



Patient education: Common breastfeeding problems (The Basics)

[Written by the doctors and editors at UpToDate](#)

What problems can women have when they breastfeed?

Many women are able to breastfeed with no problems at all. But sometimes, problems can happen. Most problems can be treated so that you can keep breastfeeding. Breastfeeding has many benefits for both you and your baby.

Some common breastfeeding problems and their treatments are listed below. You can do many of the treatments on your own. You might also find it helpful to work with a breastfeeding expert, called a "lactation consultant," if you have problems.

Engorgement

Engorgement is the term doctors use for when the breasts are too full of milk. When the breasts are engorged, a baby can have trouble with "latch-on." Latch-on is another word for when a baby makes a tight seal with his or her mouth around the nipple and the dark skin around the nipple (areola) ([figure 1](#)). If your breasts are engorged they can feel swollen, hard, warm, and painful.

If your baby is able to latch on, breastfeeding will remove milk from the breast and help with engorgement. If not, you can use your hand or a breast pump to let a little bit of milk out between feedings ([figure 2](#)). If you use a pump, it's best to use it for just a few minutes right before a feeding. This will soften your breast without releasing too much milk, which can make engorgement worse.

You can also try the following home remedies to reduce the pain:

- Use a cold pack or cool cloth on your breasts between feedings
- Take a pain-relieving medicine, such as [acetaminophen](#) (brand name: Tylenol) or [ibuprofen](#) (sample brand names: Advil, Motrin)
- Take a warm shower
- Gently massage your breasts to start your milk flow

Sore or painful nipples

Some nipple soreness is normal during the first minute of each breastfeeding session. Nipple pain that lasts the whole breastfeeding session is usually not normal. It can be caused by nipple cracks, blisters, or bruises. Nipple pain can happen for different reasons, such as when a baby does not have a good latch-on. It can also happen if a baby has a condition called "tongue-tie," which is when the tongue cannot move as freely as it should.

The most important thing you can do to prevent and deal with nipple pain is to make sure your baby latches on the right way ([figure 1](#)). If your baby has tongue-tie, he or she might need surgery to release the tongue.

You can also try the following home remedies:

- If your nipples are cracked or raw, you can try [lanolin](#) ointment (sample brand name: Lansinoh). If you think your nipple might be infected, call your doctor or nurse. Do **not** use vitamin E or honey on your nipples, because these can be dangerous for your baby.
- Apply a cool or warm washcloth on your nipples
- Take a mild pain reliever, such as [acetaminophen](#) (brand name: Tylenol) or [ibuprofen](#) (sample brand names: Advil, Motrin)
- Wear breast pads between feedings to protect your nipples.
- When your baby gets older and starts to get teeth, he or she might sometimes bite your nipple while breastfeeding. If this happens, you can position the baby so that his or her mouth is wide open during feedings. That will make it harder to bite. If your baby does bite you, try sticking your finger between your nipple and the baby's mouth and firmly saying "no." Then put the baby down in a safe place. This will help your baby learn not to bite. You can also offer a teething ring to chew on instead.

Blocked milk ducts

A blocked milk duct can cause a red and painful breast lump ([picture 1](#)). It can also cause a white plug at the end of the nipple.

If you have a blocked milk duct, try to breastfeed often. Make sure that your baby empties your breasts during feedings. Start with the breast that has the blocked milk duct, and use different breastfeeding positions to try to get the breasts as empty as possible. To help your milk flow better, you can also try taking a warm shower or gently massaging the breast. If your baby doesn't empty your breast, you can use your hand or a breast pump to remove more milk after the feeding.

Breast infections

A breast infection is called "mastitis." Mastitis can cause a fever and a hard, red, and swollen area of the breast. You might also have muscle aches or chills. If you have these symptoms, call your doctor or nurse for advice. You do not need to stop breastfeeding if you have mastitis.

To treat your mastitis, you can:

- Take a pain-relieving medicine, such as [acetaminophen](#) (brand name: Tylenol) or [ibuprofen](#) (sample brand names: Advil, Motrin).
- Massage your breasts during feedings.
- Use a breast pump to empty your breasts after feedings.
- Take antibiotic medicines, if your doctor prescribes them.

Nipple color changes

The nipples can turn white, blue, or red, and be painful. This is more likely to happen if you are very sensitive to cold. It can also happen if your nipple is injured, for example, if your baby doesn't have a good latch-on.

