



## Overcoming challenges when breastfeeding

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**Breastfeeding is a skill that both you and your baby will need to work at. There can be challenges but the benefits make it worthwhile. This leaflet will explain feeding basics and how to overcome those challenges for a successful feeding journey. If you have any further questions or concerns, please speak with your midwife or GP.**

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### Starting your breastfeeding journey

To begin with, babies often seem sleepy or reluctant to attach to the breast and you are both recovering from the birth. It is important to carry out lots of skin contact to allow plenty of opportunities for stimulating milk producing hormones and encouraging baby to feed. Try to feed your baby when they demonstrate early hunger signs and when they are calm. Some of the early hunger signs to look out for include poking out their tongue, bobbing their heads and turning towards the breast and nibbling their hands and fingers.

### Good positioning

A good latch and positioning can help baby to feed effectively and ensure you are comfortable and confident to feed your baby:

- Hold your baby close; allow baby to hug you so his/her arms are either side of your breast.
- Allow baby's head to be free, to tip back slightly, allowing a wide open mouth.
- Have your baby's head and body in line, facing the breast, so the head is not twisted.
- Have your nipple just above baby's top lip.
- Bring baby swiftly on as they open their mouth and reach for the nipple so they can scoop the breast into their mouth.
- Angle the nipple up towards the roof of baby's mouth

Once your baby is ready to latch, they will tip their head back slightly, lower their tongue and open their mouth widely. Bring baby onto the breast, tucking baby's shoulders well in. Baby's chin should be indenting the breast, and their nose should be free, so baby is looking up at you and can breathe easily when feeding. (You may need to support your breast and guide your nipple in, so you achieve a deeper latch in order to prevent soreness.)

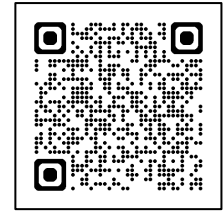
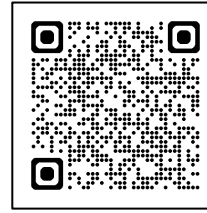
Feeding is going well when you can see rhythmic sucks and hear swallows, (this is a very subtle sound in the first few days when baby is drinking colostrum) and you may notice baby's full rounded cheeks. Your baby will settle as the feed goes on and it should be pain-free. You may feel some pressure, but this should subside after the first 15 seconds or so.

Our staff can support you with latching if you need it, as it can take a bit of practice to get a good latch that is right for you and your baby.

See '[How can I tell when breastfeeding is going well](#)' leaflet and [Positioning & Attachment - La Leche League GB](#)

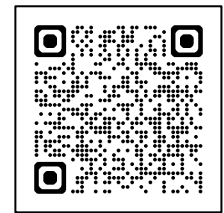
You can also watch this video on positioning and attaching your baby at the breast.

<https://www.youtube.com/watch?v=wjt-Ashodw8>



## Sore, cracked and painful nipples

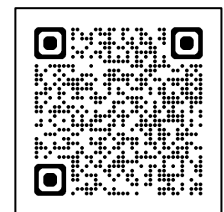
Usually, soreness is linked with positioning and attachment, which, if not resolved, can lead to blockages and engorgement (feeling overfull). Just small adjustments can make a huge difference to comfort and effective transfer of milk, so persevere to achieve a comfortable deep latch. Sometimes, the pain is partly due to restriction with the baby's tongue because of a tight membrane under the baby's tongue (tongue-tie), or very rarely, another medical cause. Some tongue ties are really obvious, while others are hidden, so an infant feeding specialist needs to assess the impact on feeding. There is a simple procedure that can be performed at the Royal Berkshire Hospital that can release the tongue tie to enable a more effective latch, but not all tongue ties need dividing in the absence of feeding issues. (See [Feeding and tongue tie leaflet](#)).



If your nipples are cracked and bleeding, continue to feed your baby if you are comfortable to do so and gently rub some expressed milk into the nipple after feeds.

