

Early Hurdles–Soreness, Engorgement and Blocked Ducts



Breastfeeding is natural but there can still be hurdles, as with anything in life! It is very common to have some early challenges. Here are a few of the most common early hurdles so you know what to watch for and how to overcome them.

Soreness

The most common issue experienced by breastfeeding mums is sore nipples. It is important to understand the underlying cause of soreness so you can properly treat it. Soreness is usually caused by baby not having a proper or deep enough latch, an incorrect position causing baby to slip off or down onto your nipple only, or it can be other issues.

It is important to ask for support, and to have someone experienced in breastfeeding to watch you feed. The first step is to make sure baby is positioned and latched on correctly. It is important to *bring baby to the breast* instead of leaning down and putting the nipple in the baby's mouth. One tip is to use your breast and nipple to tickle baby's

cheek and lips to get her to open wide, and then bring her quickly and firmly to the breast, once her gape is really wide. You can also make your hand into a c shape (called the c-hold), so your thumb is above the areola and your fingers are underneath. This makes the breast a little more compressed and easier to get in baby's small mouth. The aim is to direct the nipple right up towards the top, and back of baby's mouth, so that the nipple itself is not near her gums. If soreness persists, consider seeing a lactation consultant. Sometimes minor adjustments can make all the difference. A lactation consultant will examine inside the baby's mouth and check for things like tongue tie, that can also sometimes cause a problem.

Engorgement

Around day three, your breasts will swell as your first milk, colostrum, is replaced by mature milk. Sometimes this swelling is quite pronounced, and we call it 'engorgement'. The good news is that it's a temporary condition. As long as baby empties your breast effectively at each feed, your supply will even out and you will not be as swollen as your baby teaches your body how much milk to make. Feeding frequently during this period is the best way to alleviate engorgement, but it can be difficult because baby may have trouble properly latching onto an engorged breast.

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Don't let this discourage you! The nipple needs to touch the roof of baby's mouth to stimulate latch on, suck and swallow, so the key is, to soften the breast just enough so the baby can latch on again. Speak to your midwife, and ask for support. In the meantime, try

- Take a hot shower and use massage or gentle hand expression to help soften breasts.
- Express some milk using hand expression or a breast pump, getting out only just enough milk to soften the breast so baby can properly latch on. Pumping too much will trigger signals to make more milk which can worsen engorgement.
- Use ice packs after nursing to reduce swelling and relieve pain. When frozen and used cold, Lansinoh® Thera° Pearl® 3-in-1 Breast Therapy packs can help ease the pain and soreness that can accompany engorgement. You can use Thera° Pearl® warm just before a feed to encourage milk flow.
- **Your midwife may show you 'reverse pressure softening' if she feels there is a build-up excess fluid in your breast, around the milk ducts.**
- **If your nipple is flat or inverted, try Lansinoh® LatchAssist® Nipple Everter. This simple tool helps the nipple temporarily "stand out," making it easier for baby to establish a good latch.**

Blocked Ducts

A blocked duct is an area of the breast where milk is blocked. It creates a small bump and can be tender to the touch. It can also be swollen, red, or feel hot. Sometimes there is no bump, there is only tenderness. Some mothers experience milk appearing stringy or thickened if they express it. The blockage could be in a couple of places – the nipple pore may be blocked or the obstruction may be further back in the breast. A blocked duct usually comes on gradually as milk gets backed up and it generally only affects one breast.

Some causes of blocked ducts can include:

- **Engorgement.** Do not try and delay feeds, or make baby wait. Breast drainage is very important so that milk stasis does not cause blocked ducts.
- **Infrequent or skipped feedings.** It is important to feed when you see baby's early feeding cues (rapid eye movement- like baby is dreaming of her next feed, licking her lips...) Don't wait until she is crying for food. This is a very late feeding cue, and often makes latching more difficult and stressful for both of you. If you and baby need to be apart for any reason, it is important to express the milk, so that your body gets the message to keep producing the milk that baby will need.
- **Restrictive clothing** (especially underwire bras). Any pressure that potentially causes an obstruction may lead to a blocked duct. Sometimes a bruise, or sleeping awkwardly can do the same. It is important to avoid underwire bras and any tight clothing that will put pressure on your breasts.

If you think you have a blocked duct:

- Continue feeding, get good rest and eat well.
- Feed frequently to drain the breast.
- **Position baby's chin over the affected area, to give that area the most effective drainage**
- Use heat and gentle massage on the affected area before and during feeding to encourage milk flow.
- Loosen tight clothing or bras.
- Feed on the blocked duct side first as baby's strong sucking at the beginning of breastfeeding can help to unblock it.
- After feeding, you may consider pumping to fully drain the breast if needed.
- Use cold compresses or cooled THERA° PEARL® 3-in-1 Breast Therapy packs between feeding sessions to soothe and reduce inflammation.

