

Tender Breast Lump

If you notice a tender lump in one of your breasts, you may have a “plugged duct.” The area around it may be red and sore and you may ache. This occurs when milk builds up a waxy “plug” in your breast and there is pressure on the area. To prevent a plugged duct:

- If you wear a bra, make sure it is not too tight.
- Do not use a tight-fitting front baby carrier.
- Breastfeed at least 10 to 12 times a day, making sure the breast is well softened when the baby is finished. Massaging the breast in any lumpy areas while nursing can help prevent plugs.
- Change your breastfeeding positions often: use the football hold or the cross-cradle hold, lie down, etc.

If you already have a plugged duct, take the above steps. Before feedings, put a warm washcloth on your breast and gently massage the area to loosen the plug. Offer this breast first and position your baby so his chin is closest to the sore spot. Within a few feedings, the plug should move toward and then out the nipple. It may look like thin spaghetti. Rest in bed. See your health care provider if the plug doesn't go away in two-three days or if you have a fever. Keep breastfeeding.

Breast Infection



If one of your breasts is red and tender to touch and you feel like you've gotten the flu, you may have a breast infection (mastitis). Breastfeed more often. Put a warm wet washcloth on your breast before feedings and offer your baby the affected breast first. Gently massage the sore area while nursing. Drink plenty of fluids. Rest in bed for 24–48 hours. See your health care provider if you feel achy for more than one day or if you have a fever. You may need an antibiotic. There are many antibiotics that your health care provider can give you that are okay to take while breastfeeding. Tell your health care provider you want to keep breastfeeding.

To prevent most breastfeeding problems in the early weeks: correctly position your baby on your breast; let your baby finish the first breast well, and then offer the second breast; avoid routine use of pacifiers and bottles; and nurse 10 to 12 times a day.

Call the breastfeeding educator at the clinic for help **before** you consider offering any infant formula (artificial baby milk) to your baby. You can manage common breastfeeding concerns! It's worth it! Your baby is counting on you to give him/her the best. And the BEST is BREASTFEEDING!

Illustrated by: Lisa Penny.

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Breastfeeding Basics

COMMON CONCERNS



Leaking

Some new mothers leak breastmilk between and during feedings. You will leak less over time. Until then:

- During feedings, gently press on the nipple area of your other breast to stop the leaking, if it bothers you.
- Wear nursing pads during and between feedings. Use cotton hankies or make your own pads from soft, cotton material. Wash as needed. Some stores sell washable and disposable nursing pads. Choose those without plastic liners. Change pads if wet.
- Breast or milk cups may cause soreness and more leaking. The milk they collect is not clean and should not be fed to the baby.

Sore Nipples

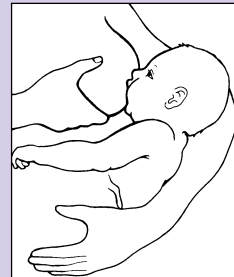
Some mothers have mild nipple soreness. This mild soreness gradually goes away. Severe pain is a sign that something is wrong. It is usually due to poor attachment of the baby on the breast. To avoid getting sore nipples or to soothe sore nipples:

- Both before and after your baby's birth, avoid routine use of soaps, lotions, and creams on your breasts.
- Change nursing positions often: that is, use the cross-cradle hold, football hold, nurse lying down, etc.
- Make sure your baby takes in a good mouthful of breast, especially the underneath part of the areola.*
- The baby's nose and chin should be touching the breast.
- The baby's lips should be curled outward, not sucked in.
- Put a clean finger in between his gums at the end of a feeding to break the suction.

After Nursing:

- Apply clean, warm-water compresses to nipples after feeding.
- Apply a little bit of expressed breastmilk to nipples.
- If nipples are bruised or cracked, apply a little bit of purified, anhydrous lanolin made just for nursing mothers.
- Let your nipples air dry for a little while after feedings.

If sore, start breastfeeding on the least sore side. For comfort, you can put crushed ice (in a plastic baggie covered by a thin washcloth) on the nipple right before nursing. Call the breastfeeding educator at the clinic for help **right away** if you remain sore, have cracks or bruising, or the soreness is getting worse. You may need help with learning how to position your baby better. **Keep breastfeeding.** Breastfeeding is very important for your baby's health.



Right



Wrong

Uncomfortably Full Breasts

Normally, between the third and fourth days after birth, your milk supply “surges.” This fullness is normal in the first week or so. However, if milk is allowed to build up in your breasts they may feel uncomfortably full, hard, or warm to the touch. This is called “engorgement.” Your baby may have difficulty latching on and suckling if the breast is too full.

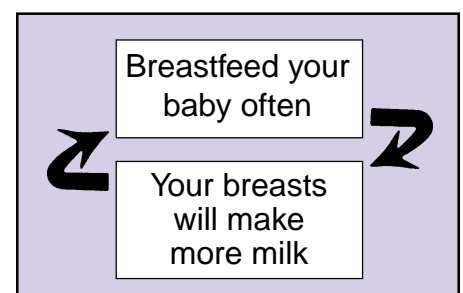
To prevent engorgement:

- Breastfeed **soon** after birth—preferably in the first half-hour after delivery.
- Make sure your baby is correctly positioned on the breast. It is important that your baby take in a good mouthful of breast, not just the end of the nipple.*
- Breastfeed at least 10 to 12 times a day.
- Let the baby finish the first breast well, nursing until that breast is well softened. Then offer the second breast.
- It is best not to use a pacifier or bottles in the first few weeks of breastfeeding.

If you are already engorged, take the same above steps. In addition, before nursing, put a warm washcloth on your breasts or take a warm shower to help your milk flow. Massage your breasts gently to release milk before feedings. Hand-express some milk to soften-up the areola area. If necessary, follow-up with using a quality electric breast pump. After nursing, cold ice packs on the breasts may help reduce swelling further. Call your WIC breastfeeding educator for help if the problem is not resolved within 24 hours.

Worried about your milk supply?

The more often you breastfeed or express milk, the more milk you will make. Call the breastfeeding educator at the clinic **right away** if you have concerns about your milk supply. Most moms make plenty of milk! Newborns need to nurse **very** often—as often as every 1 to 3 hours. Their tummies are very tiny—about the size of their little fist—and your milk digests very quickly. Avoid breastfeeding on a schedule and offering pacifiers, infant formula (artificial baby milk), water, or other foods unless a health care provider prescribes them. These cause your body to make less milk. Be sure to drink enough to satisfy your thirst—about 8 glasses of water a day. Get some rest. Check with your health provider if you are taking any medications or drugs.



* see the pamphlet, *Breastfeeding Basics: Getting Started*, DH 150-272