



New Jersey WIC

Common Challenges and Solutions



Support When You Need It Most

Breastfeeding can be hard at times, often when you first start. WIC can help you find ways to make breastfeeding work for you and your baby. Knowing what to expect and who to talk to when you have a problem can help. Remember, you are not alone, and it does get easier!

Sore Nipples

When you first start breastfeeding, your nipples may feel tender. Once you and your baby get the hang of it, **breastfeeding should not hurt.**

Sore nipples may happen:

- If your baby doesn't have a good latch
- If your baby sucks only on the nipple
- If your baby is pulled from your breast while they're still sucking
- If you are pumping with the wrong sized flange or at too high suction



What You Can Do

- ✓ **Check your nipple after feeding baby**
 - It should look round and long, or the same shape it was before the feeding.
 - If it looks flat or compressed when it comes out of your baby's mouth, your baby may be sucking on only your nipple.
- ✓ **If your baby sucks only on the nipple:**
 1. Break their suction by putting your finger in the corner of their mouth
 2. Let them try latching to your breast again
- ✓ **Ask WIC for help to improve your baby's latch**

They can watch you breastfeed to figure out why you are in pain and help you fix the problem.
- ✓ **Try changing positions each time you breastfeed**

Learn more: https://www.youtube.com/watch?v=z4ikF_NwjEU&t=3s
- ✓ **After breastfeeding, express a few drops of milk and gently rub it on your nipples**

Your milk has natural healing properties and oils that soothe.
- ✓ **Let your nipples air-dry after feeding and wear a soft cotton shirt**
- ✓ **Place washable or disposable nursing pads in your bra to absorb leaks and change often**
- ✓ **If your nipples crack, use mild soap and water to clean them**
- ✗ **Avoid tight clothes and bras that put pressure on your nipples**
- ✗ **Do not use harsh soaps, ointments, or astringents on your nipples**

Don't Push Through the Pain: Get Help Early



Stopping or delaying feedings can cause more pain and harm your milk supply. Before giving up, get help from WIC.

Talk to your healthcare provider, WIC, or other breastfeeding expert:

- If your pain does not go away
- If your pain comes on suddenly
- Before using creams, hydrogel pads, or a nipple shield

Sore nipples may lead to a breast infection, which needs treated by a professional.

Engorgement



Most women will feel their breasts get large, full, heavy, and tender about **2 to 5 days** after giving birth.

This feeling of breast fullness is normal. It is the result of increased milk supply – which is good! Breastfeeding your baby often will relieve this feeling of fullness.

Engorgement is different than normal breast fullness.

Engorgement happens if your breasts become overly full. This causes pain, swelling, warmth, redness, throbbing, and hardness of breasts. It may also cause a low-grade fever and can lead to plugged milk ducts or a breast infection.

Engorgement may happen:

- If your baby does not feed often enough
- If your baby does not remove enough milk from your breasts

What You Can Do

To prevent engorgement:

- ✓ **Breastfeed often after giving birth**
Every 1 to 3 hours during the day. Every 2 to 3 hours during the night.
- ✓ **Offer both breasts at each feeding**
If your baby is latched on and sucking well, allow them to nurse for as long as they like on the first breast before offering the second breast.
- ✗ **Do not skip feedings**
If you miss a feeding, pump, or hand express to relieve fullness.
- ✗ **Do not supplement with formula**
Supplementing may reduce your milk supply and cause excess fullness due to missed feedings.
- ✗ **Avoid using pacifiers**



To relieve engorgement:

- ✓ **Apply cold packs** to your breasts in between feedings to reduce swelling and pain. A bag of frozen vegetables wrapped in a wet washcloth works well.
- ✓ **Pump or hand express** a small amount of milk before feeding to soften your breast. This will make it easier for your baby to latch on.
- ✓ **Try reverse pressure softening** by placing your hands around your breast with both thumbs at the nape of the nipple. Gently press back and away in a rhythmic motion. This will help support with the releasing of the additional fluid around the areola.



Growth Spurts

Many babies are fussy during a growth spurt and will want to nurse longer and more often. This is called cluster feeding. This is your baby's way of helping you increase your milk supply so that you can keep up with their needs. Remember, the more your baby nurses, the more milk your body makes.

Growth spurts can happen at any time, and every baby is different.