Using a soft paraffin or pure lanolin-based cream sparingly on the damaged skin after feeds can also aid healing – there is no need to wash it off before feeding your baby. Remember that nipple preparations will not prevent soreness and achieving a good latch will resolve pain and damage.

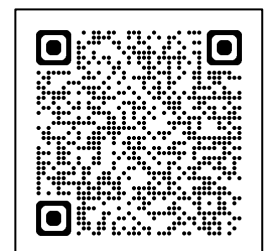
Nipple shields are often suggested when there is nipple pain or damage. While they can be a useful temporary way of reducing soreness in some situations, they must fit correctly and be applied properly. Nipple shields are not recommended in the first 72 hours from birth as they interfere with milk transfer to the baby and can prevent a deep attachment to the breast. It may be necessary to do some expressing afterwards to ensure good milk drainage and protect supply. More information is available on the La Leche League website <https://laleche.org.uk/nipple-shields/>



## When to express

If feeding is too sore, then you can express breast milk by hand or by gentle pumping using a breast pump. Soreness usually heals quickly once the attachment is deeper, which staff will help you to achieve. It can all seem overwhelming but it is normal to take a while before you feel confident. If you choose to express, we suggest you aim for at least 8 times in 24 hours, throughout the day and night as this mimics how your baby would feed and will safeguard your supply. Our staff can show you how to express and we will demonstrate how you can give your baby the colostrum/expressed milk (EBM) by syringe, finger and cup.

Just because your baby is not latching directly does not mean you have to give a bottle – all of these methods help to prevent 'nipple confusion' for your baby. See '[Alternative methods to feed your baby](#)' leaflet.



## Blockages, engorgement, mastitis

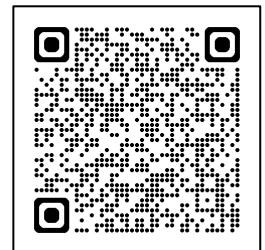
Blockages may show as small lump(s) in the breast. Engorgement may present as over-full, hard, shiny breasts, and mastitis may present as a painful, hot, flushed tender area, which may be more obvious if you have paler skin. It is often associated with a temperature and flu-like symptoms.

The most common cause of these conditions is where your baby is not effectively draining your breast when feeding. The best solution is to continue to breastfeed effectively. Warm, then cool compresses can be soothing, and very gentle massage can help clear the blockages.

Sometimes, expressing a small amount after feeding can help; however, it is important not to increase your supply further as by expressing you are signalling to your breasts that your baby needs more milk, and they will begin to produce more. Consider changing the position that you are holding baby in to encourage them to take your breast milk.

As your milk supply becomes established, your breasts should feel fuller before feeding your baby and softer afterwards. Later on, your breasts may begin to feel less 'full' or softer, but this does not mean you have less milk. It usually indicates a balanced supply and demand and efficient milk removal by the baby.

If signs of mastitis are present, taking regular paracetamol and ibuprofen can help lower your temperature and reduce the inflammation. The regular removal of milk is crucial and using these measures can sometimes resolve symptoms within 12-24 hours or so. However, if the mastitis gets worse (your fever and swelling does not resolve), then speak to your GP as antibiotics, and rarely re-admission to hospital, might be needed. More information can be found by scanning the QR code or clicking the link below or: <https://www.breastfeedingnetwork.org.uk/wp-content/uploads/2022/12/BfN-Mastitis-Leaflet-December-22.pdf>



## Abscess

If the blockages do not resolve and the lumps persist, you could have an abscess (a collection of pus). Speak to your GP, as you may well need antibiotics and sometimes a breast scan to drain off the infection.

Keep feeding and/or expressing during these challenging times, where you can, as suddenly stopping can lead to more blockages. Also, avoid excessive expressing or vigorous massage, which could increase inflammation or cause oversupply.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Infant Feeding Team Lead, December 2020

Reviewed: October 2024. Next review due: October 2026

### Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here

