

Why Am I Doing This??

You've been pumping, struggling, hurting, going without sleep for days now, even weeks. What's the point? Giving up your dream of breastfeeding is starting to look very appealing...

You're fighting for your baby's brain. Without breastmilk, your baby's brain won't develop as well. He may be very bright, but he won't be quite as bright as he would have been. And if he's *not* destined to be brilliant, losing a few IQ points will be all the greater a loss to him.

You're fighting for your baby's health. The more fragile your baby is, the more she needs your milk. Your milk gives a premature baby vital tools to work with, and keeps food from being yet another serious - even life-threatening - battle she has to face. Even for full-term babies, the risk of many health problems, from SIDS to high cholesterol to diabetes, rises with the use of formula. Your hard work now is a short-term investment in your child's long-term health.

You're fighting for one of the best relationships of your whole life. There's no way to match a breastfeeding relationship with bottle-feeding. Not for you, not for your baby. You're fighting for the day when that easy, close, joyful relationship can blossom for both of you.

You're paying the dues to become one of these mothers:

- “I thought the pumping and bottle-washing would go on forever. But my baby is eighteen months old now. We've been nursing for 15 of those 18 months, and I'm still amazed by it.”
- “My child's breastfeeding problems turned out to be an early symptom of other problems. His therapist says breastfeeding was the best thing I could have done. I am *so* glad I stuck with it!”
- “I never did develop a full supply. But we've been nursing for over two years now, and it's the best thing I've ever done, besides having my son. Breastfeeding is a lot more than just milk.”
- “I started to resent the pump, my husband, my family - everything. But I wasn't going to quit before three months. And at 2 1/2 months, everything started to fall into place.”
- “Things never did fall into place for us. I pumped as long as I felt I could, and slowly weaned to formula. It wasn't the ending I wanted, but I know that every drop I pumped was liquid gold for her, and I don't regret a single day.”
- “I've done bottle-feeding, and I've done breastfeeding. I'll always feel bad that I'm not as close to my bottle-fed child as I am to my breastfed ones. That's not something I'll admit to most people - that there's a difference. But there is.”

“Am I glad I stuck with it? Oh, yes!”

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TOUGH LOVE

The early days of nursing were awful! Comfortable? No way. Sometimes the pain seemed unendurable. I had dark moments when I doubted that breastfeeding was the right thing for us.

I had always planned to breastfeed my baby. My younger sister, Pam, had successfully breastfed her three, and I had seen them develop into happy, healthy children. I looked forward to nursing as one of the rewards for getting through pregnancy and as a way for my new baby and me to have the closeness I saw in my sister's family. I couldn't wait.

Our difficulties began immediately. Within hours of Julie's birth, I was very sore. I couldn't get her to latch on most of the time and when she did begin to suck, I flinched with pain. The hospital staff was sympathetic but they offered conflicting advice. The nurses also wanted to see more wet diapers and advised me to give my baby bottles of sugar water. I felt powerless, threatened, and anxious but still kept trying to nurse Julie. The first two weeks are a blur to me now but I remember that by about 2 1/2 weeks, Julie and I were still having a terrible time nursing. My nipples were cracked and bleeding. I called a friend who put me in touch with a breastfeeding specialist and I began to work closely with her to try to resolve our problems. Some positioning changes helped, but Julie was still an extremely "tight" nurser, clamping down so hard that she was actually inhibiting the free flow of milk. So my milk production dropped in spite of round-the-clock nursing and I developed a nasty breast infection. I went on antibiotics for the infection and took Julie to the pediatrician's office for a weight check. No gain in the past 10 days.

The pediatric nurse gave me a can of formula, saying, "Your baby hasn't gained enough. Give her at least an ounce of this after every feeding." When I asked her why, she said simply, "Because you don't have enough milk." Yet I knew that if I nursed less, I would have even less milk. I was heartbroken. What had happened to my dream of nursing?

Did I have a choice here? I talked to my husband and my helper. I didn't want to risk my baby's health just to fulfill my own dream to breastfeed but I knew that there were both short- and longterm risks associated with formulas, too, and I wanted to be reasonable. Besides, we were just beginning to see signs of progress - diapers a little more wet, Julie's jaw feeling a little looser. At my helper's suggestion, I started to pump breastmilk and to feed Julie the pumped milk with a dropper between regular nursing sessions. We felt sure that the problem lay with Julie's nursing, not with my ability to produce milk, and that the fastest way to increase my milk was to augment Julie's efforts with a good pump. My husband and I agreed that if she hadn't gained weight by the weekend, we would reconsider formula.

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The first day or two of pumping were discouraging. I pumped conscientiously several times a day, even at night, for only a few extra teaspoons of milk each time. After a few days, though, the pumping got easier and the milk started flowing. And by the weekend, Julie had gained - two ounces in three days! I told my pediatrician at the weight check that I had supplemented with my own milk, not formula, and the doctor encouraged me to continue on that course. No formula necessary! I kept pumping, and Julie's abilities kept improving. She gained steadily over the next month, and began to get downright plump. But I began to worry again when she started refusing the pumped milk. I had become so accustomed to "catastrophic thinking" that I didn't realize she was full from good nursing and just couldn't hold more! I stopped using the pump for good.

