

FEEDING PROBLEMS AND SOLUTIONS

FEEDING PROBLEMS

PLUGGED DUCT: A plugged duct is characterized by a swollen, reddened, painful, firm mass in the breast. It is often caused by insufficient drainage of the breast or by a bra that is too tight. It is sometimes difficult to differentiate a plugged duct from mastitis. (See Dr. Newman's handout for more information)

MASTITIS: Mastitis is an infection of the breast. You may notice an area of redness, hardness, tenderness and swelling. Mastitis is more likely to be accompanied by flu-like symptoms or fever. Immediate attention is warranted if you have these symptoms accompanied by vomiting, severe pain, symptoms in both breasts, feeling very ill, or if you have a fever over 100 degrees F. (See Dr. Newman's handout for more information)

POOR SUCK: Poor sucking has many different causes. These include: prematurity, delivery before 39 weeks, pain medications used during labor, neurological problems, illness, jaundice, etc. Sucking problems often resolve with time and practice.

BREAST REFUSAL: Some babies actively refuse to breastfeed. In a newborn some causes of breast refusal include: poor positioning and latch-on, engorgement, overactive let-down, and having to burp or stool. One common preventable cause of breast refusal is the early introduction of bottles or pacifiers. There is some evidence that at the baby's first feeding, it is especially critical that baby is fed at the breast. If baby unable to feed at the breast, it is recommended that baby be fed via an alternative feeding method as described below.

NIPPLE CONFUSION/NIPPLE PREFERENCE: This is caused by using bottles in a baby less than three weeks of age. Another possible cause is pacifier use. Again is especially important that baby's first feeding is at the breast. When baby is unable to nurse, baby should be fed with an alternative feeding method to avoid causing nipple problems. See below.

PREMATURITY: Premature babies are a special challenge. Many are born with an inadequate suck. If improperly managed, many develop nipple confusion and breast refusal. To minimize these complications you can insist that your baby not be given a bottle **AT ANY TIME OR FOR ANY REASON**. Insist that baby be fed by an alternative means as listed below or by "gavage feeding." There is a common misconception among healthcare providers that it is easier for a baby to suck from a bottle than breastfeed. Research has shown that this is **NOT TRUE**. Preemies can and do breastfeed more easily than bottle-feed. Kangaroo care is also encouraged. It soothes the baby, babies gain weight quicker and it helps mom to produce more breastmilk.

LOW MILK SUPPLY and RELACTATION: Sometimes moms are so overwhelmed that they compromise their milk supply or they decide to quit breastfeeding. There are many ways to increase your milk supply. Most of the techniques revolve around stimulating the breast. They include: frequent nursing, using your breast as a pacifier, using nursing supplementor, and pumping one hour before and immediately after a feeding. Lots of skin-to-skin contact with your baby will further help to increase supply along with resting with your baby.

RELACTATION means to restart your milk supply after stopping nursing. Mothers have restarted their milk supply as many as 25 years later. Of course, the sooner you attempt it the more successful and the easier it will be. Relactating involves using the same methods listed above. Additionally, certain medications and herbs are available which if used in conjunction with the above can help you restart or increase your milk supply. Talk with your healthcare provider if you think these medications or herbs might be helpful.

FEEDING PROBLEM SOLUTIONS & AIDS

When feeding problems arise there are many devices or techniques available to help you nurse your baby. Babies who are given bottles in the first three weeks of life can become nipple confused and/ or then begin to refuse the breast. The following describes breastfeeding friendly methods of supplementing or increasing transfer of milk from mother to baby.

FINGER FEEDING: A small feeding tube is attached to a feeding bottle. The tube is attached to the pad of your finger. Finger is placed in baby's mouth with tubing attached. Milk flows from the tube into baby's mouth through a mixture of gravity and sucking. It is advantageous to use this with a baby who is unable or unwilling to suck at the breast or needs training to suck correctly. (See Dr. Newman's Handout on Finger Feeding).

NURSING SUPPLEMENTOR/LACTATION AID: This device consists of a tube attached to a bottle that is applied to mother's nipple prior to baby nursing. The baby gets milk from both mother and the supplementor at the same time. The supplementor is advantageous because it stimulates milk supply while feeding baby. Moreover, it teaches baby how to nurse from the breast. It can be used in many situations such as low milk supply, prematurity, adoption, relactation, weak suck, Down's syndrome, poor weight gain, and breast refusal. (See Dr. Newman's Handout on Lactation Aids).

OTHER ALTERNATIVE METHODS INCLUDE: Feeding baby with a cup, bowl, spoon, eyedropper, or syringe. With each of these methods have baby semi-sitting position, give small amounts at a time and watch for baby to swallow before offering more. In addition, if cup or bowl feeding the rim of the container should fit bilaterally in the corners of the infant's mouth and under the tongue so that the baby can lick the milk out.

BREAST COMPRESSION: This a technique whereby the mother compresses her breast like a ketchup bottle in order to improve milk flow -- thereby increasing milk transfer. It is helpful with a baby who has a poor suck or poor weight gain. (See Dr. Newman's Handout on Breast compression).

BREAST MASSAGE: While baby is nursing gently massage your breast. If you massage your breast moving hand from the back of your breast toward the nipple you can increase the flow of milk into baby's mouth. Applying moist heat prior to nursing also increases milk flow.

BREAST SHELLS: This device is shaped like a sand dollar with a rounded top and an opening underneath. They have many uses. These include: softening an engorged areola prior to nursing, placement in bra to catch any milk leakage and keeping clothing off a sore nipple.