They often happen at these ages:



2-3 Weeks



6 Weeks



3 Months



6 Months

What You Can Do

- ✓ **Follow your baby's lead**
 - Nursing more often will help build up your milk supply.
 - Once your supply increases, you will likely be back to your usual routine.

- ✓ **Learn more**

https://www.cdc.gov/act-early/milestones/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/actearly/milestones/index.html

Plugged Milk Duct

A plugged duct happens when inflammation (or swelling) narrows milk ducts in the breast, reducing the flow of milk. Globes of fat in breast milk can clump together and form a plug that gets stuck in the narrowed duct. This can feel like a small lump, sore knot, or hard area in the breast. You won't have a fever or feel sick, but sometimes the narrowed duct can get worse and lead to an infection.

A plugged duct may happen:

- If more milk is produced than your baby needs, your body may respond with inflammation. Swelling from inflammation can put pressure on some of the ducts, which slows or blocks the milk from flowing well.
- If your breasts are engorged.
- If your baby skips a feeding or isn't feeding as often as usual.
- If your bra or clothing is too tight.
- If you often have plugged ducts, it may mean your baby or breast pump isn't removing enough milk, or you're using the same feeding positions too often.

What You Can Do



Continue to breastfeed or pump at the rate that has been normal for you when you were not experiencing a plugged duct. Pumping or breastfeeding more often can make a plugged duct worse.



Use gentle massage for a few minutes before and during feedings to help loosen the plug and promote milk flow. Using your fingers, start in front of the plugged area and use gentle circular motions moving toward the nipple. Do not pinch, squeeze, or massage firmly – this can cause more inflammation.



Begin feedings on the side where you feel you have a plugged duct first. Your baby's stronger initial sucking can help loosen the plug and keep milk moving freely.



Try different feeding positions. Changing positions can change the suction in different areas of the breast.



Apply ice or cold packs to reduce pain and swelling. Use the cold pack for 10 to 15 minutes at a time, several times a day. Help protect your skin by placing a thin cloth between the ice pack and your breast.



Stay well-hydrated with water and rest as much as possible.



Wear a well-fitting, supportive bra that doesn't put pressure on your breasts.



Use warm compresses cautiously before feeding, as brief warmth (about 5 to 10 minutes) can encourage milk flow, but avoid heat if your breasts are already inflamed, as this could make swelling worse.



Ask your healthcare provider about medicine to help with pain and swelling, like acetaminophen (Tylenol) or ibuprofen (Motrin). A lecithin supplement may help to treat and prevent plugs as well. Ask your doctor about the safest options for you.

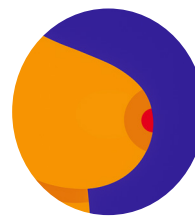


If the plug doesn't resolve or get smaller in size within 24 hours, ask for help from a lactation consultant or healthcare provider. Plugged ducts can sometimes lead to an infection of the breast, called mastitis, which may require medical attention.

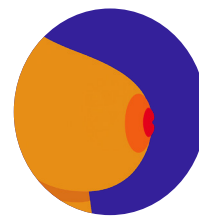
Inverted, Flat, or Very Large Nipples

Some women have nipples that turn inward instead of pointing outward or are flat and do not protrude. Nipples can sometimes flatten for a short time because of engorgement or swelling from breastfeeding. Inverted or flat nipples can sometimes make it harder to breastfeed. But remember, for breastfeeding to work, your baby must latch on to both the nipple and the breast, so even inverted nipples can work just fine. Flat and inverted nipples may protrude more over time as the baby sucks more.

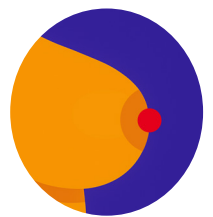
Very large nipples can make it hard for the baby to get enough of the areola into their mouth to compress the milk ducts and get enough milk.



Flat Nipple



Inverted Nipple



Very Large Nipple

What You Can Do

- ✓ **Talk to your healthcare provider** or other breastfeeding expert if you are concerned about your nipples.
- ✓ **A lactation consultant can give you advice** for safely and comfortably pulling your nipples out.
- ✓ **Ask for help if you have questions** about your nipple shape or type, especially if your baby is having trouble latching well.
- ✓ **If you have large nipples, your baby might have a harder time latching at first.** That's okay. Latching often gets easier as your baby grows. It may take a few weeks to get a good latch. Having large nipples is not a reason to stop breastfeeding. If you're worried about how your baby is latching or feeding, talk to a lactation consultant. They can help you check the latch and make sure your baby is getting enough milk.

