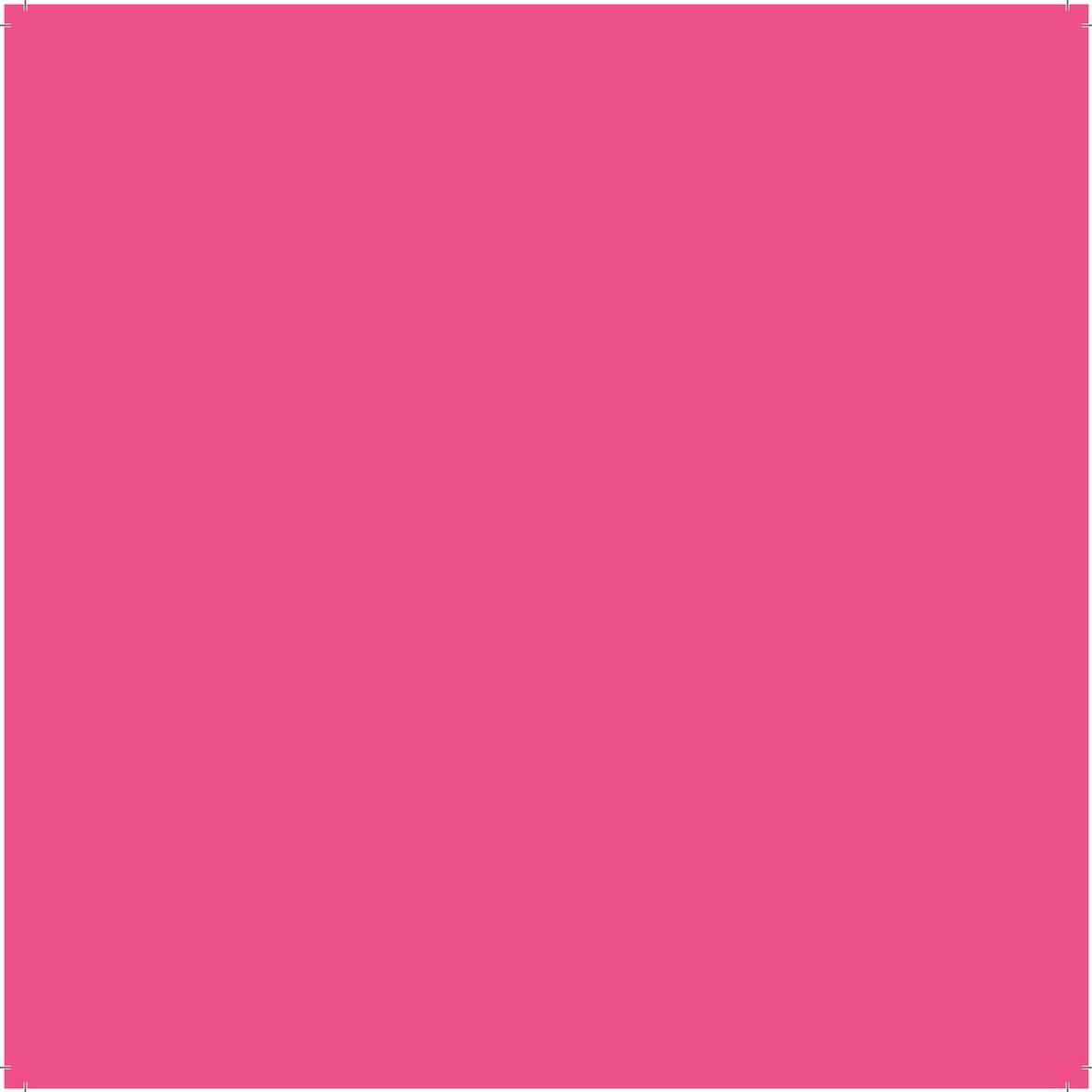


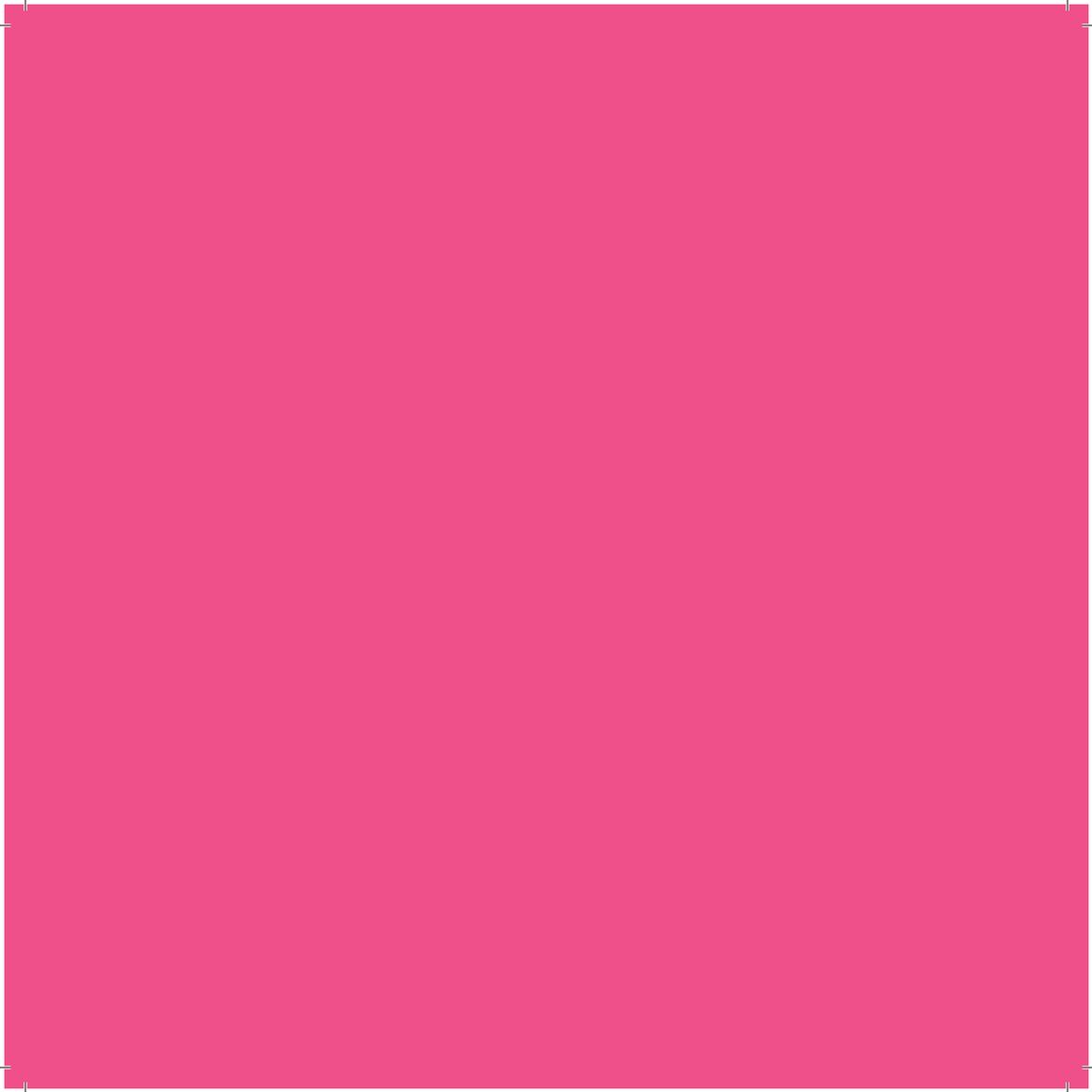


مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION

## Management of Common **BREASTFEEDING DIFFICULTIES**







# Full breasts

## Symptoms

Full breasts occur from 3 to 5 days after delivery when the breast milk “comes in”. The mother may feel uncomfortable and her breasts feel heavy, hot and hard. It may worsen if breastfeeding is short in times or period.

## Cause

It is a normal condition as mature milk production and flow begins with excess blood flow to the breasts.

## Management

- The baby needs to have good attachment to the breast.
- Feed the baby from both breasts. The fullness decreases after a feed and after a few days the breasts becomes more comfortable as milk production adjusts to the baby’s needs.



# Breast engorgement

## Symptoms

Breasts may feel hard, swollen, uncomfortably full or painful. The skin may look shiny and diffusely red. Usually the whole of both breasts is affected and they are painful. The mother may also have fever.

## Cause

Failure to remove breast milk especially in the first few days after delivery when the milk comes in and fills the breast, in addition to poor attachment and ineffective suckling.

## Management

- Before breastfeeding, use a warm compress on the breasts or a warm shower to stimulate milk flow.
- During breastfeeding, gently massage the breast the baby is feeding from to encourage milk flow and relieve tightness and discomfort. Hand express or use a pump to release small amounts of milk.
- To soothe pain and discomfort, apply cold compresses to the breasts after nursing.



# Blocked milk duct

## Symptoms

The mother feels unwell, the breast is red, feels sore or there is a tender, localized lump in one breast with redness in the skin over the lump.

## Cause

- Infrequent breastfeeding or poor latching of the baby during breastfeeding may mean that not all milk is removed from the breast resulting in a milk duct getting blocked with thickened milk.
- It may also occur due to tight clothing or trauma to the breast.

## Management

- The mother should continue to feed the baby from the affected breast frequently and gently massage the breast over the lump while her baby is suckling.
- Ensure the sore breast is fully emptied through breastfeeding or expressing milk with a pump.
- Apply warm compresses and vary the position of the baby (across her body or under her arm) to maintain positive breastfeeding.



