

## New Food Choices Support Breastfeeding

### Solutions for Common Concerns

#### SORE OR CRACKED NIPPLES

Symptoms:	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> <li>▪ Breast or nipple pain</li> <li>▪ Cracks across the top of nipple or around the base</li> <li>▪ Bleeding possible</li> <li>▪ May be infected</li> <li>▪ Nipple may be flat/inverted and baby is latching poorly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure a good latch; ask an IBCLC to observe latch in the hospital before discharge</li> <li>▪ Breastfeed at least 8 times every 24 hours – every time baby shows early signs of hunger</li> <li>▪ Avoid long intervals between feeds (baby nurses more vigorously when he has not eaten in awhile)</li> <li>▪ Keep breast pads clean and dry</li> <li>▪ Avoid alcohol, soaps, perfumes, deodorants, and other products on the breast</li> <li>▪ Avoid bottles the first 3-4 weeks</li> </ul>	<p><b>Before the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Begin feeding on the side that hurts less (baby nurses more vigorously on the first breast)</li> <li>▪ Ensure a good latch; ask a lactation expert to help</li> <li>▪ Vary the positions for breastfeeding</li> <li>▪ Massage breasts to encourage milk to flow before latching baby</li> </ul> <p><b>During the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Do not limit feedings</li> </ul> <p><b>After the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Apply drops of mother’s milk</li> <li>▪ Hydrogel dressing can be comforting for moist wound healing</li> <li>▪ Wear breast shells between feedings to keep clothing away from breasts</li> </ul> <p><b>Other Things to Keep in Mind:</b></p> <ul style="list-style-type: none"> <li>▪ Do not stop breastfeeding unless nipples are severely damaged; use a breast pump to maintain milk production</li> <li>▪ Do not use soap or creams on nipples</li> <li>▪ Do not miss feedings or wait until the breast is full to breastfeed</li> </ul>	<p>Comfort measures do not resolve the soreness</p> <p>Mother reports severely damaged nipples or pain with breastfeeding</p> <p>Mother reports a severe burning, stinging sensation (could signify Candida albicans) or says baby has white patches inside mouth</p> <p>Mother reports her nipples are blanched after feeding</p> <p>Mother is running a fever</p> <p>Mother’s nipples look infected</p>

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#### ENGORGEMENT

Physical Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> <li>▪ Swelling</li> <li>▪ Tenderness</li> <li>▪ Warmth</li> <li>▪ Pain</li> <li>▪ Skin shiny, tight</li> <li>▪ Nipple flattened</li> </ul> <p><b>Mother May Report</b></p> <ul style="list-style-type: none"> <li>▪ It began on the 3rd to 5th day after birth</li> <li>▪ Breastfeeding was going well until now</li> <li>▪ Baby cries and refuses the breast</li> <li>▪ Her breasts feel hard and painful</li> <li>▪ She feels overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeed within the first hour after birth</li> <li>▪ Get help to assure baby is latched well</li> <li>▪ Breastfeed at least 8 times or more every 24 hours in the early days</li> <li>▪ Listen for signs of the baby swallowing to be sure milk is transferring</li> <li>▪ Respond to baby's early signs of readiness to feed and feed day and night when those early signs are observed</li> <li>▪ Keep baby skin to skin with mother</li> <li>▪ Do not limit the feedings; allow baby to feed as long as he wants and to release the breast on his own</li> </ul> <p>Avoid supplementing the baby with foods other than the mother's milk</p>	<p><b>Before the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Apply warm (not hot!) compresses</li> <li>▪ Apply pressure behind the nipple to help move swelling away from the nipple and back towards the breast</li> <li>▪ Express a little milk to soften the areola</li> </ul> <p><b>After the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ If the mother still feels full, continue to express milk to relieve the fullness</li> <li>▪ Apply ice packs (frozen peas work well)</li> </ul> <p><b>Other Things to Keep in Mind:</b></p> <ul style="list-style-type: none"> <li>▪ Breastfeed more frequently</li> <li>▪ Offer both breasts at each feeding</li> <li>▪ Express milk if necessary to keep breasts from being uncomfortably full</li> <li>▪ Express milk in a warm shower or bath</li> </ul>	<p>Comfort measures have not relieved engorgement</p>

