- See your doctor if these measures do not clear the lump within a few days, or if you develop a fever or feel unwell.[18]

Mastitis

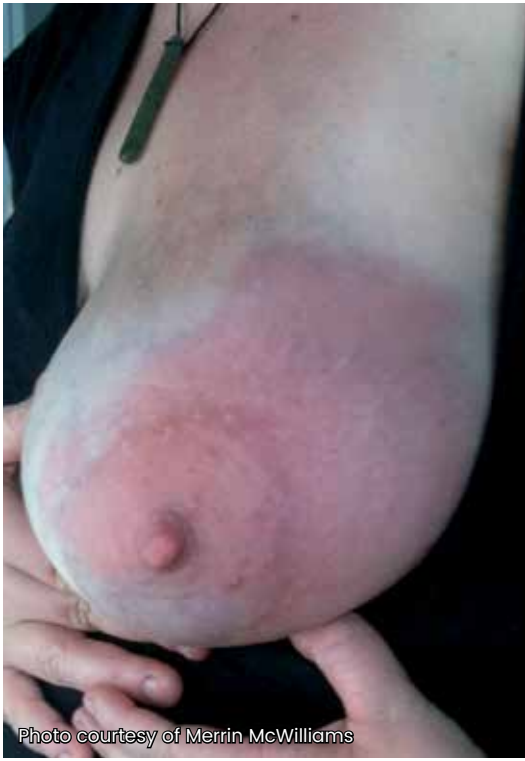


Photo courtesy of Merrin McWilliams

Mastitis is usually the result of an uncleared blocked duct. If some of the milk banked up behind the blockage is forced into nearby breast tissue it may become inflamed. The inflammation is called mastitis (also sometimes called 'milk fever'). It can occur even if there is no infection present in the breast. However, trapped milk in the area behind the blockage and nearby tissues *can* become infected. In some cases, germs enter the breast through a cracked nipple. Early symptoms of mastitis can make you feel as if you are getting the flu. You may have a fever and begin to get the shivers and aches. If you suspect you have mastitis, start treatment straight away and see your doctor if it does not resolve itself in a few hours.

Some mothers get mastitis without any early signs of a blocked duct. The breast will be sore like it is with a blocked duct, only worse. It is usually red and swollen, hot and painful. The skin may be shiny and there may be red streaks. You will feel ill. It is common for the ill feeling to come on very quickly.

What to do

Knowing the early signs of a breast problem will help you to get it under control more quickly. Start treatment as soon as you feel a lump or sore spot, as this can help you prevent further problems.

Drain the breast often, but gently.

This is not the time to wean. More than anything else, your breasts need to be kept as empty as possible. Your baby's sucking is the best way to do this. Make sure your baby is attached to the breast well. The milk is quite safe for them to drink. Feed more often than usual, starting each feed on the sore breast, as your baby will suck more strongly and be more likely to loosen blockages. Let them suck long enough on this side to make sure that it is being drained well. However, take care not to let the other breast become too full, as it may cause the same problem in that breast.

Watch your baby's sucking to check that your milk lets down and they are getting the milk. There are ways of helping the breast to drain more easily:

- **Make sure your bra is very loose or take it off**. Some maternity bras can put pressure on the milk ducts. It can help to wear a style where the whole cup opens.
- **Relax while you feed** to help your milk flow. Make sure you are sitting or lying in comfort. Relax your arms, legs, back, shoulders and neck. Breathe deeply and evenly. Listen to soothing music. Think about the milk flowing to your baby. All these can help start the let-down reflex.
- **Change feeding positions**. Breastfeeding in a different position (for example lying down, using the under-arm hold or even leaning over your baby on all fours) may be better for draining the blocked areas of your breast.
- **Gentle massage** of the breast as your baby feeds may help.
- **Hand express** very gently to remove any milk left by your baby, or to drain the breast if they will not suck. (If you have mastitis, your milk may taste more salty than usual. This will not harm your baby but they may refuse to drink it.) A good place to hand express is under a warm shower. Note that you can never fully empty a breast. You will always be able to express a few drops.

Apply warmth and cold

Warmth applied to the breast for a few minutes before feeds may help improve milk flow during the feeds, but take care not to burn yourself. Here are some ideas to provide warmth:

- Warm shower.
- Heat pack (wheat packs that you heat in the microwave oven work well).
- Well-covered hot water bottle.
- Face washer wrung out in hot water.

Cold used after feeds can help reduce swelling and relieve pain (see **page 27** in the section on engorgement).

Take care of yourself

It is vital to rest when you have mastitis. Ask your partner, a friend or family member to help with older children and housework for a few days. Stay in bed if you can, or at least put your feet up for most of the day. If you do go to bed, take your baby, supplies for changing nappies and your own food and drinks with you, so you don't have to keep getting up. If you have other children, it may be better to lie down in your living area. This way they can play near you as you rest and breastfeed.