The pain didn't disappear right away. "Will it always hurt a little?" I wondered. In my case, relief was gradual. As Julie grew, she continued to loosen up. By the time she was 2 months old, I began to trust that what my helper and others had told me was true: the soreness would go away. I weathered another breast infection and realized along the way that I was suffering from the general anxiety and depression that sometimes go with new motherhood. But I could see the light at the end of the tunnel. By 3 months, Julie and I were pros, and my confidence as a new mother grew by leaps and bounds. I had done the right thing for my baby, and I knew it.

How did I get through the dark days? Well, there were some very specific things that helped: taking one nursing at a time; having help with the house and meals; frequent hot showers, letting the hot water run over my back onto my breasts; acetaminophen (Tylenol®); Lamaze breathing (I never used it during labor and delivery but it really worked for the first painful moments of a nursing session); hot washcloths on my breasts; walking around without a shirt or bra when possible; keeping the house warm (Julie was born in January); massage; and most of all, knowing that a sympathetic ear was just a phone call away. The love and support I received from friends (both old and new) and family and the love I felt for my baby meant everything to me. A great deal of joy was mixed with the pain and anxiety of that period. And I steered clear, whenever possible, of those who might discourage me!

We often think of the new mother as gentle and loving, but the new mother is also tough. She delivers a baby and then proceeds to care for that baby around the clock. It took toughminded resolve as well as love and tenderness for me to continue nursing but the rewards have been unbelievably great. I gained a lot of confidence, not only as a mother but as a person. Loving, convenient, comfortable -- these are the words that now come to mind when I nurse my bright and healthy daughter, who is nearly two and a half.

Were those grueling early days worth it? Absolutely!

The Labor of Breastfeeding

As I anticipated the birth of our first child, I worried about many things, but one thing I never worried about was breastfeeding. Visions of peacefully nursing and rocking my baby helped to sustain me throughout those interminable final weeks of pregnancy. I was totally unprepared for the difficulties that would follow.

From the moment of her birth, Emily was completely uninterested in nursing. Every few hours for two days the nurses tried to bring breast and baby together, but my flat nipples made it difficult for Emily to latch on. Without nourishment she remained sleepy, which weakened her already feeble instinct to suck. When we left the hospital, Emily still had not latched on.

Once home, I became increasingly concerned and frustrated by my inability to feed our daughter. By midnight, we were so distraught that we called a La Leche League contact person, but we had already tried all her suggestions. After that long night, we called a lactation consultant, who visited us almost immediately. She was very encouraging, but no matter what position we tried, Emily refused to latch on. I alternated between feeling determined and despondent. While I pumped my incipient milk, my husband tried feeding Emily, first with an eye dropper and later through tubing; having read all about "nipple confusion," we were trying to avoid giving Emily a bottle.

The next day, our family doctor told us Emily was slightly dehydrated, evidenced partly by the fact that there were traces of "brick dust" urine on her diaper. She needed more milk than I could pump. Disappointed and worried, we bought some soy-based formula to supplement my milk.

Things got worse before they got better. Despite a determined effort to get Emily to eat, she seemed even sleepier and less interested in eating than before. By the next morning all she wanted to do was sleep. Nothing roused her. Despondent and in tears, we returned to the doctor. "Our baby won't eat!" we cried. She told us the obvious - Emily needed food. If we didn't get more fluids into her she could end up in the hospital. At that moment "nipple confusion" - as well as nursing - became trivial.

For the next 24 hours, Mark and my mother took turns bottle-feeding her while I tried to pump as much of my own milk as I could. We kept detailed records of how much and how often she ate, wet, and pooped. Every additional ounce she consumed was another milestone and each empty bottle was held up like a trophy. By the next day, not only was she eating with enthusiasm, but she was less sleepy and her color had changed. We had not realized how jaundiced she was until she suddenly pinked up!

Now that Emily was eating, we began to refocus our energies on nursing. Who knew that it would take four more weeks before she would latch on! Working closely and frequently with our lactation consultant we tried various positions, and Emily and I spent afternoons lying in bed together, skin-to-skin. We tried using a cup and, of course, I kept offering her the real thing. Occasionally I tried to nurse Emily with a nipple shield, but it tended to curl back over itself and fall off. Nothing worked. She was a happy, alert baby who got upset only when being pushed against her will to my now milk-laden breasts. Many days I ended up in tears.

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A friend agreed to try nursing Emily, but she cried and pulled away from her breast, too. I was beginning to resign myself to the fact that nursing might not ever work. With a history of allergies and asthma, though, I wanted to do everything possible to keep Emily from following in my footsteps. Disappointed, I told myself that if I could just maintain the discipline to pump until Emily was three months old, I would be satisfied.

