

Challenges when breastfeeding: Sore cracked painful nipples, blockages, engorgement, mastitis, abscess

If you have any further questions or concerns, please speak with your midwife or GP.

Sore cracked painful nipples

Most of the time soreness is linked with poor positioning and attachment which, if not resolved, can lead to blockages and engorgement (feeling over full). Sometimes, the pain is due to restrictions with the baby's tongue unable to lap effectively due to a tight membrane under the baby's tongue (tongue tie), or a thrush infection.

As new mothers we need to recognise and feed our babies when they demonstrate early hunger signs ideally when they are calm, (poking out their tongue, bobbing their heads turning towards the breast, nibbling their hands and fingers).

Principles of latching:

- Hold your baby close, allow baby to hug you, so his/her arms are either side of your breast
- Allow baby's head to be free, to tip back slightly
- Have your baby's head and body in alignment facing the breast, so the head is not twisted
- Have your nipple just above baby's top lip
- Bring baby swiftly on as he/she gapes so he/she can scoop the breast into his mouth

Once your baby is ready to latch, they will tip their head back slightly lower their tongue and open their mouth widely, bring baby onto the breast, tucking baby shoulders well in. Baby's chin should be indenting the breast and his/her nose free, so baby is looking up at you and can breathe easily when feeding. (You may need to cup your breast and guide your nipple in so you achieve a deeper latch to prevent further soreness.)

Feeding is going well when you can see rhythmic sucks and hear swallows; you may notice full rounded cheeks. Your baby will settle as the feed goes on and it is pain free. You may feel some pressure but this should subside after the first 15 seconds or so.

Our staff can support you with this if you need it, as it can take a bit of practice to get this right. Link to: 'How do I know when feeding is going well leaflet'.

Watch this video on latching and call for support when you and your baby are ready to feed.
<https://www.youtube.com/watch?v=wjt-Ashodw8>

If your nipple is racked and bleeding, gently rub some expressed milk in after feeds. Using a soft paraffin or pure lanolin based cream after feeds can aid healing (no need to wash off before feeds).

If feeding is too sore, then express by hand or gentle pumping, at least 8 times in 24, to safeguard your supply. Our staff can show you how, and we will help you give your baby the colostrum/expressed milk (EBM) by syringe finger and cup, so not to cause confusion for your baby. Link to: 'Alternative ways to feed your baby' leaflet.

Soreness usually heals quickly once the latch is deeper.

Blockages, engorgement, mastitis

Blockages may present as small lump(s) in the breast. Engorgement may present as over-full, hard, shiny breasts, and mastitis as a painful, hot, flushed tender area which may be more prominent in mothers with paler skin. It is often associated with a temperature and flu-like symptoms.

The most common cause of these conditions is where your baby isn't effectively draining your breast when feeding. The solution is to continue to breastfeed effectively (use the guide to latching as above) and/or express your milk afterwards to keep the milk flowing. Warm, then cool, compresses can soothe, and massage can help clear the blockages.

Your breast should feel full beforehand and softer afterwards. Consider changing the position that you are holding baby in and taking regular paracetamol and Ibuprofen can help lower your temperature and reduce the inflammation. Using these measures, you can often self-manage these problems in 12-24 hours or so, but if the mastitis gets worse, (your fever and swelling doesn't resolve) then speak to your GP as antibiotics and rarely readmission might be needed.

Abscess

If the blockages don't resolve and the lumps persist, it could mean an abscess (a collection of pus) is developing. Speak to your GP and you may well need antibiotics and sometimes a breast scan to drain off the infection.

Keep feeding and/or expressing during these challenging times where you can, as suddenly stopping can lead to more blockages.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

C Carter (Infant Feeding Team Lead), December 2020

Approved: February 2021

Next review due: February 2023