



Breastfeeding tips & techniques:

Overcoming Common Breastfeeding Concerns



Sure, breastfeeding is natural but sometimes there are challenges. Breastfeeding is a learned skill. It takes practice. Do not be surprised if challenges come up—you can prepare for them ahead of time.

Ask for help if:

- ... Your milk does not come in before your baby is 4 days old
- ... Your nipples are still sore after 7 – 10 days
- ... Your breasts become too full and do not feel softer after the baby nurses
- ... Your breasts are red, sore, and hard
- ... You have flu and chills

Sore nipples

It is normal for your nipples to feel a little tender at first. Expect some tenderness by day 2 or 3. It should go away by day 7 to 10. Sore nipples are almost always caused by problems with positions and latch. Both can be easy to fix. These tips may help:

- ... Help your baby to latch on the right way. Wait for your baby's mouth to open wide. Then put your baby to the breast. Place as much of the nipple and dark circle of areola in your baby's mouth as you can. This helps to stop pinching or pulling on the nipple. A relaxed position makes breastfeeding more comfortable, and helps your baby get more milk.
- ... Air-dry your nipples after nursing. Put a few drops of breast milk on your nipples to soothe the skin.
- ... Use pure lanolin cream on your breasts. Multiple-holed breast shields or gel pads in your bra also may help. These ease discomfort and keep your nipples from rubbing against your bra. Avoid plastic breast shields.
- ... Nurse your baby on the breast that is less sore first or choose the side that gives less milk in order to boost your milk supply in that breast.
- ... Apply an ice pack to the breast for 10 minutes before feeding. This helps numb the nipple. It also makes it easier for your baby to latch on.

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Need
breastfeeding
advice or help?

It is OK to **ASK** for help:

CALL your doctor or pediatrician » **CONTACT** a lactation consultant » **REFER** to the numerous resources listed at www.abbottnutrition.com/breastfeeding

Quality assured in conjunction with:



Help line open M–F, 8:30 AM to 7 PM ET
Nurses and lactation consultants available.
Call Feeding Expert: 1-800-986-8800





Let-down (the flow of milk)

If your breast milk comes out too fast, your baby may have trouble swallowing all of it. This is common with newborns. Your baby becomes better at nursing, usually by 2 months of age. To help your baby, try pumping some milk before nursing or stop nursing your baby several times during the feeding. This gives your baby a chance to catch a breath, burp, or swallow.

For some mothers, breast milk comes down very slowly. Relaxing, massaging your breast, or using warm compresses before nursing may help your milk flow better. These tips may also help let-down occur faster:

- ... Find a quiet nursing area
- ... Focus on your baby
- ... Enjoy the close contact with your baby
- ... Lie down while nursing

Emotions

Emotions or stress can affect let-down and may reduce the supply of breast milk. Try to relax and continue to breastfeed or express your breast milk. This allows your milk supply to return to normal.

Engorgement (full or hard breasts)

This sometimes occurs if the baby does not breastfeed often or long enough during the first 3-5 days after birth, when your milk first comes in. There are many reasons for this. Some babies refuse the breast and others try to nurse but have problems latching on. When your breasts are hard and full, the nipples flatten. This makes it hard for your baby to latch.

If one or both breasts become full or hard between feedings, use a breast pump or your hand to express your breast milk. Expressing milk makes it easier for your baby to nurse because you are less engorged. Different nursing positions also may help. Ask your doctor or lactation consultant for support if this happens and you cannot get your baby to feed.

These tips may help, too:

- ... Nurse often
- ... Apply a warm washcloth or take warm showers
- ... Gently massage your breast
- ... Use ice packs to help reduce swelling
- ... Pump some of your milk before nursing

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Flat or inverted nipples

Some women have flat or inverted nipples. This may make breastfeeding difficult, especially if your baby is not positioned or latched on the right way. Once your baby gets used to your nipple, breastfeeding goes just fine. If latch-on hurts, ask for help. Try wearing breast shields between feedings. It might help to use a breast pump just before nursing. When babies are correctly latched on, they suck on the breast and not the nipple. These tips may help:

- ... Roll your nipple between your fingers just before nursing
- ... Use a breast pump at the start of a feeding to help draw your nipple out

Blocked ducts

Blocked ducts feel like pea-size lumps under the skin of the breast. They are usually sore to the touch. They are caused by skipping or changing feedings, a large milk supply, heavy breasts not well supported, wearing a tight bra with underwires, or a poor breastfeeding position. These tips may help:

- ... Apply a warm washcloth or take warm showers
- ... Nurse often
- ... Hand express or gently pump after feedings
- ... Gently massage your breast

Mastitis

If a blocked duct continues, it can become inflamed. This is an infection of the milk duct. It can often feel like the flu. If you feel chills or are achy, and breastfeeding is not going well, ask for help right away. Watch out for unusual warmth, redness, tenderness or swelling in part of or in the entire breast. Mastitis often causes pain and can start quickly. Your breast milk is safe but the area around the blocked milk duct needs medical attention. It is safe to breastfeed from that breast. For relief:

- ... Visit your doctor for antibiotics (this is safe for both you and your baby)
- ... Nurse often
- ... Apply a warm washcloth and take warm showers
- ... Gently massage your breast while nursing
- ... Rest more often and drink more fluids