Feeding Emily gradually became routine. We weren't delighted with our arrangement, but at least it was predictable. During the night either Mark or my mother would feed her while I pumped; breastmilk now made up over one-half of her food. Between Emily's third and fourth weeks, I stopped nursing attempts altogether, trying to get a respite from the stress and frustration.

Gradually, however, I tried the nipple shield more often, maybe once a day. Sometimes it didn't work at all, but occasionally it did, with Emily in the football hold atop two pillows, and she would get a small amount, fresh from the spigot. Over time we became more successful, though not consistently. I began to remove the shield after Emily nursed, offering her my breast directly. More often than not she cried and refused it, but occasionally she latched on. Still, she seemed unable to draw the nipple into her mouth.

To this day I don't know what changed. All of a sudden, Emily was nursing! It was as if after 5 weeks, she just decided, "Hey, I can do this!" Gradually I could nurse her in the cradle hold or lying down, and later I no longer needed pillows or assistance from another pair of hands. But it took a while to feel confident and secure. Every evening Mark would make enough formula to last through the next day. Each day he threw out more and prepared less. Eventually I felt secure just having a container of formula in the cupboard. It remained unused. Ultimately we returned the electric pump.

Although I don't know what the trick was, I do know that the emotional and physical support I received from my husband and mother were invaluable as were the guidance and encouragement from our lactation consultant. Without them, I surely would have given up.

As I write this, Emily is 6 months old and is a delightful, strong-willed, independent and very healthy baby. Her weight is in the 95th percentile and her mouth is open to nurse before I have time to pop out my breast. She nurses to satisfy not only her hunger, but also her need for comfort. When she looks up at me with her milky smile, it's easy to forget the difficulties we had at the beginning. Was it worth it? Definitely!

© 1995 Barbara Behrmann, author, **The Breastfeeding Café**, University of Michigan Press, 2005
www.breastfeedingcafe.com

“Old Iron Jaws”

My baby's jackhammer-like chomping at my breasts was painful -- but it was too much advice, not the pain, that almost made me give up nursing.

I assumed nursing would come easily to me; when it didn't just “happen”, I assumed I was doing something obvious, wrong. I didn't know my problem was unusual. I sought advice from the nurses at the hospital; of course OB professionals know a lot about breastfeeding. After all, what is there to know?

They had lots of suggestions, but none helped me. It was probably good advice -- for the average mom with the average baby. The nurses dismissed my worries about how Jared could feed if he were chomping rather than swallowing. They assured me that he was just sucking hard -- even though I thought he wasn't sucking at all. “He'll figure it out in a day or two; they always do,” they told me. With the nurses brushing off my concerns, I soon didn't trust my feelings either. Then, as different nurses' suggestions began to contradict each other, I grew confused. It seemed to me that the only reason I wasn't succeeding was because I was incompetent; I'd never felt this unable to cope before.

When I went home 3 days after Jared was born, I felt even more inept. The nurses assured me it would come together in a few days. How many was “a few”? They told me that I had “good nursing technique”. Yet Jared hadn't latched successfully and drank sugar water to prevent dehydration -- and nursing really hurt. Who would have guessed that it would take 10 more weeks of pain and sleeplessness, of self-doubt and resentment of myself, my husband, my medical providers, and almost of my baby?

Nearly everyone assumed it was *my* problem that we couldn't nurse. “You'll get it,” they told me. Only one friend understood. She nicknamed my baby “Old Iron Jaws”. She had never forgotten the pain she experienced when, 13 years ago, she had helped another mom nurse a chomping infant. She encouraged me to hire a lactation consultant, to substitute a professional for the supportive and knowledgeable community that I lacked. I needed the wisdom gleaned from generations -- or from thousands of women's experiences.

I became more despondent as each of the lactation consultant's suggestions in turn failed. But her observations helped me to stick with it. Strangely, when she said that easy nursing sometimes takes as long as three months, my distress diminished. I no longer felt like the odd mom out. The encouraging “a few days” the nurses at the hospital mentioned probably helped many, many women... but it had made me feel like a failure for missing the deadline.

Yet the consultant said it wasn't my fault. I had been right; it was my baby, not my body, that had a problem. Jared couldn't suck if he was chomping. He wasn't “figuring it out”, as the nurse had assured me he would. I wasn't incompetent; my baby's hard-wiring for nursing had blown a fuse. He needed to learn to suck, just as some other babies need to learn to sleep at night. After an eternity of several days, Jared sucked at least as often as he chomped. He ate less supplemental formula.

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But being “right” didn't compensate for the incredible pain that Jared's jaws still caused. I dreaded each feeding; every muscle in my body would tighten up, anticipating the next chomp. Soon every part of me hurt. I desperately wanted a rest, but I feared Jared would never go back to the breast if I stopped nursing.

The lactation consultant gave me the permission I needed to take time off. Jared wouldn't lose interest in nursing in a few days. And since I fed him pumped milk, he wouldn't lose the benefits of my milk either. The physical relief was enormous. But my husband, meaning well, “checked” to see if I had nursed each day. That brought back the old feeling of incompetence and almost drove me to give up altogether. It never occurred to him that I felt inadequate. The lactation consultant gently encouraged me not to try again until I was ready. She helped me broaden my image of a “good” mother as one who does what's best for both herself and her baby. As they say on the airplane, adjust your own oxygen mask, then your child's.

