

Provider Information

BF – Breastfeeding

BF-BC BREAST CARE

OUTCOME: The parent and/or family will be able to identify methods to use for management of engorgement and tenderness.

STANDARDS:

1. Explain the current techniques for management of engorgement and tenderness.
2. Explain some techniques for preventing and managing sore nipples (e.g., assure correct latch-on, apply cool moist tea bags). **Refer to “BF-ON Latch-On”.**
3. Explain the techniques for treating and recognizing signs of infection (mastitis):
 - a. Need for frequent feeding to reduce risk of breast infections.
 - b. Need to seek medical care if flu like symptoms (e.g., fever, sores, or redness on breast is present).
 - c. Need to continue breastfeeding despite infection.
 - d. Reassure that the baby can continue to safely breast-feed.
4. Explain the techniques for treating and recognizing signs of infection (candida):
 - a. Keeping the nipples dry helps prevent thrush (e.g., change breast pads often, let nipple air dry).
 - b. Recognizing the symptoms of thrush (candida), including red painful nipples, deep breast pain, and characteristic cracking at base of nipple making feeding difficult for the baby.
5. Emphasize the need for medical treatment for both mother and baby to eliminate thrush.
 - a. Emphasizing the need to aggressively clean all items with hot soapy water that come in contact with the mother’s nipple or the baby’s mouth such as clothing, towels/linens, pacifiers, plastic nipples, and breast pump equipment.
6. Refer to a lactation consultant or other community resources, if available.

Highlights of Breast Care

- Breast engorgement
- What You Can Do for Breast Engorgement Relief
- Cracked, dry or bleeding nipples
- Thrust, Candid (yeast) Infections
- Inverted, Flat, or Very Large Nipples

The importance of breastfeeding

Exclusive breastfeeding is sufficient to support optimal growth and development for the first 6 months of life. Breastfeeding should begin within 1 hour of birth and is made possible by skin to skin contact between mother and baby immediately after the baby is born. Breastfeeding mothers should be encouraged to breastfeed exclusively for the first six months of their baby's life and to start feeding their baby solid foods at 6 months while continuing to breastfeed. Breastfeeding should be continued for at least the first year of life and beyond as mutually desired by mother and baby.

Breast Engorgement Postpartum — What It Is

During the mother's first week postpartum, whether the patient is breastfeeding or not, the breast milk will come in and the breasts will engorge — and the breasts may become bigger, tender, and hard. Engorgement can be uncomfortable.

Breast Engorgement Postpartum — What Causes It

A chain reaction begins the moment the body ejects the placenta. Your body stops making those pregnancy hormones (estrogen and progesterone) and start making prolactin, which is a hormone that tells the glands inside the breasts to begin milk production.

Breast Engorgement Postpartum — What You Need to Know

If the patient is breastfeeding, postpartum breast engorgement should diminish within two to three days. After that, it will take a few weeks for the mom and baby to work out a mutual feeding schedule that satisfies the baby's hunger and the breasts' ability to match it. Moms will feel a tingling sensation that signals that is feeding time for the baby!) If mom is not going to nurse, the engorgement should subside within a few days.

Breast Engorgement Postpartum — What You Can Do for Breast Engorgement Relief

Encourage the mom to try a warm compress before nursing and a cold compress afterwards. Put something chilled – perhaps a wet towel that has been in the refrigerator - on each breast. This will help to sooth the breasts. A mom can use a breast pump to express a little milk and relieve some of the pressure. Pump only enough to relieve some of the pressure. The more milk the mother expresses, the more milk is made — and if it is more than baby is ready to take, you will continue to suffer from engorgement. Massage the breasts gently while nursing to help get the milk flowing. Alter the position of the baby (try the cradle hold one time, the football hold at the next feeding) to ensure all milk ducts are being emptied. Make sure the bra fits well — not too tight, but snug and supportive. Most important: feed the baby frequently. For severe pain, consider taking acetaminophen (take it after a feeding) or asking your practitioner for another mild pain reliever.

Cracked, dry or bleeding nipples

Painful cracked and bleeding nipples are not a normal side effect of breastfeeding. Nursing should not be painful – in fact, pain is a warning sign that you have a problem that needs correcting.

Talk with your healthcare provider as soon as possible if the nipples have started to crack or bleed. It is important to identify and solve the underlying problems so you can continue to nurse.

What causes cracked, dry or bleeding nipples?

The main reason for cracked or bleeding nipples is an improper latch, which can also cause severe nipple pain. Correcting the nursing technique will help to stop the nipples from becoming cracked or dry. Sometimes a change in the breastfeeding position will help.

Using a breast pump improperly can also hurt or damage the nipples. Some women turn the suction level up too high. Some pumps come with flanges (or breast shields) that are too small. Get help with the right pump and the right size flanges and ask your healthcare provider to show you how to use the pump correctly.

Thrush, Candida (yeast) Infections

Candida (also called yeast or thrush) is a fungus that occurs naturally in the mucous membranes and on the skin. Use of antibiotics promotes the overgrowth of yeast by killing off the 'good' bacteria that normally keep the yeast from multiplying too quickly. During pregnancy, yeast infections are more common because high levels of estrogen lead to elevated levels of sugar, and yeast feeds on sugar.