Mastitis

Mastitis is swelling in the breast tissue that can sometimes lead to an infection. It is often caused by having too much milk or a change in the natural bacteria in your breasts. After giving birth, you may have engorgement (painful swelling in the breasts). This is not mastitis and should go away within two weeks.

Signs of Mastitis:

Mastitis usually happens in one breast and can cause your breast to be swollen or red.

Other symptoms might include:

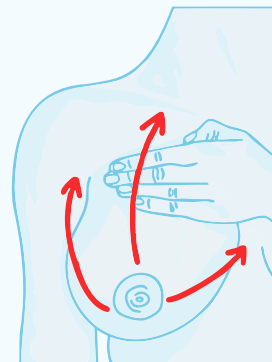
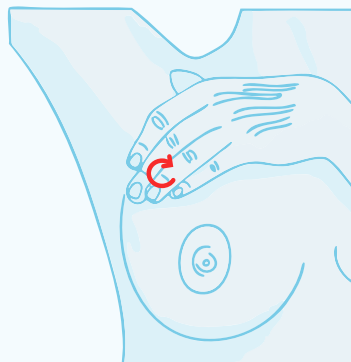
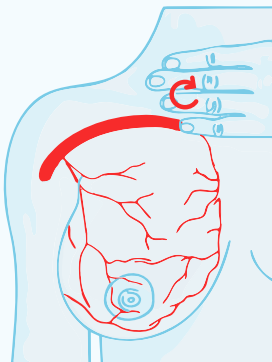
- Fever (101°F or higher)
- Vomiting
- Chills
- Yellowish discharge from the nipple
- Body aches
- A tender, warm, or hot area on the breast
- Nausea



If you don't start feeling better within 24–48 hours, call your healthcare provider. You might need antibiotics. While not all cases of mastitis are caused by infection, it's important to take the full course of antibiotics if prescribed.

What You Can Do

- ✓ **Keep breastfeeding**
It's safe to breastfeed while you have mastitis. Nursing can help reduce engorgement, ease symptoms, and speed healing.
- ✓ **Follow your baby's hunger cues**
Feed your baby from the unaffected breast first, then offer the affected side. Don't try to fully empty your breasts. If pumping, only remove enough milk to meet your baby's needs.
- ✓ **Use cold compresses**
Apply ice packs hourly or as needed. Avoid using heat, as it can increase swelling. A warm shower is okay, but don't place heat packs directly on your breasts.
- ✓ **Stay hydrated and rest**
Drink plenty of water and get as much rest as you can to help your body heal.
- ✓ **Wear a supportive bra**
Avoid tight bras or those with underwire.
- ✓ **Ensure a good latch**
Make sure your baby is latching deeply and comfortably. A good latch helps drain milk effectively. WIC can help if you're having trouble with latching.
- ✓ **Manage pain**
Ask your doctor or pharmacist about over-the-counter pain relievers that are safe to use.
- ✓ **Try gentle massage**
Use light, gentle strokes with your fingers, starting at the nipple and moving toward your armpit or collarbone. Massage during or right before feeding can help with milk flow and ease discomfort. Avoid pressing too hard, which might worsen symptoms. Stop if it hurts or your symptoms get worse, and talk to your healthcare provider.



It's safe to feed your baby breast milk when you have mastitis. Your milk might look clumpy or stringy, but it's still healthy for your baby. If your symptoms don't improve or you're unsure about anything, reach out to WIC or your healthcare provider for help.

Fungal Infection (Thrush)




A fungal infection, also called a yeast infection or thrush, can form on your nipples or in your breast. This type of infection thrives on milk and forms from an overgrowth of the *Candida* organism. *Candida* lives in our bodies and is kept in balance and under control by the natural bacteria in our bodies. When the natural balance of bacteria is upset, *Candida* can overgrow, causing an infection.