After I healed, I nursed only when Jared's jaws were loosest, in the morning. I pumped between his feedings, but now Jared ate almost every hour, for about a half hour. This situation was intolerable, too, and it seemed endless. Despite knowing I had made progress, I still hurt a little, and now I felt like a machine. I hadn't had one of those great "bonding experiences" that everyone told me about. I hated the whole business.

And now even my lactation consultant gave me too many suggestions that didn't work. She and my nurse practitioner wanted me to try all sorts of changes -- tubes, diet, and so on. I rebelled. I could give no more without resenting my baby. So I fixed my sights on the 3-month “deadline”. I would do nothing new until then, when I'd see if time would indeed work its wonders on Jared's jaws.

I did make one important change my husband suggested. Ignoring all the positions we knew about, I gave Jared control by sitting him upright on my thigh, his hand on my breast. This little change was a big breakthrough. He latched... and barely chomped.

After Jared briefly refused to nurse -- my fear that he was weaning himself so soon brought me to tears for the first time in the 8-week ordeal -- he decided to refuse the bottle. Jared hasn't had a bottle since that incredible 10th week.

Now, at 7 months, Jared is teething, and he's beginning to eat solid foods. "Old Iron Jaws" chomps on me once in a while, when he's upset or very tired, but he stops quickly. I want to keep nursing him at least for 9 months, but he, not I, will make that decision. I'm not getting my hopes up, because it was my hopes and expectations that first brought trouble.

Where were the stories that could have prepared me for this ordeal? Everyone had told me their labor stories, so I knew my labor, while difficult, was "normal". But my friends didn't tell me their nursing troubles because, they said, if I knew how hard it could be sometimes, I'd never have tried. Yet more stories would have kept me from feeling so alone in my journey. Perhaps my story will help you. I escaped postpartum depression; we could all do without the lactation blues.

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"My Baby Just Doesn't Get It"

There are lots of reasons why a baby can't seem to get the hang of latching on and nursing well at first. While your baby learns how, you need to: 1) keep him fed, 2) keep your milk supply going, 3) keep in touch with breastfeeding specialists... and 4) keep the faith! Your baby will learn how. These babies did.

Laura just didn't get it. Her mother finally was able to get her to latch on by using a nipple shield. At first, she gave additional pumped milk in a bottle, but she was soon able to maintain a full supply without pumping. After 6 weeks of using the nipple shield and occasionally being offered the breast alone, Laura was able to nurse without the shield. (Caution: for some mothers, regular use of a nipple shield without pumping results in a lower and lower supply. Use a nipple shield only with guidance from a breastfeeding specialist.)

Daniel just didn't get it. He would try to latch on, then give up in frustration. It turns out there were some very simple positioning issues. After just one visit from a board certified lactation consultant, Daniel and his mom "got it together". As with many non-latching babies, it was all about positioning and letting the baby lead the way.

Emily just didn't get it. She would root, but she wouldn't latch on, though she would suck just fine on a finger. Her mother worked on positioning, and began using a rental pump to make sure her milk supply would build whether or not Emily began nursing soon. She bottle-fed Emily, using formula to supplement her still-low supply. Over the next few weeks, she tried different positions, a nipple shield, a feeding tube, and finally just stopped trying for a week. "Look, Emily," father said to daughter, "The whole world sucks. There's no reason you can't." A little more time with the nipple shield, and Emily started nursing. It took her a bit longer to become fully competent, so her mother continued to pump and offer an evening bottle. By 6 weeks, the formula and the breast pump were gone.

Jason just didn't get it. His mother had plenty of milk, but her nipples were too large for him to latch onto at first. Once Jason was big enough to latch on, he couldn't get a drop out, even though she could sometimes pump 10 oz at a sitting. Over the first month, as Jason continued to grow, he began swallowing sometimes. By 7 weeks, Jason was just about big enough. His mother pumped for an evening bottle for a couple weeks, but then Jason started refusing it. He was doing just fine on his own.

Ali just didn't get it. She latched on in the first few days but didn't nurse well, became dehydrated, and refused from then on. Ali either screamed or slept whenever the breast was offered, and seemed to have no idea how to draw in her mother's rather flat nipples. At 5 weeks, her mother switched to finger-feeding her with tubing, to break the bottle habit and accustom her to the feeling of skin. A few days later, provided she was asked and not told, she began accepting a nipple shield with tubing to provide instant milk. After a few days with the shield, she simply started nursing, first on one side, then both. And that was that.

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Minda just didn't get it. Her mother had large, soft breasts, with nipples that didn't stand out at all. Minda's mom tried many positions, a nipple shield, finger-feeding, bottle-feeding, and by 3 weeks was ready to quit. She tried a feeding tube at the breast as a last resort, and it turned out to be the "latch on here" signal Minda had been looking for. It took another week of ups and downs before Minda nursed consistently and easily.

