

# KAPI-MANA MULTIPLE BIRTH CLUB

## When breastfeeding makes your toes curl!

By Lorraine Taylor

### **Intro**

The way breastfeeding is designed, it *should not* be painful. Many women find breastfeeding a very pleasant and enjoyable experience. But what do you do when breastfeeding makes your toes curl and 'enjoy' is the last word you would use to describe it? Pain is the most common reason women give for trouble in the early weeks or ceasing to breastfeed. Pain is an indication that something needs attention. It is common but can be treated or even avoided with a little information and early management.

### **Tips for twins**

With pain avoidance in mind, it may be worth assigning one baby to each breast when establishing breastfeeding. Then if pain does develop in one breast or nipple, you have eliminated one baby and one breast from your assessment of possible causes of the problem. Often, positioning is all that needs tweaking.

In the first few days feeding one baby at a time may be a good way to go. Keep them synchronised by feeding one directly after the other. If either baby takes a long time to feed, or both are desperately hungry at the same time, you may want to feed both at the same time from the word go – see what suits you and your babies. Tandem feeding can be initiated at any time. Just do what works.

### **Tips for positioning new babies–**

The majority of pain and damage to nipples is caused by incorrect positioning. Here's a few tips to get you started...

- Get comfortable – have a drink handy, plenty of pillows, and an extra pair of hands to hand babies to you, get you drinks, pass you the chocolate etc
- If feeding one baby at a time, start with the regular cradle hold – baby's tummy across your tummy, head resting on and supported by your relaxed, bent forearm.
- Baby needs a wide open mouth to take in more than just the nipple. If baby is only sucking on the nipple it will hurt and cause damage. If baby's jaw and ear are moving, that is a good indication.
- Think of 'chin first' when attaching baby to the breast, cupping the breast with your hand in a C hold (4 fingers supporting the breast underneath with the thumb on top). Aim the nipple to the roof of the baby's mouth, so the chin touches the breast first.
- Don't be afraid to feed frequently in the first few weeks (2-3 hourly is average) – you will soon learn all you need to become confident in responding to your baby's cues, appetite and sleep needs – and developing your own rhythm and structure. Both babies and mother are learning the art of breastfeeding and need time and frequent practise to get it right, so everyone is happy. Many mothers find it takes about 6-8 weeks to really feel confident about their breastfeeding. One suggestion is to feed at the same time – to synchronise feedings as much as possible. If one wakes and needs to be feed, either feed the other at the same time or straight after. For many this is a sanity saver.
- Use either baby's natural instincts. For example if one baby turns her head from side to side with wide open mouth (rooting reflex), it is a great time to offer the breast(s) (even if they've 'just been fed' an hour ago). Your babies may have different appetites or feeding styles (leisurely, desperate, guzzler, relaxed etc). Try going with the hungrier baby and offer to the other baby at the same time. You will soon learn your babies' different signals for hunger, tiredness or just needing a cuddle.
- If either baby's latch does not feel 'right' take baby off and try again. Release baby's suction by gently hooking your little finger in the corner of baby's mouth. Re-position yourself and baby and try again.
- Some mothers do experience some discomfort in the first few weeks as baby initially latches on – if this pain does not ease during the feed then there may be positioning issues. La Leche League have a few positioning leaflets that may be beneficial to get it right and avoid damage.

### **Healing Sore or Cracked Nipples**

*To breastfeed* – try hand expressing first to stimulate the let down before putting a baby to the sore breast OR latch one baby to the least sore side first, then concentrate on gently latching the other baby to the affected breast, paying careful attention to good positioning and latch on OR feed babies separately so you can give full attention to positioning baby on the sore side. Get good pain relief that is compatible with breastfeeding.

*After breastfeeding* – nipples need moist healing, so use any or all of the following that retains the inner moisture (ie not a milk soaked breast pad that causes chaffing)

- Expressed colostrum or breastmilk gently patted on the nipple and left to dry (as many times as you can)
- Barrier cream that is compatible with breastfeeding, used in between feeds to retain moisture and give relief. If the taste makes baby fussy at the breast, discontinue use as this may increase the problem
- An antibacterial cream may be necessary if skin is broken, but be aware that this will need to be cleaned off before feeding, which may cause more pain and damage
- Nipple protectors to keep nipples away from clothing
- Hydrogel / glycerin pads
- Avoid soaps, bodywashes
- If skin becomes infected – see a doctor
- Find the cause of the problem

### **Easing Engorgement**

Breasts may become full and sore in the first few days after your milk comes in, not only due to the milk but also extra blood that has decided to join the party. This will pass, but in the mean time try any or all of these suggestions to relieve the pressure and pain..

