

Common Difficulties With Breastfeeding

Studies have shown that breastfeeding can provide a number of health benefits for both mother and baby. If you have decided to breastfeed, keep in mind that you may experience some difficulties, especially during the first few days. Read more to learn about some of the more common problems associated with breastfeeding.

Engorgement

It is important to know the difference between breast fullness and engorgement. Breast fullness is the gradual accumulation of blood and milk in the breast a few days after birth and is a sign that your milk is coming in. Breast fullness does not impair efficient breastfeeding because the breast tissues can be easily compressed by the baby's mouth.

Breast engorgement is caused by congestion of the blood vessels in the breast. Milk production usually begins on the second or third day following your baby's arrival. If this milk is not drained on a regular schedule, the glands can become uncomfortably full. This often leads to the breasts becoming swollen, hard and painful, and nursing becomes difficult because the nipples cannot protrude to allow for the baby to latch on properly.

A regular feeding schedule is the best way to cope with engorgement. Breastfeed your baby often so that your milk production evens out to a regular cycle. Try not to skip feedings during this time, even though this may feel like the right thing to do.

Supportive nursing bras can help to relieve some of the tension and pressure that you may be feeling. You may want to wear the nursing bra overnight until you are more comfortable.

Massaging the breasts can also help to relieve pain and pressure, as well as to express any milk that remains. The shower can be a good place to do this, since the warm water can be relaxing, as well.

Sensitive/Painful Breastfeeding

Some new mothers experience periods of sensitivity during feedings. This feeling can last from only a few seconds to a number of days. Painful feedings can lead breastfeeding mothers to abandon the process and switch to bottle feeding.

The most likely cause of painful breastfeeding is improper positioning. Try to keep your baby from latching on only to the nipple; try to place as much of the areola (the area surrounding the nipple) in your baby's mouth as possible.

You may want to try massaging or numbing the area before beginning a feeding session. This can provide you with relief, as well as stimulate milk production.

Talk to your doctor about other options that may be available to you.

Cracked Nipples

Improper positioning can lead to cracked or chapped nipples, a painful experience for any new mother. Try changing the way that you are holding your baby during feedings. Also, switching from one nipple to the other can help to provide some extra relief.

If the tip of the nipple is chapped, this is probably due to the nipple rubbing on the roof of your baby's mouth. If the base of the nipple is chapped, your baby is likely latching on solely around the nipple itself.

To help reduce the risk of further chapping, try leaving your breasts exposed after a feeding session. Leaving your nursing bra open immediately following a feeding can also provide relief. If you use nursing pads, make sure that you change them frequently to avoid trapping moisture close to your skin.

Thrush

Thrush is a common yeast infection that can be passed between the mother and the baby during breastfeeding. Symptoms of yeast infection in the mother are deep-pink nipples that are tender or uncomfortable during and immediately after nursing. Symptoms of thrush (an oral yeast infection) in the baby include white patches and increased redness in the baby's mouth. Some infants will also develop a diaper rash, experience a change in mood and will want to nurse more frequently.

If you suspect that you and your baby have thrush, please contact your healthcare provider immediately.

Mastitis

Mastitis is inflammation of the breast due to infection. Although mastitis does not pass from mother to baby, it can be extremely painful to a new mother. Early indications of mastitis are elevated temperatures and a noticeably tender or sore spot in one breast. After the infection fully takes hold, you may experience fevers, extreme fatigue, chills, body aches, swelling in your breast and a very red tender area on the breast that is hurting.

Breast infections most commonly occur in mothers who are stressed and exhausted, have cracked nipples, have plugged milk ducts or breast engorgement, have skipped feedings or wear a tight bra.

Breast milk is safe for your baby, even when you have a breast infection. Frequent nursing from the affected breast will promote healing. Although only one breast is usually infected, it is important to continue breastfeeding from both breasts to prevent the infection from getting worse.

Contact your healthcare provider immediately if you suspect a mastitis infection.

Resources

- American Academy of Pediatrics: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx
- U.S. National Library of Medicine: www.medlineplus.gov/breastfeeding.html

- WomensHealth.gov: www.womenshealth.gov/breastfeeding

Here when you need us.

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