

# Common Breastfeeding Problems



Obstetrics & Gynaecology Department

## Common breastfeeding problems

### What problems can happen during breastfeeding?

Many people are able to breastfeed with no problems at all. But sometimes, problems can happen. Most problems can be treated so that you can keep breastfeeding. Breastfeeding has many benefits for both you and your baby.

Some common breastfeeding problems and their treatments are discussed below. Many treatments are things you can do on your own, although some problems require help from a doctor or nurse. You might also find it helpful to work with a breastfeeding expert, called a "lactation consultant," if you have problems.

### Engorgement

Engorgement is the term doctors use for when the breasts are too full of milk. When the breasts are engorged, a baby can have trouble with "latch-on." Latch-on is another word for when a baby makes a tight seal with his or her mouth around the nipple and the dark skin around the nipple (areola). If your breasts are engorged, they can feel swollen, hard, warm, and painful.

If your baby is able to latch on, breastfeeding will remove milk from the breast and help with engorgement. If not, you can use your hand or a breast pump to let a little bit of milk out between feedings. If you use a pump, it's best to use it for just a few minutes right before a feeding. This will soften your breast without releasing too much milk, which can make engorgement worse.

You can also try the following home remedies to reduce the pain:

- Use a cold pack or cool cloth on your breasts between feedings



- Take a pain-relieving medicine, such as paracetamol or ibuprofen
- Take a warm shower
- Gently massage your breasts to start your milk flow

## Sore or painful nipples

The most important thing you can do to prevent and deal with nipple pain is to make sure your baby latches on the right way. You might feel a tugging or pulling at your nipples while breastfeeding, which is normal. But if you feel pain or rubbing, take the baby's mouth off of the breast, then have them latch on again.

Nipple pain that lasts for a whole breastfeeding session is not normal. It can be caused by nipple cracks, blisters, or bruises. Sometimes nipple pain and problems latching on are caused by a condition called "tongue tie," which is when the baby's tongue cannot move as freely as it should.

## You can also try the following home remedies:

- If your nipples are cracked or raw, you can rub a small amount of breast milk on them or try lanolin ointment. If you think your nipple might be infected, call your doctor or nurse. Do not use vitamin E or honey on your nipples, because these can be dangerous for your baby.



- Hold a cool or warm washcloth on your nipples
- Take a mild pain reliever, such as paracetamol or ibuprofen. Wear breast pads between feedings to protect your nipples.
- When your baby gets older and starts to get teeth, they might sometimes bite your nipple while breastfeeding. If this happens, try to position the baby so that their mouth is wide open during feedings. That will make it harder to bite. If your baby does bite you, try sticking your finger between your nipple and the baby's mouth and firmly saying "no." Then put the baby down in a safe place. This will help your baby learn not to bite. You can also offer a teething ring to chew on instead.

## Blocked milk ducts

A blocked milk duct can cause a red and painful breast. It can also cause a white plug at the end of the nipple.

If you have a blocked milk duct, try to breastfeed often. Make sure that your baby latches on the right way and empties your breasts during feedings. Start with the breast that has the blocked milk duct and use different breastfeeding positions to try to get the breasts as empty as

possible. To help your milk flow better, you can also try taking a warm shower or gently massaging the breast. If your baby doesn't empty your breast, you can use your hand or a breast pump to remove more milk after the feeding.

You should not stop breastfeeding because of a blocked milk duct. Stopping can make the problem worse.

## Breast infections

A breast infection is called "mastitis." Mastitis can cause a fever and a hard, red, and swollen area of the breast. You might also have muscle aches or chills. If you have these symptoms, call your doctor or nurse for advice. You do not need to stop breastfeeding if you have mastitis.

### To treat your mastitis, you can:

- Take a pain-relieving medicine,
- such as paracetamol or ibuprofen
- Take antibiotic medicines, if your doctor prescribes them.



- Massage your breasts during feedings.

- Use a breast pump to empty your breasts after feedings.



## Breast Abscess

This is a very rare condition but can occur after blocked ducts or mastitis. There may be a swelling in the breast which can be either painless or very painful. A deep abscess may be indicated if you notice pus or blood in your breast milk and you need medical advice as soon as possible.

It may be possible to drain the abscess using a syringe or by medical incision. Your doctor will advise you.

## Nipple color changes

The nipples can turn white, blue, or red, and be painful. This is more likely to happen if you are very sensitive to cold. It can also happen if your nipple is injured, for example, if your baby doesn't have a good latch-on.

To treat this, you can:

- Turn up the room temperature and wear warm clothes
- Put a warm cloth over your breasts before and after breastfeeding

It's also a good idea to avoid things that make this problem worse. For example:

- Avoid caffeine
- Avoid nicotine (smoking or vaping)
- Do not take certain medicines that might make this problem worse. This includes some medicines for colds or migraine headaches, medicines used to treat attention deficit hyperactivity disorder (ADHD), and some diet pills. Ask your doctor if you're not sure about a particular medicine.

## Should I see a doctor or nurse?

Talk with your doctor or nurse if you have problems with breastfeeding. Be sure to let them know if you have:

- A blocked milk duct that does not get better after 3 days
- A fever and a hard, red, and swollen area of the breast
- Blood leaking from the nipples
- Pain that lasts for the whole breastfeeding session

You can also talk to a lactation consultant (breastfeeding expert) for help.





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