- ⊙ Feed early and often (10-12 times a day is average)
- ⊙ Ensure your baby is positioned well, and latched on correctly
- ⊙ Waking babies to feed is a possibility – if you need relief, it certainly doesn't hurt them
- ⊙ Not limiting babies time on the breast – let them take as much as they want
- ⊙ Express some milk to relieve the pressure – before and/or after feeding (don't empty the breast as this will signal the brain to make more than is required – unless you are expressing to feed via another method)
- ⊙ If babies are having tube feeds in the hospital, or other feeds other than at the breast – express as much milk as you can when they are being fed – this works well for two reasons – keeps your breasts in line with when the babies are feeding and relieves the pressure.
- ⊙ Gentle Breast Massage where it feels full – especially while you are expressing or feeding. With the palm of your hand and starting from the top of your chest (just below your collar bone), gently stroke the breast downward in a circular motion, toward the nipple. This may be more effective when done while you are in the shower or while leaning over a basin of warm water and splashing water over your breasts.
- ⊙ Warm Compresses - Some mothers find that applying a warm, moist compress and expressing some milk just before feedings helps to relieve engorgement. Using heat for too long will increase swelling and inflammation, so it is best to keep it brief
- ⊙ Cabbage leaves – an oldie but a goodie - cold compresses can be used between to reduce swelling and relieve pain. They can be used refrigerated or at room temperature and can be crushed with a rolling pin to make them moist. Drape leaves directly over breasts, inside the bra. Change every few hours. Discontinue use if rash or other signs of allergy occur.
- ⊙ Contact your doctor immediately if engorgement is not relieved by any of the above comfort measures or you begin experiencing flu like symptoms or painful/swollen breasts or your baby is unable to latch on to your breast.

### **Breast infections**

Plugged Duct – a sore or tender spot or lump in usually one breast not accompanied by fever. If a milk duct is not drained effectively, pressure can build up and the tissue around the duct becomes inflamed. Plugged ducts can be caused by tight or restrictive clothing, missed or shortened feed, poor latch on or positioning.

Breast infection – if the soreness as above is accompanied by fever and/or flu-like symptoms (tiredness, achy, run-down, possibly nausea and vomiting). A breastfeeding mother may develop a breast infection if other members of the family have colds or flu.

*Treatment is the same*

- Continue breastfeeding, especially off affected side
- Apply heat which increases circulation (wheat bag, hottie, shower, bath)
- Gently massage breast, starting behind the sore area, particularly when feeding or in the bath or shower to encourage movement of milk in the breast and draining of the duct
- REST – clear your schedule and go to bed with the babies until you are feeling better! Or avoid doing unnecessary things and rest with your feet up for a few hours. This is the time to ask for help. Often a mother can miss the early signs of a breast infection if she is busy; it can also be an indication that mother is getting over tired. Many women have alleviated the symptoms by full rest – tricky with twins but necessary.
- Feed according to baby's appetite. If breasts become fuller than baby requires, express off a little, to relieve the pressure and avoid blocked ducts. If baby sleeps for longer than expected – ie the first time baby sleeps for a long period at night – it may help to express a little, so the milk doesn't build up.
- Avoid clothing or bras that put any pressure on any part of the breast – ie underwire bras

By following these measures most mothers feel better within 24 hours. But if the fever persists or the symptoms worsen, contact your doctor who may prescribe an antibiotic. Even with antibiotics, use the above methods to aid healing.

***A doctor should be contacted without delay if any of the following occur –***

- Pus or blood in the milk
- Both breasts are infected (sore), or the nipple looks infected
- Red streaks on the skin near the affected area
- Symptoms come on suddenly or severely

***Vasospasm – sometimes caused by Reynauds Syndrome***

While fairly uncommon, this extreme condition has been in the limelight recently. Difficult to both diagnose and treat, it can be debilitating for women who experience it. Reynauds Syndrome is a condition, often hereditary, that effects circulation to extremities (hands, sometimes feet) and can then affect the nipples during breastfeeding. Due to the compression of the nipple, mother may experience 'vasospasm' or constriction of the blood vessels. The nipple may turn white, or white then blue, then red. Throbbing or stabbing pain can last up to an hour or more. The nipple may look misshapen, pointed or creased.

Sometimes, similar symptoms are caused by baby compressing the nipple during a feed, cutting off blood flow. Pain comes when the blood circulation returns to the nipple (pins and needles). In this situation, attention needs to be given to correcting the baby's latch, and a warm compress, applied to the nipples as babies comes off will hasten blood flow and ease pain.

If correct latch and warm compresses does not ease the pain, medication may be required in the form of creams, sprays or tablet. Avoiding cigarettes and caffeine which constrict arteries, exposure to cold (woollen breast pads) and handling cold objects may also be beneficial.

Breastfeeding is supposed to be enjoyed by mothers and babies. Don't put up with sore breasts. If you are experiencing pain in breastfeeding, La Leche League has plenty of information and helpful suggestions to make breastfeeding an enjoyable experience for you and your family.

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