Alex just didn't get it. He would fight and cry at the breast. His mother bottle-fed him, and gently offered her breast as well. She supplemented her low supply with formula. By about 4 weeks, Alex would latch on some of the time. Suddenly, things began to click. From the day he really began breastfeeding, Alex sat in his mother's arms like a different baby - relaxed and content, as if he'd found heaven. Alex loved being a nursing baby.

Carey just didn't get it. She had been born 3 months premature, and several months of having the breast offered forcefully had made her hate the sight of it. The mother and lactation consultant took it in baby steps, playing games with her and keeping the food fun. Within a few weeks, Carey was a happily nursing baby.

Brandon just didn't get it. He hadn't had any good feedings in the hospital, and couldn't latch on at all after they got home, because her breasts were engorged. She used a rental pump to soften her breasts, and, with some positioning help, Brandon latched on and breastfed beautifully. With breasts still very full, they had trouble a few more times. But she kept pumping, and gave Brandon her milk with an eyedropper when he couldn't latch on. After a couple days, that early engorgement was over and breastfeeding went smoothly.

Shira just didn't get it. She would root, then make a face and push her mother's nipple away. After a week of trying, and offering pumped milk in a bottle, her mother began using a nipple shield. During the next week, Shira nursed with the nipple shield and usually enjoyed it, but had to be supplemented by bottle. Sometimes she refused the shield. Then her efficiency with the shield began to improve, and she began accepting her mother's bare breast sometimes, partway through a feeding. One morning, at about 2 weeks, she just "seemed different" to her mother. And she breastfed fine from then on.

Bruce just didn't get it. He couldn't seem to draw his mother's breast into his mouth and keep it there. After a few days he managed to nurse with a nipple shield, but he needed bottles of pumped milk as well. Day after day went by, and his mother wondered if she would ever be rid of the shield and bottles, but suddenly, in the bathroom, a day before his four week birthday, Bruce just started nursing. Just like that!

These mothers all shared tears, determination, plenty of skin contact with their babies, and help from a knowledgeable breastfeeding specialist. Each pair followed a different path. Some babies caught on quickly, some needed long and frustrating weeks. But all these babies went on to enjoy breastfeeding... and all their mothers say it was worth the wait.

Dealing With Blebs

A bleb is a white spot on your nipple that looks as if milk has collected in a small blister under a thin layer of skin. It is often, but not always, associated with a plugged duct higher up in your breast. We don't really know what causes blebs, and so there are lots of ideas about how to resolve or prevent them. Usually, when the bleb disappears, the plugged area of your breast diminishes rapidly. It may almost be like a dam bursting. The material in the bleb may come out like toothpaste or spaghetti, it may have hardened into tiny granules that you can feel between your fingers as they come out, or you may simply find that the pain, bleb, and plug disappear during a particular nursing.

The ideas listed here on dealing with blebs and their associated plugged ducts are from breastfeeding specialists in several countries. Perhaps some of them will fit your situation. The ideas in bold may be especially helpful suggestions.

Nursing ideas

- Lay your baby on his back on the floor or bed, perhaps on a folded blanket so that the back of his head can drop off the edge and he can lie with his face toward the ceiling. **Loom over him on your hands and knees so that your breast dangles, and nurse in that position.**
- Nurse as often as possible, keeping that breast as soft as possible.
- Nurse your baby with his chin pointed in the direction of the plug.

Manual ideas

- Use hand expression and **gentle nipple manipulation** to work the bleb out.
- After showering or soaking, **gently rub the surface** of the nipple to release the bleb.
- Using a sterilized needle, **gently lift and open the skin over the bleb**, teasing away a bit of skin with tweezers if needed. **Apply a topical antibiotic several times a day** after nursing, for several days. Some mothers prefer to have a physician open the bleb, others prefer to be in control of the needle themselves. It's similar to pricking a heel blister.
- Apply positive pressure behind the nipple, or perhaps behind the plugged duct itself, along with gentle massage and manipulation of the nipple.

Ointment/lotion ideas

- Rub a **small amount of topical antibiotic like bactroban or polysporin** on your nipple after nursing, especially for a day or two after the bleb disappears or opens.
- Apply calendula oil after nursing, several times a day.
- Use a mixture of olive oil and a couple drops of grapefruit seed extract (GSE) or citrus seed extract to massage the breast, areola, and nipple.
- Use Jack Newman's All-Purpose Nipple Ointment (APNO), recipe available at users.erols.com/cindyrr/newman.htm
- To prevent recurrences, spray the breast and nipple with a dilute acidified solution (1/4 cup vinegar in 2 cups water with 5 drops GSE) after showering.

Soaking ideas for use before pumping/nursing

- Vinegar (which dissolves calcium deposits), or diluted vinegar
- Epsom salts (2 teaspoons in a cup of warm water, 4 times per day)
- Warm, moist compresses

Breast ideas

- Stop wearing a bra.
- Stop wearing an underwire bra.
- See a physiotherapist for ultrasound treatment of the breast. One treatment is usually adequate.
- Use a vibrator on the plugged area. Some possible substitutes for a vibrator: an electric razor, or leaning against a washing machine during the spin cycle.
- Lay cabbage leaves over any engorgement.
- Wear a bra with push-up pads to reduce pressure on ducts.