To treat this, you can:

- Turn up the room temperature and wear warm clothes
- Put a warm cloth over your breasts before and after breastfeeding

It's also a good idea to avoid things that make this problem worse. For example:

- Avoid caffeine
- Avoid nicotine (smoking or using e-cigarettes)
- Do not take certain medicines that might make this problem worse. This includes some medicines for colds or migraine headaches, medicines used to treat attention deficit hyperactivity disorder (ADHD), and some diet pills. Ask your doctor if you're not sure about a particular medicine.

Should I see a doctor or nurse?

Talk with your doctor or nurse if you have problems with breastfeeding. Be sure to let him or her know if you have:

- A blocked milk duct that does not get better after 3 days
- A fever and a hard, red, and swollen area of the breast

- Blood leaking from the nipples
- Pain that lasts for the whole breastfeeding session

You can also talk to a lactation consultant (breastfeeding expert) for help.

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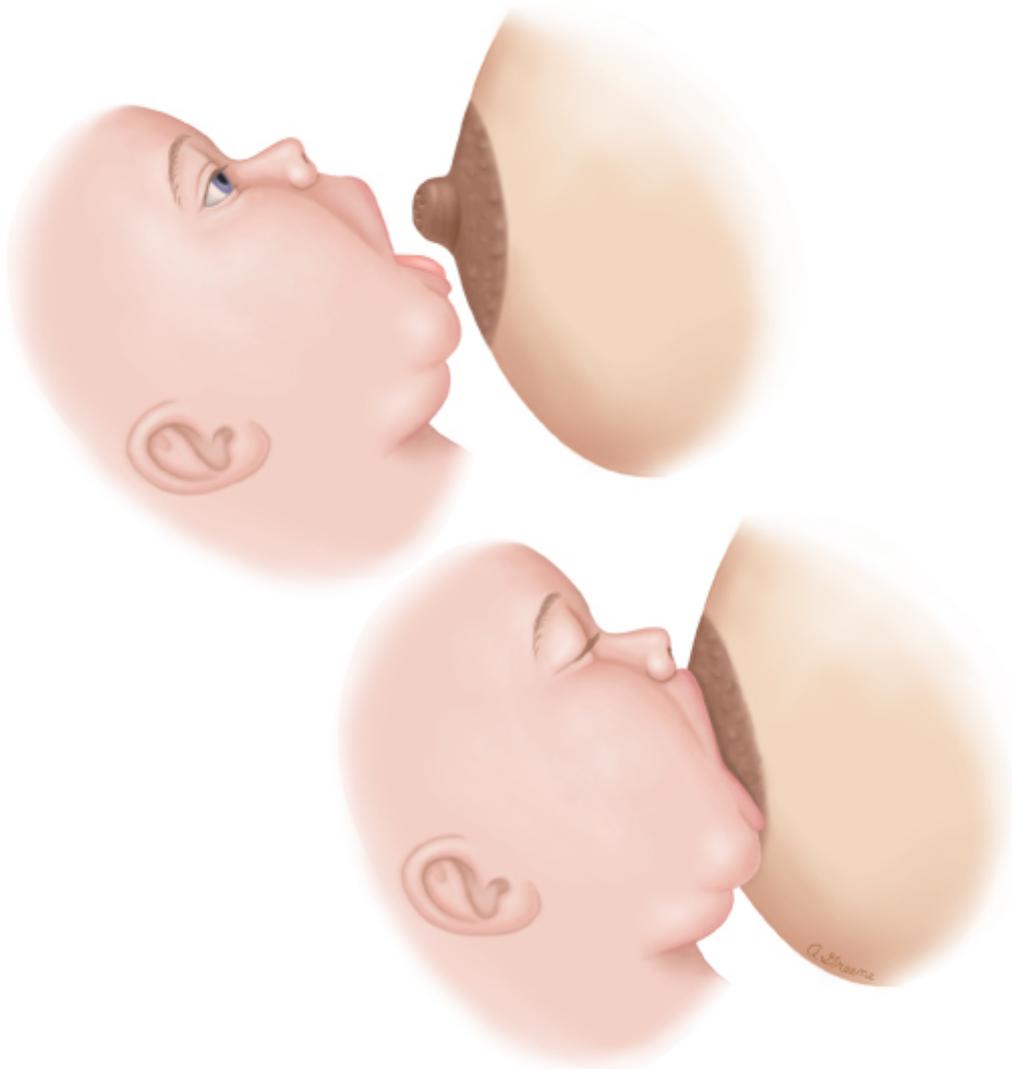
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Topic 15826 Version 7.0