Signs of a fungal infection include:


- Nipple soreness that lasts more than a few days, even after your baby has a good latch
- Pink, flaky, shiny, itchy, or cracked nipples
- Deep pink and blistered nipples
- Achy breasts
- Shooting pains deep in the breast during or after feedings
- White patches in your baby's mouth that don't wipe off


What You Can Do


Fungal infections may take several weeks to clear up, so it is important to follow these tips to avoid spreading the infection:


 Change disposable nursing pads often.


 Wash any towels or clothing that comes in contact with the yeast in very hot water (above 122°F).


 Wear a clean bra every day.

 Wash your hands often.

 Wash your baby's hands often, especially if they suck on their fingers.

 Safely clean pacifiers, nipples, and toys your baby puts in their mouth.

 Boil all breast pump parts that touch your milk every day.

 Make sure other family members are free of thrush or other fungal infections. If they have symptoms, make sure they get treated.

If you or your baby have symptoms of a fungal infection, call both your healthcare provider and your baby's healthcare provider so you can be correctly diagnosed and treated at the same time. This will help prevent passing the infection to each other.

Low Milk Supply

Many breastfeeding mothers worry about having enough milk for their baby. The good news is most mothers can make plenty of milk.

Low milk supply may happen:

- If you limit your baby's breastfeeding sessions
- If you give your baby infant formula instead of breastfeeding
- If you give your baby solid foods before they are 6 months old
- If your baby is not feeding often enough
- If your baby is not latching well
- If you are stressed or not getting enough sleep

Speak to your WIC lactation consultant if you are concerned about your milk supply.




What You Can Do


 To increase milk supply, empty your breasts with each feeding


- If your baby does not drain your breasts, pump after each feeding.
- The more often you empty your breasts, the more milk your breasts will make.

 Breastfeed often and let your baby decide when to end the feeding

 Offer both breasts at each feeding

- Have your baby stay at the first breast as long as they are still sucking and swallowing
- Offer the second breast when your baby slows down or stops.

 Massage or compress your breasts while your baby is latched to help release more milk

 Avoid giving formula or using pacifiers

- If you need to feed your baby a bottle, offer your expressed milk.



If the tips above don't help, check with your healthcare provider to make sure there aren't any medical issues that could be decreasing your milk supply.

Nursing Strike

A nursing “strike” is when your baby has breastfed well for months then suddenly begins to refuse the breast. This is usually temporary and typically does not mean your baby is ready to wean.

A nursing strike can mean your baby is trying to let you know something is wrong. All babies are different and will not react the same way. Some babies will continue to breastfeed without a problem. Other babies may just become fussy at the breast. And other babies will refuse the breast entirely.



Some causes of a nursing strike include:

- Having mouth pain from teething, a fungal infection like thrush, or a cold sore.
- Having an ear infection, which causes pain while sucking or pressure while lying on one side.
- Feeling pain from a certain breastfeeding position, perhaps from an injury on the baby’s body or from soreness from an immunization.
- Being upset about a long separation from the breastfeeding mother or a major change in routine.
- Being distracted while breastfeeding, such as becoming interested in other things going on around them.
- Having a cold or stuffy nose that makes it hard to breathe while breastfeeding.
- Getting less milk from the breastfeeding mother after supplementing your milk with bottles or overuse of a pacifier.
- Responding to the mother’s strong reaction if the baby has bitten her while breastfeeding.
- Reacting to changes in soap or other cosmetics that might smell unfamiliar.
- Responding to changes in the taste of milk because of an illness, medication, or diet.



If your baby is on a nursing strike, it is normal to feel frustrated and upset, especially if your baby is unhappy. Be patient with your baby and keep trying to offer your breasts.

What You Can Do



Try to express your milk as often as the baby used to breastfeed to avoid engorgement and plugged ducts.



Keep offering your breast to your baby. If your baby is frustrated, stop, and try again later. You can also offer your breast when your baby is very sleepy or is sleeping.



Focus on and comfort your baby with extra touching and cuddling.



Try another feeding method temporarily to give your baby your milk, such as using a cup, dropper, or spoon.



Try different breastfeeding positions, with your bare skin next to your baby’s bare skin.



Breastfeed your baby in a quiet room with few distractions.



Keep track of your baby’s wet and dirty diapers to make sure they get enough milk.



If you are worried your baby is not getting enough milk, talk to their healthcare provider. They can check your baby’s weight gain.