





# Tricks of the trade

LACTATION CONSULTANT **CATHY MCCORMICK** OUTLINES SOME OF THE MOST COMMON BREASTFEEDING CHALLENGES AND OFFERS ADVICE ON HOW TO ACHIEVE YOUR OWN BREASTFEEDING BLISS

**M**ost mothers struggle with the unexpected reality of postnatal healing, so if breastfeeding issues also arise, they can often feel quite distressed and blame themselves. Receiving conflicting advice about breastfeeding can be quite stressful too, especially in the first few weeks. All new mothers need kind advice that acknowledges them and their specific needs. Helping new mums reach their goals while remaining in tune with their values is key and allows those early weeks and months to be a positive experience, while they get to know their baby and learn how to be a mother.

## PREGNANCY ANXIETY

Some of the most common worries for pregnant women are that their breasts are too small or too big, that they have inverted nipples, or they're worried breastfeeding will hurt. Your midwife is a good person to talk to about your concerns, as that's who will be supporting you over the first 4-6 weeks after baby is born. It's best to start preparing for your breastfeeding journey during pregnancy. You may wish to meet up with already breastfeeding friends to watch and learn from them. If you need extra support, you could see a lactation consultant and/or your GP. Keep trying until you find someone you feel comfortable with. Finding a lactation consultant who can work with you in pregnancy can be well worth the time and investment. By the time your baby comes, you'll already have a support person who helps you feel happy, relaxed and confident while you work towards your goal of successfully breastfeeding.

## NIPPLE PAIN

The most common reason new mothers stop breastfeeding within the first 6-12 weeks is because of sore nipples. Most

new mothers will have sensitive nipples in the first few days – but that doesn't mean damage such as nipple trauma, blisters, bleeding or grazes. This kind of damage is a sign the baby doesn't have enough breast tissue in their mouth and so isn't latching properly. Your breastmilk contains lots of antibodies that can fight infection, so squeezing some milk out after a feed and patting it on your nipples can help, as can using a natural nipple cream. If your baby isn't latching properly, it's crucial to get advice from your midwife or a lactation consultant so you can get a deeper latch and allow your nipples to heal. If they aren't healing, you may need to get a swab in case there is an infection.

## FULL BREASTS AND ENGORGEMENT

This can occur in the first few days after birth due to your milk coming in. It's important to keep the milk moving; watching your baby's subtle feeding cues and feeding regularly, often every two hours, will help resolve this quickly. Hand-expressing between feeds can help relieve some of the pressure, as can gently massaging or tapping your breasts while in a warm shower. If your breasts are very full and baby is struggling to get a deep latch, you can do something called 'reverse pressure', where you push into the areola (the darker coloured area surrounding your nipples) with your fingers, helping your areola to soften, which can then allow baby to get a deeper latch and drain the milk more effectively. Applying cold packs or chilled cabbage leaves (yes, really!) for 20 minutes after a feed can also feel amazing.

## BLOCKED MILK DUCTS

If your milk is not flowing freely, the milk ducts in your breasts can become blocked. This can be quickly cleared up

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using gentle massage during and after a breastfeed, along with hand-expressing. Using warm and cold compresses can also help. As always, lots of rest and support is very important too, so you can focus on getting your baby to have an optimal latch and to drain your breasts properly. I find that if a mother has really great support at home and time to rest and focus on feeding, she can often tackle these sorts of problems head-on, and stop them from becoming bigger ones.

#### MASTITIS

A painful inflammation, and sometimes infection, of the breast tissue, mastitis can be very challenging for new mums. It can cause you to feel unwell and experience fevers as well as leading to low milk supply and also a low mood. If you get mastitis, you'll need a lot of extra support to care for your baby so you can rest and recover. If you have mastitis, contact your midwife or GP immediately as you may need antibiotics to clear up any infection. Mastitis can occur for many reasons, and getting advice from a lactation consultant can be helpful so you can work out why you got it, and then how to prevent it happening again.

#### MILK BLISTERS

A 'bleb' is a blocked nipple pore that looks like a white blister on the end of your nipple. Regularly check your breasts for any blockages – a good time to do this is when you're in the shower – by squeezing some milk through your nipples.

#### LOW MILK SUPPLY

In my experience many mothers think they have a low milk supply because early feeding issues have created a mistrust in the process. Many mothers also underestimate how often babies need to feed which can cause supply and demand issues – the more baby feeds, the more milk your body makes. The tricky thing is that often a baby's need to feed will vary, and they don't always want to follow a schedule. I encourage mothers to observe their babies and learn their subtle feeding cues. To help establish your milk supply,

most babies need to feed 8-12 times from each breast over a 24-hour period until they're about 6-8 weeks old. It will take 15-20 minutes at each breast for baby to transfer enough milk so your breasts know to make more. If you think you have a low milk supply, it's important to get advice you trust. Sometimes pumping (either electric, manual or suction) can actually interfere with your natural supply. If you have a true low milk supply, a lactation consultant can offer advice to ensure your baby has an optimal latch, suggest natural galactagogues (things that help increase milk supply), or perhaps refer you to a specialist to discuss medical options to increase your milk supply.