GRAPHICS

Latch-on

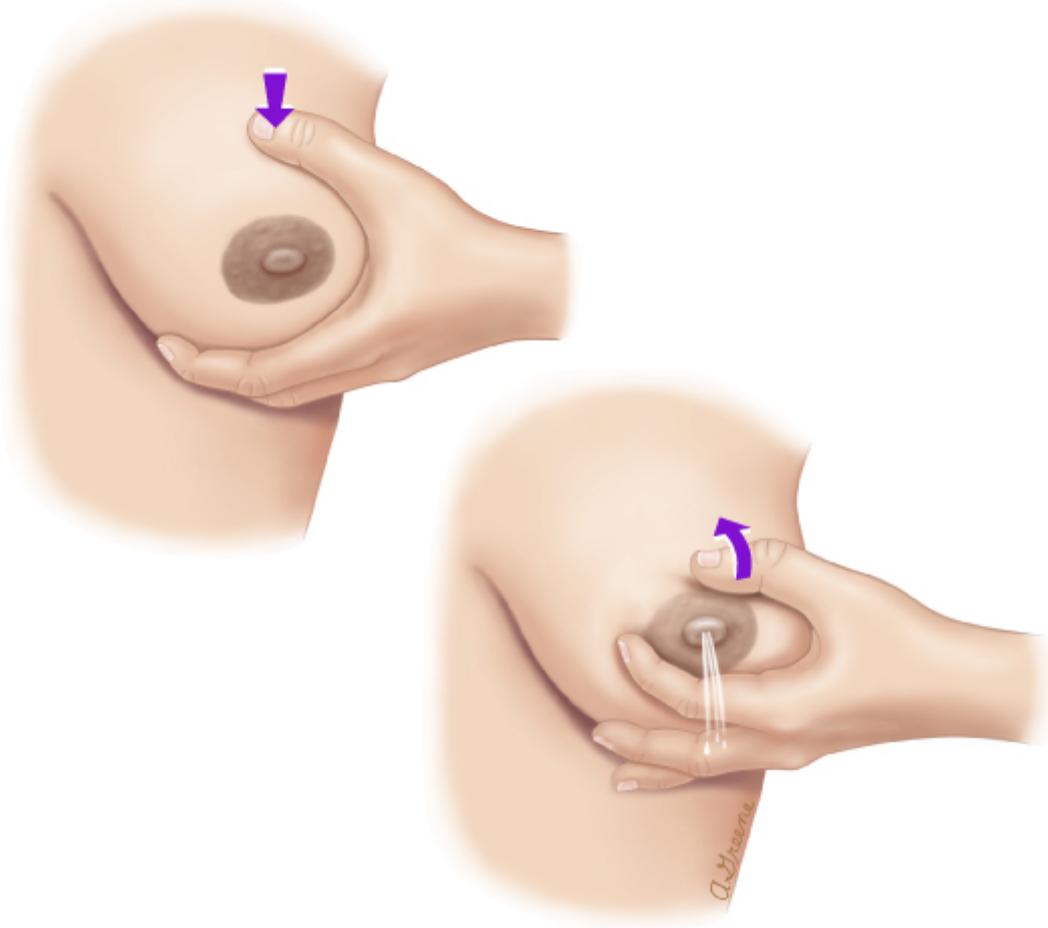


During latch-on, a baby's mouth forms a tight seal around the nipple and most of the areola (the dark skin around the nipple). Signs that your baby has a good latch-on include:

- The top and bottom lips are wide open.
- The lower lip is turned outward against the breast.
- The chin is touching the breast, and the nose is close to the breast.
- The cheeks are full.
- The tongue comes out over the lower lip during latch-on and stays below the areola during nursing.

Graphic 69241 Version 8.0

Hand expression to release breast milk



Hold your hand in a c-shape, with your thumb on top. Press your thumb gently on your breast straight back into the chest. Then, roll your thumb and fingers toward the nipple. Breast milk should come out of the nipple. Keep doing this as you move your hand around the whole breast.

Graphic 73810 Version 5.0

Blocked milk duct (galactocele)



Blocked or plugged ducts are areas of the breast where the flow of milk is blocked. They can stretch the nearby breast tissue and cause a painful breast lump (as shown by the arrow).

Graphic 70540 Version 6.0