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#### PLUGGED DUCTS

Physical Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> <li>▪ Localized pain</li> <li>▪ Lump that is tender</li> <li>▪ Mother's temperature usually below 101.3°F</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure a good latch</li> <li>▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger</li> <li>▪ Let the baby release the breast to end the feed</li> <li>▪ Breastfeed in varied positions</li> <li>▪ Avoid long intervals between feeds</li> <li>▪ Follow basic engorgement prevention recommendations</li> <li>▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed)</li> <li>▪ Ask for help from family and friends for non-infant-care chores</li> <li>▪ Rest and drink plenty of fluids</li> </ul>	<p><b>Before the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Apply warm (not hot!) compresses over the blocked area</li> <li>▪ Massage the breast toward the nipple, paying attention to gently massaging the lumpy area</li> </ul> <p><b>During the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Position baby with chin pointed toward the affected area</li> <li>▪ Ensure a good latch</li> <li>▪ Begin feeding on the breast with the plugged duct</li> <li>▪ Gently massage the lumpy area during the feeding</li> </ul> <p><b>After the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Express milk by hand or with a quality breast pump to keep the affected breast from becoming too full</li> </ul> <p><b>Other Things to Keep in Mind:</b></p> <ul style="list-style-type: none"> <li>▪ Do not avoid breastfeeding</li> <li>▪ Allow the baby to feed whenever he shows signs of hunger</li> <li>▪ Get plenty of rest</li> <li>▪ Contact the doctor if there is a fever</li> <li>▪ Get help from an IBCLC who can observe a feed and ensure the baby is latched well and is transferring milk</li> </ul>	<p>The plugged duct is not relieved</p> <p>Mother reports fever or flu-like symptoms or may report "Feeling like I've been hit by a truck."</p>

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#### MASTITIS

Symptoms	Prevention	Simple Comfort Measures	Refer When:
<ul style="list-style-type: none"> <li>▪ Mother has a fever greater than 101.3°F</li> <li>▪ An area on the breast is red and painful</li> <li>▪ Mother has flu-like symptoms (achy feeling)</li> <li>▪ Milk production has declined</li> <li>▪ Baby may not be interested in nursing on that side</li> <li>▪ Mother has a previous plugged duct that never fully resolved</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure a good latch</li> <li>▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger</li> <li>▪ Let the baby release the breast to end the feed</li> <li>▪ Avoid long intervals between feeds</li> <li>▪ Follow basic engorgement prevention recommendations</li> <li>▪ If plugged duct arises, treat aggressively</li> <li>▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed)</li> <li>▪ Ask for help from family and friends for non-infant-care chores</li> <li>▪ Rest and drink plenty of fluids and avoid overdoing it</li> </ul>	<p><b>Before the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Apply warm (not hot!) compresses over the affected area</li> </ul> <p><b>During the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Breastfeed on both breasts, beginning with the affected breast</li> <li>▪ Begin feeding on the side with the plugged duct</li> <li>▪ Gently massage the lumpy area while baby is feeding</li> </ul> <p><b>After the Feed:</b></p> <ul style="list-style-type: none"> <li>▪ Remove milk by hand or with a quality breast pump if breast is still uncomfortably full</li> <li>▪ REST!</li> <li>▪ Drink plenty of fluids</li> <li>▪ Be vigilant about hand washing</li> </ul> <p><b>Other Things to Keep in Mind:</b></p> <ul style="list-style-type: none"> <li>▪ Baby can continue to breastfeed</li> <li>▪ Do not stop breastfeeding! Breasts need to be well drained</li> <li>▪ Put the baby to breast whenever he shows signs of hunger</li> <li>▪ Always contact the doctor if mother is running a fever or has flu-like symptoms; encourage her to consult her physician if symptoms do not improve after beginning an antibiotic regimen</li> </ul>	<p>Mother reports fever and/or flu-like symptoms or may report “Feeling like I’ve been hit by a truck.”</p>

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Low Milk Production	Prevention	Simple Comfort Measures	Refer When:
<p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>▪ The baby has fewer than 3 stools per day in the first 3-4 weeks and is not gaining weight well (at least 4-7 ounces per week)</li> <li>▪ The baby does not feed 8-12 times every 24 hours</li> <li>▪ Mom limits the baby's time at the breast</li> <li>▪ The baby has begun supplemental formula or solid foods</li> <li>▪ The mother has begun birth control</li> <li>▪ The mother and baby are separated and mom is not expressing milk while away from baby</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure the baby is positioned and latched well so that milk transfer can occur</li> <li>▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger</li> <li>▪ Let the baby release the breast to end the feed</li> <li>▪ Avoid long intervals between feeds</li> </ul>	<ul style="list-style-type: none"> <li>▪ Put the baby to breast whenever he shows signs of hunger</li> <li>▪ Increase the number of feedings (or remove milk with a breast pump)</li> <li>▪ Breastfeed at night when prolactin levels are highest</li> <li>▪ Offer the baby unlimited access to the breast</li> <li>▪ Hold the baby skin to skin</li> <li>▪ Rest and relax to help milk flow</li> <li>▪ Breastfeed on one side and pump on the other to keep the baby at the breast</li> <li>▪ Express milk when separated from baby</li> <li>▪ Talk with physician about medications that can help increase production</li> </ul>	<p>The assessment shows the mother has true low milk production</p> <p>The baby is in need of medical attention or follow-up</p>