

Breastfeeding or Chestfeeding Challenges You May Face

It may take some time for you to adjust to breastfeeding or chestfeeding. But with patience, practice, rest and – perhaps most importantly – the support of those around you, you can find a way to meet your feeding goals.



KEY TAKEAWAY

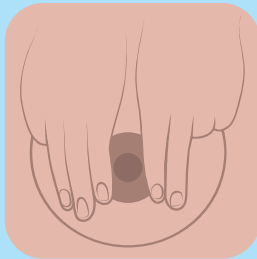
If you're having trouble or feeling discouraged, get help right away.



HOW TO

Apply reverse pressure to soften your areola

1. Place your fingers on each side of your nipple.
2. Gently push inward toward the chest wall. It may feel uncomfortable, but it shouldn't hurt. Hold for about a minute.
3. Rotate your fingers around the nipple and repeat.
4. Repeat on any areas of the areola that are still firm.



Soreness

Sore nipples

A deep latch is key to your comfort. It's common to have some soreness for the first week. But if your nipples are damaged (cracked, bleeding, scabbed or blistered), your baby may not be positioned or latched well. Get help early. Talk with your health care provider and try:

- improving your baby's position and latch (see [Latching On](#))
- changing positions (see [Breastfeeding or Chestfeeding Positions](#))
- soothing your nipples by dabbing on expressed milk and letting them dry before dressing
- starting to feed your baby before they cry
- breastfeeding or chestfeeding on the less-sore side first
- gently removing your baby from your breast or chest by placing a finger in the corner of their mouth



FAMILY STORY

At first, my breasts were swollen and my nipples were sore. I felt like giving up. But with the support of my doctor and another breastfeeding mom who had been through the same things, it got much easier. After a couple of weeks, the short-term pain was long forgotten, and I knew I was doing the best for my baby.

Heavy, painful breast or chest (“engorgement”)

It's normal for your breast or chest to get larger or feel heavy, warm and uncomfortable when your milk supply increases or if you miss a feeding, especially early on. If this causes your nipples to flatten, it can make it hard for your baby to latch. Talk with your health care provider and try:

- breastfeeding or chestfeeding early and often, following your baby's cues – at least 8 times every 24 hours, including at night
- ensuring your baby has a good latch and is feeding well (see [Latching On](#))
- applying “reverse pressure” and gently hand expressing a small amount of milk just before latching
- gently massaging your breast or chest with flat fingertips, from the nipple outwards towards your neck and underarm
- placing ice or cold packs on your breast or chest (but not directly on your skin)
- breastfeeding or chestfeeding on the engorged side first
- changing positions to drain all areas of your breast or chest (see [Breastfeeding or Chestfeeding Positions](#))
- wearing a supportive feeding bra
- speaking with your health care provider about over-the-counter medications that can help with soreness
- don't over-pump, apply heat or use deep massage. These can increase swelling.

Red, sore spot on breast or chest (“plugged duct”)

If a milk duct (the channel your milk flows through) narrows, you may get a lump or firm area on your breast or chest. This usually clears up in a day or two but can get infected. To help prevent plugged ducts, try:

- breastfeeding or chestfeeding often, following your baby’s cues – at least 8 times every 24 hours, including at night
- ensuring your baby has a good latch and is feeding well (see [Latching On](#))
- positioning your baby with their nose or chin pointed to the sore spot
- using different feeding positions (see [Breastfeeding or Chestfeeding Positions](#)) to help drain all areas of your breast or chest
- placing ice or cold packs every hour or more often, if it feels good on your breasts or chest (but not directly on your skin)
- speaking with your health care provider about over-the-counter medications that can help with soreness
- calling your health care provider or HealthLink BC at 8-1-1 if the red, sore spot doesn’t go away in a couple of days

Painful breast or chest and flu-like symptoms (“mastitis”)

If you feel like you’re getting the flu and your breast or chest is firm, swollen, hot, red and painful, contact your health care provider or HealthLink BC at 8-1-1 right away. You may have an infection and need antibiotics. Neither the infection nor the antibiotics will harm your baby, and your milk will still be safe to drink. Take the antibiotics as directed while:

- breastfeeding or chestfeeding as usual
- letting your breasts or chest rest between feedings (no extra pumping or massage)
- positioning your baby with their nose or chin pointed to the sore area
- ensuring your baby has a good latch and is feeding well (see [Latching On](#))
- placing ice or cold packs on your breast or chest (but not directly on your skin)
- speaking with your health care provider about over-the-counter medications that can help with soreness



KEY TAKEAWAY

If your soreness continues or if you need help to deal with the pain, talk with your health care provider or call HealthLink BC at 8-1-1.