Diet ideas

- **Increase fluids.**
- **Avoid** some or all of the following, especially the ones that you normally tend to overdo:
dairy products, sugar, peanuts, chocolate, fats (especially saturated fats),
caffeine,
antiperspirants, decaffeinated products.
- Increase salt. If you already use “too much” salt, try decreasing it.
- **Take one tablespoon of lecithin daily** (available at health, drug, and vitamin stores).

Other ideas

- Take ibuprofen to reduce inflammation.
- Be tested for Herpes simplex, which can cause nipple blisters.
- Decrease stress.
- **Call a breastfeeding specialist for help.** Why go it alone?

Gaining, Gulping, Grimacing?

Is your baby thriving... but nursing is a struggle? See if many of these sound familiar:

- My baby chokes and gulps and splutters when she nurses, especially at the beginning.
- My breasts always feel full, or they spray when they let down.
- My baby “wrestles” with my breast, pulling off, coming back on as if she’s starving, pulling away and crying, backing off once she has the nipple in her mouth, arching.
- My baby has *lots* of wet and poopy diapers, perhaps even with streaks of blood.
- My baby is colicky, or gassy, or spits up frequently.
- My baby sometimes - or always - has frothy or greenish stools.
- My baby is gaining rapidly, or grew fast at first with weight gain dropping as fussiness increased.
- My baby rarely falls asleep at my breast; nursing is an athletic event rather than a peaceful one.
- My baby will nurse only for food, not for comfort.
- My baby grimaces when she nurses, as if there’s something wrong with my milk, or she frequently seems to have uncomfortable intestines.
- I try to make a point of nursing on both breasts each time.
- If it’s been less than two hours, I look for some cause for fussiness other than hunger.

Those can be symptoms of a baby who’s getting “too much soup, not enough cheesecake.” When our babies are born, our bodies may be prepared with lots of milk... just in case. And it can take a while for our supplies to drop down to what our babies actually need.

The milk that builds up in our breasts between feedings tends to be a lower-fat milk. The milk that the baby pulls down during breastfeeding tends to have a higher and higher fat content, changing gradually from “soup” to “cheesecake”. When she finishes nursing, the fat that was pulled down near the nipple but not used gradually withdraws, to be pulled down at the next nursing after the baby gets through the newly-accumulated “soup”.

If we have a lot more milk than our baby needs, she may not be able to get through all the soup at one sitting. If we switch breasts partway through the nursing “to make sure she takes the other side”, or if we try to space our nursings out to two hours or more, that can mean the baby plows through a whole lot of soup and never gets much cheesecake. She grows fine. But the higher-fat milk is an excellent stomach-settler, because it slows the passage of milk through her intestines. Without the extra fat, milk travels through her intestines without breaking down fully, and can ferment in her large intestine, causing gas, discomfort, and frothy green stools.

And then there’s the fire hose effect. If there’s a whole lot of milk in your breasts, it can squirt into your baby’s mouth faster than she can handle it, and make her feel she must swallow or drown. Not much fun. Like anyone else, your baby wants to take in food at a comfortable rate that she controls herself.

(see other side)

You may find your baby is happier and more settled if you let her “get to the bottom of the barrel”, where the cheesecake is, and slow the flow of your milk. How? By doing three things:

- Offer to nurse her whenever she shows interest, even if it’s been only a few minutes. Shorter intervals mean the higher fat milk is still accessible. We tend to expect babies to nurse only for food, at predictable and widely-spaced intervals. Babies tend to think otherwise. If we offer only when we think they ought to need it, using other distractions when we think they “can’t be hungry”, we’re much more likely to see breastfeeding falter, or end before we wanted it to.
- If she’s happy on one side, leave her there. Imagine a mother dog wearing a watch. After ten minutes she stands up, shakes the puppies loose, and lies down facing the other way so they can reattach to different teats. Silly, right? No other mammal takes a contented baby off one nipple simply to make sure it takes another; why should we? Using both sides each time is one of those rules that grew out of the old “don’t nurse very often” rule.
- If that side isn’t nice and soft when your baby finishes, use it again next time. You may find that using one side for a couple hours is all it takes. After your supply has settled down to match her needs, you’ll largely forget this notion... although you often see breastfeeding mothers hefting each side to decide which they want to use. If your “oversupply” has been dramatic, or your baby is really fussy, you may find you need to spend 4 to 6 hours on one side before using the other. What’s happening to the other side in the meantime? The over-fullness sends a message to cut back on production, which is what you want. If you’re *too* overfull, you can nurse or express just enough to relieve it a bit, then go back to the side you’re trying to soften completely.

These sound like rules, but they’re actually just temporary reminders to help you get past those two initial rules that probably started the problem - making a point of switching sides, and delaying feedings.

