

# Overcoming challenges when breastfeeding

**If you have any further questions or concerns, please speak with your midwife or GP.**

As a new mother, ideally, you'll be looking to recognise and 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.

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 their throat to be open.
- 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 gape so they can scoop the breast into their 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 cup 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, 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's right for you and your baby.

See *'How do I know when feeding is going well'* leaflet.

Watch this video on latching and call for support when you and your baby are ready to feed.  
<https://www.youtube.com/watch?v=wjt-Ashodw8>

## Sore cracked painful nipples

Most of the time, soreness is linked with positioning and attachment, which, if not resolved, can lead to blockages and engorgement (feeling overfull). Sometimes, the pain is due to restrictions with the baby's tongue being unable to lap effectively because of a tight membrane under the baby's tongue (tongue-tie), or a thrush infection. Your baby will have been checked for tongue tie during their top to toe assessment at birth but a feeding consultant or member of the infant feeding team may wish to check them again. 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.

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 after feeds can also aid healing – there is no need to wash it off before feeding your baby.

## When to express

If feeding is too sore, then you can express breast milk by hand or gentle pumping. Soreness usually heals quickly once the latch is deeper, which we will work with you to achieve.

If you choose to express, we suggest you aim for at least 8 times in 24 hours, throughout the day and night to 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 ways to feed your baby*’ leaflet.

## Blockages, engorgement, mastitis

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

The most common cause of these conditions is where your baby isn’t effectively draining your breast when feeding. The best solution is to continue to breastfeed effectively (use the guide to latching as above). Warm, then cool compresses can be soothing, and 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 work your breast milk out.

As you settle into breastfeeding, your breast should feel full beforehand and softer afterwards. As you continue on your breastfeeding journey your breasts may begin to feel less ‘full’. This isn’t an indication of how much milk you are producing but is a sign your breasts are getting used to their new role.

While the signs of mastitis are present, taking regular paracetamol and ibuprofen can help lower your temperature and reduce the inflammation. Using these measures, you can often self-manage these problems in 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.

## Abscess

If the blockages don’t resolve and the lumps persist, it could mean an abscess (a collection of pus) is developing. 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 excessively expressing or pumping as you are signalling your body to produce more milk for your baby and this can lead to an 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

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