# Sore or fissured nipple

## Symptoms

Severe nipple pain when the baby is suckling. There may be a visible fissure across the tip of the nipple or around the base.

## Cause

Ongoing nipple soreness is most commonly related to poor attachment by the baby. This may be due to the baby pulling the nipple in and out as they suckle.

## Management

Seek medical advice about proper baby positioning and attachment to the breast. Often, as soon as the baby is well attached, the pain decreases. The baby can continue breastfeeding normally.



# Mastitis

## Symptoms

There is hard swelling in the breast, with redness of the overlying skin and severe pain. Usually only a part of one breast is affected which is different from engorgement when the whole of both breasts are affected. The woman has fever and feels ill. Mastitis is most common in the first 2-3 weeks after delivery but can occur at any time.

## Cause

- Long gaps between feeds.
- Poor attachment with incomplete removal of milk after breastfeeding.

## Management

- Rest and breastfeed the baby frequently.
- Apply warm compresses or have a warm shower before commencing breastfeeding.
- Start breastfeeding the baby with the unaffected breast to stimulate milk flow.
- The mother may take analgesics to reduce pain such as Adol or paracetamol.
- If symptoms persist more than 24 hours, then a doctor should be consulted.



# Candida infection (Thrush)

## Symptoms

Sore nipples with pain continuing between feeds; pain like sharp needles going deep into the breast which is not relieved by improved attachment. There may be a red or flaky rash on the areola with itching and depigmentation.

## Cause

Fungal infection with candida albicans.

## Management

- Seek medical advice immediately.
- Maintain the cleanliness and take the medication (for the mother and baby) as directed by your doctor.



# Low breast-milk

## Perceived milk insufficiency and low breast-milk production

### Symptoms

The most common difficulty that a mother may describe is a feeling that she does not have enough milk. The milk yield in the first week after birth is commensurate with the needs of the baby.

The volume of breast milk increases over the coming weeks, adjusting to the number of breastfeeding sessions and the baby's need for milk.

**A mother's milk is rapidly digested, within 1.5 -2 hours so it gives the sense that it is not enough for her child, while the baby is growing properly.**



## Cause

- Irregular breastfeeding and feeding baby by bottle or poor attachment.
- Maternal malnutrition and unbalanced food intake or mothers have low milk production for a pathological reason.

## Management

- Initiating breastfeeding from the first half hour of the birth with good attachment.
- Regular breastfeeding not less than 8 times in 24 hours in the first 8 weeks, or 5-6 times in 24 hours after 8 weeks.
- Increase feeding time and when the baby is satisfied, it usually releases the breast spontaneously.
- Drink plenty of water (at least eight glasses a day) and healthy eating rich in fruits and vegetables.
- Seek medical advice if there is a lack of milk production, milk flow or storing of milk in the breast.



# Flat or inverted nipples

Nipples naturally occur in a wide variety of shapes that usually do not affect a mother's ability to breastfeed successfully. However, some nipples look flat or inverted and the baby has difficulty attaching to them.

## Management

- Seek medical advice immediately after birth to ensure good attachment.
- The mother should keep putting the baby at the breast in different positions, and allowing it to try and latch.
- Expressing milk by hand into the baby's mouth may stimulate latching.
- The mother should give the baby plenty of skin contact near the nipple for good attachment.
- A mother can use a 20 ml syringe, with the adaptor end cut off and the plunger put in backwards to stretch out the nipple just before a feed.



# Refusal to breastfeed

## Symptoms

The baby refuses to breastfeed, may cry, arch his back, and turn away when put to the breast. The mother may feel frustrated, and be in great distress.

## Cause

**The baby may refuse to feed for a number of reasons:**

- The baby may be unwell with colic, or have excess wind in its stomach.
- The baby may be experiencing the effects of any sedation given to the mother during the labour process.
- Baby may have difficulty breastfeeding for the following reasons:
  - Sucking on a bottle or pacifier.
  - Poor attachment to the breast.
  - Pressure applied to his/her head by someone helping with positioning.



- The mother shaking her breast when trying to attach him/her.
- A change in environment, especially when the mother returns to work or a move to another house.
- A change in the mother's smell.
- A change in mother's diet.

## Management

■ **If a cause is identified, it should be treated or removed, if possible**

■ **The mother could consider how she can reduce the time she spends away from the baby, or avoid other changes that may be upsetting. She can be supported to:**

- Keep her baby close, with plenty of skin-to-skin contact, giving affection and care.
- Offer her breast whenever the baby shows signs of interest in suckling; express milk into the baby's mouth to stimulate a desire to feed.
- Avoid shaking her breast or pressing the baby's head to force him to the breast.
- Feed the baby by cup, if possible with her own breast milk, until he is willing to take the breast again.







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