Itchy or burning nipples or rash on areolas

If your nipples burn or itch, or if you have a rash on your areola (the coloured area around your nipple), contact your health care provider. They can determine if your symptoms are due to thrush (a common infection caused by the yeast *Candida albicans*), dermatitis or eczema. Thrush is a common and treatable infection. The yeast that causes thrush can pass between you and your baby during breastfeeding or chestfeeding. Discuss with your health care provider about treatment options and whether both you and your baby need to be treated. Try to:

- keep your nipples dry
- change nursing pads often
- make sure your baby latches on well (see [Latching On](#))



DANGER

Don’t take codeine or medicine that contains codeine (like Tylenol 3) while breastfeeding or chestfeeding. It can seriously harm your baby. Talk with your health care provider or a HealthLink BC pharmacist at 8-1-1 to learn about what medication is safe to use during breastfeeding or chestfeeding.



WHAT YOU CAN DO

Help your partner by learning all you can, listening and providing encouragement and hands-on support.



HOW TO

Keep your breasts or chest healthy

- Wash your hands with soap and water before touching your breasts.
- Keep your milk flowing by regularly breastfeeding or chestfeeding, hand expressing or pumping.
- Express and rub a few drops of your milk on your nipples after each feeding, then let them air dry.
- Expose your nipples to the air as much as possible by wearing loose-fitting clothing. If you're comfortable doing so, go without a top and bra at home.
- If you wear nursing pads, change them as soon as they're wet.
- Be sure your bra fits comfortably. You may find you need a larger size while breastfeeding or chestfeeding.
- Get as much rest as possible and drink plenty of fluids.



Other Challenges

Flat or inverted nipples

If your nipples sink in or if they don't stick out when they're stimulated, it may take your baby longer to learn to latch on. Try gently rolling your nipple with your fingers or use a milk pump on the low setting to draw your nipple out just before you try latching. If your baby still isn't feeding well, give them expressed milk until they can get a good latch.

Breast or chest surgery

If you've had breast or chest surgery, you'll likely be able to breastfeed or chestfeed. If you have implants, you'll probably produce enough milk. But if you've had breast or chest reduction or top surgery, you may not. And if a surgical cut was made along the edge of your areola, you may have nerve damage and produce less milk. See the [Resources](#) section for places you can go for support.

Tongue-tie

If the connection between your baby's tongue and the floor of their mouth is too short, it may limit how they can move their tongue and may make feeding difficult. Try different feeding positions (see [Breastfeeding or Chestfeeding Positions](#)) and get support from someone familiar with tongue-tie. If it's still causing a problem, see your health care provider. If it interferes with feeding, tongue-tie can sometimes be fixed.

Spitting up

Spitting up small amounts after feeding is very common in the first few months. It may stop as your baby grows. See [Common Health Concerns](#).

Abuse or trauma

For some people who have experienced trauma, breastfeeding or chestfeeding may trigger an emotional reaction that may be overwhelming. For others, breastfeeding or chestfeeding may be helpful and calming. The most important thing is for you and your baby to feel safe and comfortable. Talk with your health care provider about your feeding goals and to find support reaching them.

Feel Like Giving Up?

Learning a new skill takes practice, and it can be discouraging. Talk to someone you trust. Set small goals, like getting through the next feeding or breastfeeding or chestfeeding for one more week. Breastfeed or chestfeed as much as you feel you can. And remind yourself that **some amount of breastfeeding or chestfeeding is better than none**.



FAMILY STORY

The best piece of advice I have is to keep trying. Breastfeeding is so worthwhile. And there are many people and groups to support you. I got so much helpful advice from others who had breastfed and from my doctor.

Breastfeeding or Chestfeeding in Public

In Canada, there are laws that protect your right to breastfeed or chestfeed anywhere, at any time. Breastfeeding or chestfeeding in public is a normal, healthy and legal activity, and it's illegal for anyone to ask you to stop or cover up.

Feeling modest?

With practice, you can breastfeed or chestfeed with very little breast or chest showing. And many public places and stores have a private space where you can feed your baby.



TRY THIS

If it makes you more comfortable when breastfeeding or chestfeeding in public, place a light cover over your baby while they latch on. You can leave it on while they feed or take it off once they're latched.



DID YOU KNOW?

There's more information on breastfeeding or chestfeeding and returning to work in [Toddler's First Steps](#), available from your public health unit and online at healthlinkbc.ca/toddlers-first-steps.