

Breastfeeding Issues & Solutions



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Nipple Preference/Confusion

The danger of giving bottles to babies right after birth is that they may not learn breastfeeding properly, as it requires a different mechanical skill, and it is usually more passive and easier and faster to drink from a bottle. To avoid this, you should not give your baby artificial nipples, bottles, or pacifiers during the first three to four weeks when he/she is learning and perfecting his/her breastfeeding skills. If you have to teach baby to drink from a bottle eventually (going back to work, etc...), this is ideally done around the 5th week. If you already stuck with the problem, you should try to be patient for a few days to re-establish the breastfeeding routine. Here are some tips:

- Give baby a lot of skin-to-skin contact to show her the "pleasure" of breastfeeding.
- Breastfeed when baby is calm
- Breastfeed when you feel you have quite some milk (e.g. in the morning) to give a fast flow of milk.
- Open your mouth as you say "open" to baby during latch-on. Even newborns can imitate adult facial expressions.
- Get the help of a lactation consultant if you feel you need it.

Inverted Nipples

10 % of mums have inverted or flat nipples, but this usually causes no problems in breastfeeding. This is because babies suck from the whole areola, and not only the nipples. However, this might be difficult for some babies to have a good latch, especially during the first weeks. Here are some tips to help dealing with that:

- If the nipple can be grasped, roll the nipple between the thumb and index finger for a minute or two. Afterwards, quickly touch it with a moist, cold cloth or with ice that has been wrapped in a cloth. This method can help the nipple become erect. Do this right before the feed.
- Call for professional help, as this may be needed if the baby is still not latching.

Baby refusing to Breastfeed

When a baby refuses to breastfeed, (s)he is having some type of difficulty with breastfeeding. Most times, it is related to baby growing a preference to bottle feeding. It can also be that the milk supply is too little or too much, or the taste not to his liking. It could be pain, breathing difficulties, or oral aversion. This is often difficult to assess and deal with.

There are 5 things here you need to do:

- 1) Call for professional advice.
- 2) Feed the baby.
- 3) Maintain your milk supply. There are specially designed cups for infant feed. You can also give it by bottle however you run here the risk of creating nipple confusion and eventually preference to the bottle for the baby. Keep trying to gently put the baby at your breast as this refusal is sometimes only temporary.
- 4) Calm the baby and soothe him.
- 5) Make skin to skin.

Sore and Cracked Nipples

Often, new mothers' nipples get tender for the first few days when the baby starts nursing. This is most usually related to a bad positioning at the breast and disappears by one to two weeks. Here are a few tips to help relieve sore nipples:

- Make sure the baby is positioned properly at the breast. Experiment with different breastfeeding positions. This focuses the pressure of the baby's gums on a different area of the breast each time.

- The full areola, and not only the nipple, should be inside baby's mouth.
- Nurse on the least sore side first, especially if baby is hungry and active.
- Keep your nipples dry: After nursing your baby, express a little milk and massage it into your nipples and areola, then air dry, to promote healing.
- Nurse more frequently, but for shorter periods.
- Apply a medical grade lanolin ointment to increase moisture and minimize friction with bra or clothes. You can use a breast shield.
- If baby falls asleep on breast, break the suction by gently sticking your finger in at the corner of his/her mouth.

Nipple soreness that extends into the second week of breastfeeding or gets worse rather than better is a sign that assistance is required to either help the baby correct her/his latch or diagnose whether there is another issue causing the problem.

- sure, either with a breast pump or by hand, remove enough so that your breasts feel soft again, without completely emptying them.
- Use heat (e.g. a hot shower) & gentle massaging right before nursing to help the milk flow better and reduce congestion.
- Use cold compresses in-between feedings to reduce pain and inflammation.
- Ensure good positioning and latch. Use whatever positioning is most comfortable.

Engorgement if not treated or solved can lead to mastitis, which is similar to an engorgement/ blocked duct, but shows redness and cellulite aspect in the affected area of the breast, and also some times involves high fever. If so, call your doctor immediately for a prescription. You can and SHOULD continue breastfeeding even while taking the antibiotic, as this will not affect your baby, and will allow fast improvement of symptoms.

If you have any further questions, do not hesitate to call us at:

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Engorgement, Blocked Ducts & Mastitis

Engorgement occurs often at the beginning of breastfeeding when milk first comes in, or when producing larger quantities of milk, it also occurs when you miss or delay a feed. It presents as larger, heavier breasts which are painful, swollen, (can reach the armpit), and sometimes accompanied by a low-grade fever and red skin. Sometimes, only a part of the breast is painful, involving a swollen plugged duct. An engorgement or blocked duct will usually resolve within days if you continue to breastfeed, with below a few tips on dealing with it:

- Nurse frequently and empty the breasts thoroughly. Aim for nursing at least every 2 hours. Keep the affected breast as empty as possible, but don't neglect the other breast.
- When unable to breastfeed, express milk frequently and thoroughly to relieve the pres -

Frustration

Some women have an unrealistic expectation that breastfeeding will "just happen" and may experience surprises, disappointment and frustration in the early hours and days of motherhood. In fact, few mums will tell you that they had easy first weeks at breastfeeding. Sometimes it all just seems to be too hard! However, breastfeeding is like learning to drive a car. It doesn't matter how much you want to drive a car. Everyone learning to drive will bump the car, make mistakes, and find the coordination of the pedals and the gears a challenging new skill to master. Later, it will all become 'second nature' and hardly require any concentration at all, but in the beginning it needs some effort and may involve some frustrations as coordination develops. Hang on in there, as the more you will drive, the easier it will become!