Make sure your drink plenty of water to keep well hydrated and eat well, with lots of fruits, vegetables and wholegrain foods.

See your doctor

Consult your doctor ***straight away*** if you have a fever, feel unwell or if you cannot clear a blocked duct within a few days.[17] If you are worried that you may not be able to see your own

doctor when you need to, arrange to see them earlier, in case you can't clear the blockage. Late at night or at the weekend, you can use **Health Direct** (***healthdirect.gov.au***) to seek telephone advice or find after-hours doctors in your area.

Take care to finish the course of any prescribed antibiotics or the symptoms may return. If you get mastitis again, or you or your baby reacts to the antibiotics, contact your doctor straight away. Some mothers and babies get a thrush infection after a course of antibiotics, so if you have had thrush in the past, discuss this with your doctor.

In rare cases, usually when there is a delay in treating mastitis, **a breast abscess** forms. This is a large lump filled with pus from the infection. A doctor may be able to drain the abscess with a fine needle, but this often needs to be repeated. This does not mean you need to wean. If a mother needs surgery to drain the abscess and the drainage tube is close to the nipple, it may stop the baby from feeding from that side for a while. Milk may leak out, which can be messy, but it will not stop the wound from healing. In fact, it provides protective factors that aid healing. Even though the abscess has been treated, the breast must still be kept well drained by feeding the baby or by expressing.

Checklist of things to do to help relieve mastitis

Start treatment straight away

- Follow all the things to do for a blocked duct.
- See a doctor as soon as you can.
- Go to bed, taking your baby with you, or rest as much as possible. Drink plenty of water and eat well.
- Breastfeed your baby often. Express if your breast feels full and your baby won't feed often.

Early treatment will mean you get better faster, you will feel less ill and you will be at less risk of a breast abscess.

Tips to avoid mastitis in the future

- **Avoid rushed feeds or feeds that get cut short**. If your breasts are not well drained, milk can build up. Allow time for an unhurried breastfeed before you go out. Try to relax while your baby is feeding and avoid having to stop a feed to do other things. If you have small children at home, see to their needs and give them something to play with before you settle down to feed your baby. See the Australian Breastfeeding Association's booklet ***Breastfeeding: as your family grows*** for ideas to keep little ones busy while you breastfeed. Try to have some feeds each day when you can relax and let your baby feed at their own pace.
- **Keep your breasts from getting overfull**. It can be tempting to use your baby as a breast pump when your breasts are full, by letting them suck only until you feel more comfortable, then swapping sides. However, this can make things worse, as neither

breast is drained well. Allow your baby to finish the first breast and come off by themselves before you offer the second side. You can make sure each breast is well drained by starting with a different breast each feed. If your baby doesn't want the second breast or it is still overfull after feeding, **express just enough milk for comfort**. If your baby's feeding pattern is changing, you may need to offer an extra feed or express a little milk while your supply adjusts. This can happen as night feeds stop, you return to work, they start eating solids, during weaning, or at any other time when they start taking less milk.

- **Avoid pressure on the breast**. Pushing down on the breast to make an airway for your baby's nose may cause a blockage. Babies should be able to breathe easily while feeding and will come off if they can't. If your baby's nose appears buried, gently lift the breast from below with the flat of your hand, well back from the areola, or bring your baby's body in closer to yours.
- **Make sure your clothing isn't causing pressure spots**. Think about what could be causing problems for you. Tight bras, tops or swimsuits, nightwear, bulky knitwear or tops tucked under your arm while feeding can all put pressure on your breasts, leading to blockages. Even the pressure from the seatbelt in the car or the straps from a backpack or baby sling may be enough to cause a blockage.
- **Make sure your bras fit well**. Check your bra fitting. They should not be too tight around your breasts or under your arms. The straps should be firm enough to support the weight of your breasts. If your breasts are large, a blocked duct underneath the breast can be a sign that the bra strap is too loose. Avoid any bra that leaves marks of seams or edges on your skin. If you have trouble finding a bra that fits well, especially if you have large breasts, ask for help from a specialist bra fitter. Bras are designed to support the breasts when you are upright. In bed, an otherwise well-fitting bra may cause pressure when the weight of the breast falls sideways when you are lying down. There are sleep bras you could try.
- **Think about your sleeping and feeding positions**. Some mothers get blocked ducts if they sleep on their stomach, or in a position that puts pressure on a full breast. Others find that their breasts don't drain well when they feed lying down at night. Sitting up to finish the feed may help or have your baby feed from the 'top' breast when you are lying on your side.
- **If you've had breast surgery, take extra care**. Check each day for blocked ducts, especially in the first weeks of breastfeeding. If you are worried about how your surgery will affect breastfeeding, discuss it with your doctor. It will depend on where and how big the cut was, the amount of scar tissue and the amount of gland tissue in your breasts. The Australian Breastfeeding Association is aware of many mothers who have breastfed after breast surgery, so it is always worth trying. A baby can usually be fully breastfed from one breast only, if the other breast cannot be used. Even partial breastfeeding is of value to both baby and mother. Engorgement may occur behind the scar tissue and in an unused breast. This can be eased by the use of cold packs or cold cabbage leaves on the swollen area as explained on page 27 in the section on engorgement. Over time, areas of the breast that are blocked from draining will stop making milk, while the rest of

the breast will keep on making it for your baby. While your breasts are settling down, watch for and treat any symptoms of mastitis.