If the mother or the baby have recently been on antibiotics, if the mother has had a vaginal yeast infection during the last several months (or anytime during pregnancy), or if the mother's nipples are cracked, then the mother and the baby are at risk for developing a yeast infection. Other factors that make the mother more susceptible to yeast include use of steroids or hormonal contraceptives, or chronic illness such as diabetes or anemia.

If the baby has thrush (a yeast infection in the mouth,) the baby may pass it on to the mother, which will cause nipple pain or damage. Signs of thrush in breastfeeding moms include itchy, red, shiny, painful nipples and shooting pains in the breast during or after a feeding.

Symptoms of a yeast infection in the baby include creamy white spots or patches on the mucous membranes inside the mouth (gums, cheeks, or tongue). The spots may look pearly, and may be surrounded by redness. If you gently scrape the spot, it may be reddish underneath (unlike a coating of milk on the tongue). Sometimes the inside of the lips or the saliva may have a 'mother of pearl' appearance. The baby may be fussy and gassy, and sucking may be uncomfortable for him. The baby may pull off the breast, or may refuse to nurse at all. **It is also possible for the baby to have an overgrowth of yeast but have no visible symptoms.**

The nipples could also crack or bleed because of severe dry skin or if you have eczema. Eczema can show up as scaly, red patches of skin that may be itchy or painful. If you think you have eczema – tell the healthcare provider.

Another possibility is that the baby may be tongue-tied. This means that the tissue connecting his/her tongue to the floor of the mouth is short or extends too far to the front of his tongue. This can cause nursing problems, including sore nipples, but it can be easily fixed with minor surgery. The healthcare provider can examine the baby's tongue to rule out this condition if the mother's nipples are sore.

Challenge: Inverted, Flat, or Very Large Nipples

Some women have nipples that turn inward instead of protruding or that are flat and do not protrude. Nipples can also sometimes be flattened temporarily due to engorgement or swelling while breastfeeding. Inverted or flat nipples can sometimes make it harder to breastfeed. But remember that for breastfeeding to work, your baby has to latch on to both the nipple and the breast, so even inverted nipples can work just fine. Often, flat and inverted nipples will protrude more over time, as the baby sucks more. Very large nipples can make it hard for the baby to get enough of the areola into his or her mouth to compress the milk ducts and get enough milk.

What the mom can do

1. Talk to your doctor or a nurse if you are concerned about your nipples.
2. You can use your fingers to try to pull your nipples out. There are also special devices designed to pull out inverted or temporarily flattened nipples.
3. The latch for babies of mothers with very large nipples will improve with time as the baby grows. In some cases, it might take several weeks to get the baby to latch well. If a mother has good milk supply, her baby will get enough milk even with a poor latch.

While breastfeeding:

- Check the baby's latch. The best latch position is off-center, with more of the areola below the nipple in the baby's mouth. One way to achieve this is to line up her nose with the nipple so the bottom gum is far away from the base of nipple when the baby opens their mouth. Once her mouth is open, hug her on quickly. The nipple should be far back in the baby's mouth.
- Try different nursing positions. You may find that certain positions make it easier for the baby to latch on correctly and are much more comfortable than others are.
- Nurse on the less injured side first, if you have one. Babies often nurse more gently on the second side since they are less hungry.
- Briefly apply a cold pack to numb the injured area before nursing. Cold can help dull the pain, particularly during the initial latch, which tends to hurt the most.

After breastfeeding:

- Clean the nipples gently. When you have a cracked or bleeding nipple, rinse the breast after each feeding with water to reduce the risk of infection. Once a day, use a non-antibacterial, non-perfumed soap to gently clean the wound and rinse well with water. Do not use alcohol, lotions, or perfumes on the nipples.

- Use an antibacterial ointment. If you have an open wound, your practitioner or lactation consultant will probably recommend an over-the-counter ointment or give you a prescription.
- Use medical-grade modified lanolin made for breastfeeding mothers. Rub a small amount of this over-the-counter ointment on the nipples after every feeding. This treatment relieves pain and allows the wounds to heal much faster without forming a scab. It does not need to be washed off before feedings.
- Try hydrogel dressings designed for nipple healing. These pads are soothing and speed healing. Try to avoid touching the nipple or areola before applying the pad because bacteria from the fingers can be trapped under the pad. Change breast pads frequently.
- Take painkillers. Taking ibuprofen or acetaminophen about 30 minutes before nursing can help lessen pain and swelling.
- If nursing is too painful to bear, you may need to stop breastfeeding and pump for a day or so to let the nipples heal. The provider can show you how to use the pump properly so you can preserve the milk supply and avoid further nipple damage. The sores should heal quickly and you will be in better shape to go back to nursing.
- Check with your healthcare provider if a cracked nipple is still painful and bleeding after 24 hours, or if you notice fever, inflammation, oozing, pus, or other signs of infection. Bacteria can get in through the open wound and lead to breast infections like mastitis.

Will cracked, dry nipples affect my baby?

The fact that the nipples are cracked or bleeding will not bother the baby. He/she may swallow some blood and you may see it come out in the diaper, but it will not harm the baby. If he/she has a poor latch, though, the baby may not be getting enough milk.

Click here for a Patient Education Handout for the mother on [Breast Care](#)

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