

# Breast Care During Breastfeeding

Breast milk is the best food for babies. Some women who begin breastfeeding may stop because of breast or nipple pain or a poor milk supply. Because nursing has so many benefits for the baby and mother, here are some tips for successful breastfeeding.

## Positioning and Latching the Baby

The most important measure to prevent nipple soreness is positioning the baby at the breast and making sure the baby is “latched on” to the nipple, and stays latched on properly. In a correct latch, the whole nipple and some of the areola — the darker skin surrounding the nipple — are deep in the baby’s mouth.

Good positioning and latch-on are important to successful nursing. Good positioning includes sitting or lying down in a comfortable position with the baby well-supported by pillows so the baby faces the breast at the level of the nipple. Mothers should learn nursing positions and how to get the baby latched on before leaving the hospital.

Many hospitals have specialists in breastfeeding, called lactation consultants. Find out if your hospital has one and ask to see her soon after you have your baby.

## Engorgement

Engorgement happens when the breast is so full of milk the baby can’t latch on easily because the nipple is not soft enough for the baby to pull into his mouth. Engorgement typically happens in the early weeks of breastfeeding or if a feeding is missed. It generally resolves itself as breastfeeding continues.

To minimize engorgement, nurse frequently (every 2-3 hours), nurse until the breast is soft, nurse from both breasts at each feeding, and pump or hand-express breast milk if a feeding is missed. When engorgement occurs, use cold compresses and hand-express or pump until the milk begins to flow. This will soften the breast, pull out the nipple and make latching easier.

## Nipple Care

- Use only water, not soap, to clean nipples.
- Use mild, unscented laundry soap to wash bras and clothing.

*The purpose of this patient education handout is to further explain or remind you about a medical condition. This handout is a general guide only. If you have specific questions, be sure to discuss them with your healthcare provider. This handout may be reproduced for distribution to patients.*

- Don’t use breast pads with a plastic liner; use pads that are made of cotton cloth or have soft cotton lining. Change breast pads when they get wet.
- Wear a comfortable bra that is not tight.
- Use breast creams very little and only for dry or chapped nipples. Purified lanolin cream is recommended. This is safe for the baby and does not have to be washed off before feeding.



- Instead of using breast cream, express some milk onto the nipple after feeding and allow it to air dry. Breast milk has healing properties.

- Leave bra flaps down or go braless to let air circulate around the nipple.

- Watch for red, cracked or bleeding nipples and call your healthcare provider if these symptoms occur.

## Flat or Inverted Nipples

No matter what the shape of a woman’s nipple, she can breastfeed. Women with flat nipples or nipples that go inward can use breast shells, which are plastic

cups worn inside the bra. The cups put gentle pressure on the nipples, drawing them out. Worn before the baby comes and/or for 30 minutes before nursing, they make latch-on easier.

## Food and Fluid

A good diet is important for breastfeeding mothers. Most nursing mothers find they can eat or drink anything in moderation, including caffeine. However, there may be some things you eat that irritate your baby, so watch your diet carefully and see if what you eat affects your baby.

Calcium from dairy products or other sources is important for bone health. Also, drink plenty of water.

A good resource for breastfeeding women is La Leche League International. Their Web site, [www.la lecheleague.org](http://www.la lecheleague.org), provides information on education, products and local leaders who can help you.

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