- **Try not to injure your breast**. Bumps and bruises to the breast, or rough handling, can cause swelling and reduce milk flow. You may need to explain to your children that you are sore, so they do not bump you by mistake. Watch for kicking feet when changing nappies! If this is a problem, try standing to the side of the change table, as your baby's or toddler's feet are less likely to catch your breasts as you lean over.
- **Look after your general health**. Many mothers say they are more likely to get mastitis if they are run-down and tired, so it is worth taking special care of yourself during this busy time of your life. For others, mastitis happens at the same time as they, their baby or someone else in the family gets a nose or throat infection. Does your diet contain plenty of fresh foods? Diet is important for good health, and extra vitamins from fruits and vegetables will help protect you from infections. Drink plenty of water. Are you getting enough rest? Are you mostly relaxed and happy, or are you feeling stressed? Perhaps you can find a way to get some extra help with the things that can't wait until later? It is easy to forget our own needs when we are looking after others, but caring for ourselves is an important part of caring for them. The Australian Breastfeeding Association's booklet, ***Breastfeeding: diet, exercise, sex and more*** has lots of ideas about balancing self-care with the care of small children.
- **Watch out for signs of a blocked duct**. Start treating a blocked duct as soon as you notice the early signs. This is often enough to prevent mastitis. If you have had mastitis several times, keeping a diary may help you find a pattern and possibly the cause.

In summary

- Prevention is better than cure.
- Make sure your baby is well positioned and attached when feeding.
- Avoid pressure on your breasts and bruises from kicks.
- Feed according to need for well-drained breasts.
- Get enough rest. Relax. Drink water and eat well.
- Watch out for any lumps or soreness and start treatment straight away.
- See your doctor at the first signs of mastitis or infection.

A final word

Reading all the information about breast and nipple problems in a booklet like this may make breastfeeding sound really hard. At the time, any of these problems can be painful and upsetting but they can usually be solved. No mother is likely to have all these issues and many rarely or never suffer from breast and nipple problems. Use the information in this booklet to get on top of them quickly.

Weaning your baby may sometimes seem to be the only answer, if not to you, then to someone close to you. However, weaning can make breast problems such as mastitis worse. Most of these problems only last for a short time. The Association's website has lots of information. There are also a series of podcasts and blogs on various aspects of breastfeeding. See link on **page 36** or on the **website**.

An Australian Breastfeeding Association trained volunteer can help you with all types of breast and nipple problems. They can also give you help with weaning if that is your choice. You can contact a volunteer face-to-face at local get-togethers, over the phone on the **National Breastfeeding Helpline** on 1800 686 268, via **LiveChat** on the website, or via **email** if you are an Association member. Lactation consultants also work in many areas and can provide professional advice on breast and nipple problems.

With the right information and support, most mothers overcome breast and nipple problems and continue to breastfeed their babies.

Photo courtesy of Vicky Leon

Resources

Website articles

Use the search function of the Australian Breastfeeding Association's website ***breastfeeding.asn.au*** to locate these articles:

- **Breast abscess**
- **Cup-feeding**
- **Dysphoric Milk Ejection Reflex (D-MER)**
- **Engorgement**
- **Expressing and storing breastmilk**
- **Feeding cues**
- **Hand expressing** (includes links to videos)
- **Let-down reflex**
- **Mastitis**
- **Musculoskeletal causes of breast pain**
- **Nipple infection**
- **Nipple shields**
- **Sore/cracked nipples**
- **Tongue-tie**
- **Vasospasm**
- **Weaning**
- **Weaning toddlers**
- **White spot on the nipple**

- **Podcasts and blog:** Breastfeeding … with ABA ***breastfeeding.asn.au/breastfeedingwithABA***
- **App:** mum2mum ***breastfeeding.asn.au/mum2mum***
- **Social media group:** Breastfeeding with ABA ***facebook.com/groups/BreastfeedingwithABA***
- **Video:** Baby-led attachment ***raisingchildren.net.au/newborns/breastfeeding-bottle-feeding/how-to-breastfeed/baby-led-attachment***
- **Book:** ***Breastfeeding … naturally*** 3rd edition 2017 Australian Breastfeeding Association

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The Australian Breastfeeding Association

The Australian Breastfeeding Association's website ***breastfeeding.asn.au*** has information about many aspects of breastfeeding.