As your supply settles down, you may worry that you’ve “lost your milk.” You may be so accustomed to heavy breasts dripping and spraying, and to seeing your child splutter, that a quiet, calm nursing from soft breasts feels wrong. But you’ll probably notice that those diapers are still very wet, and that your child breastfeeds contentedly, with a relaxed and comfortable body, letting go gently when she’s full or dozing peacefully at breast. Those are all signs of an ample - but not overfull - milk supply. If she wants to increase your supply further, all she has to do is ask to breastfeed more often, or fuss to go to Side Two after Side One is completely soft. Trust her to know her own needs, and trust your body to respond appropriately.

Cutting down on an oversupply is usually a simple, straightforward process, and you should begin to see a happier baby and easier feedings within a few days. If not, consult a breastfeeding specialist. She’ll have additional ideas, as well as an interesting booklet called “Effects of an Over-Active Let-Down Reflex”*.

*Lactation Consultant Series Unit #13, Andrusiak F, Larose-Kuzenko M. 1987. Avery Publishing Group, Inc, Wayne, NJ. 10 pp. Available from La Leche League International, www.lalecheleague.org
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Nipple Pain – Sources & Solutions

Sources of nipple pain: Cross out those that you're sure don't apply

Most Common

Mother

- Positioning problem
 - Nipple pinched or misshapen when baby comes off, or nipple tip damaged
- Bruising, usually of areola
- Engorgement prevents baby from latching deeply
- Thrush – pink, itching, burning, sliver of glass in nipple, shooting breast pain
- Bacterial/viral infection
 - Bacterial (Staph aureus, etc) – nipple may not heal completely; areola may feel bruised, as if baby is biting; cracks, oozing, or pus may be present; thrush treatment doesn't work
- Nipple vasospasms (nipple tip turns white, as if the blood has been squeezed out)
- Oversupply – baby gulps, splutters, backs off breast, pinching or clamping to control flow
- Plugged duct – feels like a hard area in breast, nipple may be tender
- Bleb (white spot on nipple like milk trapped under skin)
- Inflammation – irritated nipple that doesn't respond to specific treatments
- Poorly-fitting pump flange (try larger size especially if nipple is nickel-diameter or larger)

Baby

- Positioning problem (odd tongue placement in a well-positioned baby)
- Thrush (baby may fuss, pull away from breast, have shallow latch; tongue may be whitish)
- Frenulum – tongue or, rarely, lip. Or a short tongue
- Unusual palate, e.g. a really deep “pocket” in the palate just behind the upper gum
- Clamping, biting, clenching, or strong sucking, perhaps from muscle tone variations

The great majority of the time, soreness is caused by one of the above

Less Common

Mother

- Dermatitis from creams, meds, bra pads, chlorine... (avoid irritant. Experiment on one side?)
- Nipple too big for newborn's mouth to reach the milk (grow the baby ☺)
- “Adhesed” nipple that tears open in places with suction or nursing (allow them to heal “open”)
- Viral (Herpes, etc) – blister or sore on areola (treat underlying infection)
- Pregnancy or ovulation (extremely unlikely in early months)
- Referred pain (from back, for instance)
- Psychological issues (sexual abuse, etc)
- Scar tissue or damage from radiation treatments
- Nerve damage from trauma
- Fibromyalgia

Baby

- Allergies – may cause baby to want to scratch his palate w/ his tongue or come off breast frequently
- Tongue games – baby makes odd popping sounds, for instance

This is a work in progress. I believe other sources of pain are extremely unusual. But you may have several of the above, interacting. Or you may fix one and discover another. Still, the list is not long, there are solutions to every one of these, and you'll find you can cross almost all of them off before you even start.

Sources of nipple pain, some treatments

Positioning problem - Correct positioning. Most common problems are infant too far to the side (instead, lower lip should be as far as possible from nipple, head slightly extended) and too far away (cheek should usually be against breast, hiding mouth). Nipple should not be deformed when released from baby's mouth, though infant problem may cause this even with good position.

Engorgement - Reverse Pressure Softening, frequent nursing, cold therapy, cabbage

Thrush - be sure to treat both mother and baby

Gentian violet – once a day for 3-4 days, perhaps repeating after a day or two of rest

Lotrimin AF – also use something on baby

Diflucan – 2 weeks minimum, 100-200 mg/day (200-400 mg loading dose).

Bacterial (Staph aureus, etc)

Topical antibiotic, saline, daily soap & water in early stages; systemic treatment as needed

Nipple vasospasms

Warmth, calcium (2000 mg/day) and magnesium (1000 mg/day)

Nifedipine (30 mg/day)

Oversupply

Use 1 breast/feed, or 1 breast for up to 6 hrs, possibly longer (express for comfort as supply adjusts). Sage (the herb) used as tea once or twice a day if needed.

Plugged duct/bleb

Frequent expression, perhaps on elbows and knees, gentle massage, lancing with needle, ultrasound, warm moist compress, APNO – the list of treatments is long because so little is known. See Breastfeeding Answer Book for thoughts on prevention.

