Breastfeeding, Engorgement Problems

Breastfeeding is usually the best way to feed your baby. Breast-fed babies tend to be healthier and less susceptible to disease. Breast-fed babies may have better brain development and be less likely to be overweight than formula-fed babies. Breastfeeding also benefits the mother. It will give you time to be close to your baby and helps create a strong bond. It also delays the return of your periods, stimulates your uterus to contract back to normal, and helps you lose some of the weight you gained during pregnancy. Breastfeeding reduces the risk of developing breast cancer. Breastfeeding is also cheaper than formula feeding and does not require mixing formula, heating bottles, or washing extra dishes. Why do not all mothers breastfeed? It's time consuming. Newborn babies have to be fed up to a dozen times per day. This time use may become quite a challenge if you are planning to go back to work within the first few weeks of giving birth or have other children. Once breastfeeding is well established, feedings usually become more regular and more widely spaced. Some mothers do not nurse their babies because they have problems early on. **If at all possible, begin breastfeeding your baby within an hour after delivery.** The first milk you produce is called *colostrum*, which is packed with nutrients and disease-fighting substances that will help nourish and protect your baby against infections as he or she grows up.

Some babies are unable to breastfeed because of a premature birth and being small causing weakness and difficulty sucking. Sometimes birth defects of the mouth (cleft lip or cleft palate) and digestive problems (breast milk jaundice, galactosemia) may be reasons not to nurse. See a lactation consultant if you have a breast infection or breast abscess, breast cancer or other cancer, previous surgery or radiation treatment, or inadequate milk supply (uncommon).

Some mothers are advised NOT to breastfeed due to health problems such as:

- Serious illnesses or infectious disease .
- Active, untreated tuberculosis.
- Severe malnutrition.
- Active herpes lesions on the breast
- Alcohol or drug addiction
- Radiation treatment
- Radioactive iodine treatment
- Chicken pox or Shingles
- Taking psychiatric medications (talk to your doctor)
- Luekemia human T cell type I and II
- Severe malnutrition
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- HIV (human immunodeficiency virus) infection.
- Nephritis

It is natural for minor problems to arise in first time breastfeeding. Problems you may have and some solutions are as follows. Nipple soreness may be caused by:

- Improper position of your baby.
- Improper feeding techniques.
- Improper nipple care.

For many women, there is no identified cause. A simple change in your baby's position while feeding may relieve nipple soreness. Some breastfeeding mothers report nipple soreness only during the beginning adjustment period.

Breastfeeding should not be painful. If there is tenderness at first, it should gradually go away as the days go by. Poor latch-on and positioning are common causes of sore nipples. This is usually because the baby is not getting enough of the *areola* (the colored portion around the nipple) into his or her mouth, and is sucking mostly on the nipple. In general, nurse early and often, nurse with the nipple and areola in the baby's mouth, not just the nipple, and feed your baby whenever he or she shows interest.

If you have sore nipples and put off feedings because of pain, this can lead to your breasts becoming overly full. This may cause plugged milk ducts in the breast. If your baby is latched on correctly, they should be able to

nurse as long as needed without causing any pain. If it hurts, take the baby off of your breast and try again. Ask for help if it is still painful for you.

Do not delay feedings, and try to relax so your let-down reflex comes easily. You also can hand-express a little milk before beginning the feeding so your baby does not clamp down harder, waiting for the milk to come.

After nursing, you can also express a few drops of milk and gently rub it on your nipples. Human milk has natural healing properties. Let your nipples air-dry after feeding, or wear a soft-cotton shirt.

- Wearing a nipple shield during nursing will not relieve sore nipples. They actually can prolong soreness by making it hard for the baby to learn to nurse without the shield.
- Avoid wearing bras or clothes that are too tight and put pressure on your nipples but with good support. Change nursing pads often to avoid trapping in moisture. Only wear cotton bras.
- Avoid using soap, ointments or other chemicals on your nipples. Make sure to avoid products that must be removed before nursing.
- Washing with clean water is all that is necessary to keep your nipples and breasts clean.
- Try rubbing pure lanolin on your nipples after breastfeeding to soothe the pain. Do not wash it off before nursing.
- Make sure you get enough rest, eat healthy foods, and get enough fluids to help the healing process. If you have very sore nipples, you can ask your caregiver about using non-aspirin pain relievers.
- If one nipple is tender, begin nursing from the other breast first.

ENGORGEMENT

Engorgement is a condition after pregnancy, when your breasts feel very hard and painful. You may also have breast swelling, tenderness, warmth, redness, throbbing and flattening of the nipple. Engorgement may a low-grade fever. This can be confused with a breast infection. Engorgement is the result of the milk building up, and usually happens during the third to fifth day after birth. This slows circulation, and when blood and lymph move through the breasts, fluid from the blood vessels can seep into the breast tissues.
All of the following can cause engorgement:

- Poor positioning.
- Infrequent feedings.
- Giving bottles of water, juice, formula, or breast milk or using a pacifier. All of these cut down on your feeding and may lead to engorgement.
- Changing the breastfeeding schedule to less frequent feedings.
- The baby changes the nursing pattern.
- Having a baby with a weak suck who is not able to nurse well.
- Fatigue, stress, or anemia in the mother.
- A large milk supply.
- Nipple damage.
- Breast abnormalities.

Engorgement can lead to plugged ducts or a breast infection, so it is important to try to prevent it before this happens. If treated properly, engorgement should only usually last for one to two days.

Minimize engorgement by making sure the baby is latched on and positioned correctly at your breast. Nurse frequently after birth. Allow the baby to nurse as long as he/she likes, as long as he/she is latched on well and sucking well. In the early days when your milk is coming in, you should awaken a sleepy baby every 2 to 3 hours to breastfeed. Breastfeeding often on the affected side helps to remove the milk, keeps milk moving freely. This prevents overfilling of the breast.

- Avoid additional bottles and pacifiers.
- Try hand expressing or pumping a little milk to first soften the breast, areola, and nipple before breastfeeding, or massage the breast.
- Cold compresses in between feedings can help ease pain and swelling.
- If you are returning to work, try to pump your milk on the same schedule as when your baby was breast-fed.

- Eat a well balanced diet and drink plenty of fluids.
- Use a well-fitting, supportive bra that is not too tight.
- Use a breast pump to keep up with your nursing schedule if your baby is not taking in enough milk or you feel you are getting engorged.

If your engorgement lasts for more than two days even after treating it, contact a lactation consultant or your doctor.

Most of this information is courtesy of the La Leche League.

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