Problems or concerns with breastfeeding?

- Free telephone help is available to all callers from within Australia from the **National Breastfeeding Helpline** 1800 mum 2 mum (1800 686 268) 24 hours a day, 7 days a week.
  - Hearing or speech impaired? Call the National Relay Service help desk on 1800 555 660 Monday to Friday 8 am to 6 pm AEST and then ask for them to phone the Breastfeeding Helpline 1800 686 268.
  - If you need an interpreter, call TIS National on 131 450 and ask them to call the National Breastfeeding Helpline on 1800 686 268.
- **LiveChat** is available via our website at various times during the week. See our website for current availability.
- Australian Breastfeeding Association members can also access help via email from the website ***breastfeeding.asn.au/services/email-counselling***

Peer support

- To find your local group, go to: ***breastfeeding.asn.au› services› local support groups*** and type in your postcode. There is a link to a calendar of events on this page.
- We have a national Facebook group for breastfeeding support. You can find it here: ***facebook.com/groups/BreastfeedingwithABA/*** or search for 'Breastfeeding with ABA' on Facebook.
- Many Association groups have a Facebook page or group. Check with your local group to gain access.

Electric breast pumps

Electric breast pumps are available for hire through many Association groups. Go to: ***breastfeeding.asn.au› services› hire a breast pump***, or contact your local group or the National Breastfeeding Helpline 1800 686 268 for more details. A discount applies for members of the Association.

Join the Australian Breastfeeding Association

Becoming a member of the Australian Breastfeeding Association can help you gain skills, confidence and overcome challenges so you can reach your breastfeeding goals ***breastfeeding.asn.au/membership***

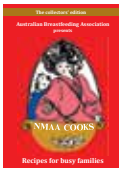
Australian Breastfeeding Association products

The Association produces many items under its own brand. Go to the online shop ***shop.breastfeeding.asn.au*** where you can purchase either digital or hard copies of our booklets and other products.

shop.breastfeeding.asn.au

Breastfeeding books

- *Breastfeeding ... naturally*
- *NMAA cooks: recipes for busy families*
- *Supporting LGBTQIA+ families*



Breastfeeding information series booklets

- *Breastfeeding: an introduction*
- *Breastfeeding: and your supply*
- *Breastfeeding: breast and nipple care*
- *Breastfeeding: expressing and storing breastmilk*
- *Breastfeeding: weaning*
- *Breastfeeding: when your baby refuses the breast*
- *Breastfeeding: women and work*
- *Breastfeeding: your premature baby*

Parenting information series booklets

- *Breastfeeding: and crying babies*
- *Breastfeeding: and family foods*
- *Breastfeeding: and sleep*
- *Breastfeeding: as your family grows*
- *Breastfeeding: diet, exercise, sex and more*
- *Breastfeeding: supporting the new mother*

Special situation information series booklets

- *Breastfeeding: and reflux*
- *Breastfeeding: babies with a cleft of lip and/or palate*
- *Breastfeeding: caesarean birth and epidurals*
- *Breastfeeding: relactation and induced lactation*
- *Breastfeeding: twins, triplets and more*
- *Breastfeeding: using a breastfeeding supplementer*
- *Breastfeeding: your baby with Down syndrome*

Australian Breastfeeding Association

Member services

Online and **local support** groups

Informal gatherings where parents can discuss breastfeeding and parenting issues; especially worthwhile for expectant and new mothers. Contact details can be found on the Australian Breastfeeding Association's website or you can phone a counsellor on the National Breastfeeding Helpline for details.

Breastfeeding help

Free to all within Australia 24 hours a day, 7 days a week. Phone 1800 mum 2 mum (1800 686 268).

Help via **email** is also available to members of the Australian Breastfeeding Association.

Breastfeeding Helpline
1800 mum 2 mum
1800 686 268

The National Breastfeeding Helpline is supported by funding from the Australian Government

LiveChat with us
see website for available times
Visit **breastfeeding.asn.au** to log on

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Essence Magazine

Quarterly publication with informative articles and member news.

Breastfeeding Information and Research

The Australian Breastfeeding Association has breastfeeding information from worldwide sources.

Resources for parents and health professionals

Wide range of handout literature and education aids, books and more are available for purchase. Details and pricing are on our website: ***shop.breastfeeding.asn.au***

By **joining** the Australian Breastfeeding Association, you will gain all the member benefits, and you will help us support women through counselling and breastfeeding promotion in the community. You can also assist this volunteer organisation by making tax-deductible donations or bequests. For more information please contact our National Office.

Join the Australian Breastfeeding Association
breastfeeding.asn.au/membership

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