#### TOO MUCH MILK

At the other end of the spectrum, too much milk can be an issue too, causing problems like blocked ducts, mastitis and lactose overload (see below). As I mentioned above, in some instances, pumping when you don't actually need to causes your body to produce more milk, and it may be a lot more than your baby needs. I always say your baby is your best pump – trust them to know how much milk you should make.

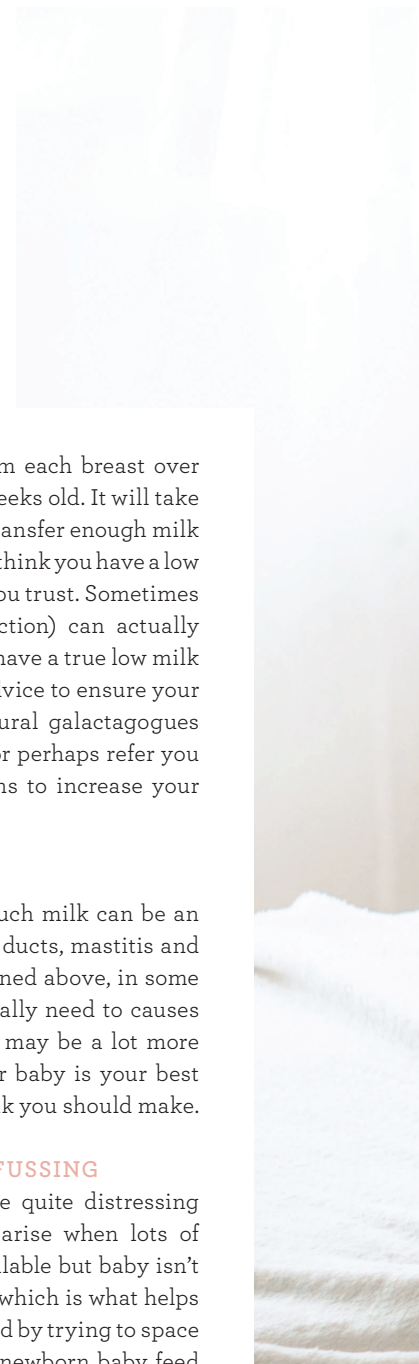
#### LACTOSE OVERLOAD OR CRYING/FUSSING

An unsettled breastfeeding baby can be quite distressing for everybody involved. Problems can arise when lots of the watery lactose milk (foremilk) is available but baby isn't getting enough of the cream (hindmilk), which is what helps them digest the lactose. This can be caused by trying to space out your feeds too much. If you let your newborn baby feed whenever they cue they are hungry (which is often 8-12 times from each breast in 24 hours), the breast cannot get really full, which is ideal because there will be less lactose and more fatty milk available. Your baby will be able to digest their feed a little easier and remain satiated and happy for longer.

Lactose overload is caused when too much foremilk rushes through a baby's gut into the small intestine and ferments, causing bloating. Symptoms include a bloated, swollen abdomen, crying and unsettled behaviour, gaining weight at a fast pace, spilling a lot, pulling their legs up to their tummy, not liking lying flat on their back or on their stomach. The gut is known as the body's 'second brain', so if we can keep that healthy we're onto a good thing!

#### THRUSH

Signs of thrush are itchy or burning nipples or areolas, and a thick white coating on the tongue and nappy rash for your baby. These symptoms can also be caused by a latching issue so it's important to always seek medical advice on this one. The itchiness could be due to washing products, dermatitis or





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a reaction to breast pads, while the nappy rash could be due to your baby wipes and the white tongue could just be milk. An easy at-home treatment while you're waiting for a diagnosis is to mix one tablespoon of white vinegar with about a cup of water and use it to spray on your nipples. Lots of fresh air and sunlight on your breasts and your baby's bottom is also great, as thrush thrives in warm, moist places.

#### **NURSING STRIKES**

Babies can sometimes suddenly refuse the breast and it's often related to an event like teething or having a cold virus, or learning to roll over or crawl. It's important to protect your milk supply by pumping and try to stay calm. If you force your baby to feed and you both become stressed, your baby can develop a negative association with feeding. Create relaxing times of the day to offer the breast, like at bed time or when your baby is getting sleepy. Try taking a warm bath together and offering a feed in there.

Cathy McCormick is an Auckland-based lactation consultant, postnatal midwife and a director of HolisticBaby. A mother of three, she believes in a holistic approach to the wellbeing of babies, mothers and families. To contact Cathy or find out more, visit [holisticbaby.co.nz](http://holisticbaby.co.nz).