Odd tongue placement - Suck training

Frenulum - Clipping, possibly followed by suck training

Arched or bubble palate (often related to tight frenulum)

Asymmetrical latch or side-lying position, “suck training”

Clamping - Time, therapy

Persistent nipple soreness for whatever reason - All-Purpose Nipple Ointment

Resources:

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Medications and Breastfeeding

Do you need to wean to take a medication? Almost certainly not! Our culture assumes that your choices are 1) known risk to your baby from breastfeeding or 2) no risk from using a safe formula. Wrong. There is no safe formula. A single bottle of formula raises the risk of food sensitivities and allergies, increases the risk of illness for an unknown length of time, increases a susceptible baby's risk of diabetes, and disrupts the baby's intestinal activity for up to a month. The real choices are usually 1) slight theoretical risk from a very small dose of the medication or 2) known risk from formula. **The vast majority of the time, "playing it safe" means continuing to breastfeed, not weaning. Here are some of the reasons why:**

- Even if a mother's blood level for a given drug is high, it's still very dilute from the perspective of the breastfeeding baby. Milk is made from the mother's blood. Imagine trying to treat someone by providing not the drug itself but a dose of blood from someone else who has taken the drug!
- Any drug in the mother's milk is *swallowed* by the baby, and must pass through his digestive system before entering his own plasma. Drugs that can be measured in the mother's blood and milk are often undetectable by the time they reach the baby's blood, or are barely measurable. And drugs that are given by injection because they're ineffective if the mother swallows them are usually just as ineffective if the baby swallows them in the milk.
- Age matters. Some drugs that might be a concern for premature infants are not a concern for full-term babies. Others are not after the first month. The older the baby, the less the concern. And any baby who is also eating solids automatically gets less through his mother's milk.
- When in doubt, the baby's condition can be monitored, either by taking blood samples or just by watching for changes like diarrhea or fussiness.
- Temporary weaning - and pumping, and dealing with bottle-feeding and an unhappy baby - is a huge added stress for an already stressed sick mother and her baby.
- Breastfeeding is a physiological relationship, not a faucet. Turning it off abruptly can mean turning it off permanently. Talk about risks!
- The American Academy of Pediatrics has a short list of medications that may require temporary weaning. But even with the few drugs of concern, there is usually "wiggle room" - nursing part-time, nursing "around the drug's peak level", waiting five half-lives, finding a safer drug, and more.
- To avoid any chance of litigation, drug companies tend to recommend weaning, and theirs may be the literature your doctor is using. The research rarely supports weaning.

If someone says you must wean, even temporarily, talk with an International Board Certified Lactation Consultant, consult Thomas Hale's book, "Medications and Mothers' Milk", or check his website, <http://neonatal.ttuhsf.edu/lact/>. You'll like what you learn.

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Staying In Touch

If you and your baby are still struggling to make breastfeeding work, if you stopped before you wanted, or if you never really got started, first of all give yourself a big, warm hug for your efforts. You have already given your baby an irreplaceable start on life. You can build on that wonderful start no matter how you feed your baby, if you remember that your baby's needs and expectations are still the same...

All babies expect to be held. By using a sling instead of a stroller, you can provide the closeness and movement that babies expect, even if that closeness doesn't include breastfeeding. Some "bucket babies" in their plastic seats may settle for a pacifier when what they really need is to be held. Remember that stimulation builds brains, and carrying provides a world of stimulation and security that a pacifier or swing cannot.

Babies expect Mama. A breastfed baby gets all his calories from a close-contact relationship with his mother. Some bottle-fed babies get many of their calories with no body contact at all. Remember that milk and mothers have always gone together, and enjoy this important time in both your lives. It's normal and healthy for babies to be dependent on their mothers. Let your baby depend on you now, and she'll have the security to be confidently independent later.

Babies expect to sleep with adults. Babies have a healthier, more normal sleep pattern when they don't sleep alone. If you keep a cooler at your bedside, you can answer your baby's nighttime needs before either of you really awakens, and you'll all get more sleep. During the day, let her nap in your arms; don't be in a rush to put her down. If you wear your baby in a sling, she can nap with you as you go about your day, and she will enjoy the body contact that's normal for our species.

Babies don't expect to wait. Breastfed babies wait only moments for a snack, and often feed before they're really hungry. Be prepared for those quick snuggle-and-snack times by keeping milk ready. Check with your doctor if you're worried about overfeeding.

Babies expect only breastmilk for about the first half year. Check with your doctor before adding anything but breastmilk or formula to your baby's immature system.

Babies expect to be healthy. A baby's immune system is not well developed, and formula will not protect against illness. Even a little breastmilk each day helps normalize your baby's health and development, for as long as you can provide it. Follow your doctor's guidelines on cleanliness and feeding to further reduce illnesses. It's no fun to be sick!

Babies expect to feel a lot of skin. Share sleep, take baths together, and enjoy touching. Keep your breast a cozy, happy place for your baby to snuggle. Some babies have begun breastfeeding at two, five, even 12 or more months of age. And whatever happens, you and your baby deserve the important pleasure of staying in touch.

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