



## Module 5 - Common Problems

### Baby Who Isn't Latching

A baby who is having trouble latching or won't latch at all can be frustrating, and even heartbreaking for parents. The biggest thing is to get help as early as you possibly can! Try at the breast as much as possible, but if it isn't working then the 2 things you need to remember are to feed your baby and to stimulate your breasts.

If you can, try to use a bottle alternative like a cup or a spoon. If you do end up using a bottle, then be really conscious about pacing it.

Frequent stimulation is the most important thing to help bring in your milk supply, you need to stimulate your breasts early and often. At minimum, 8 times in a 24 hour period. I generally recommend that parents don't go longer than 5 hours without stimulating their breasts. In the first few days hand expression or a combination of pumping and hand expression is the easiest way to get milk, colostrum is quite sticky and there is only a small amount of it so it can sometimes get kind of lost in the pump. Once your milk comes in fully, after 4-7 days, pumping on it's own is probably sufficient. If you are exclusively pumping, or plan on doing a fair amount of pumping for a while, a double electric pump is the most efficient way to remove milk. It takes less time and you generally get more when stimulating both breasts at once. As a bonus, you can make your own pumping bra and pump hands free.

The other thing that can be really helpful with a not latching baby is skin to skin care. Having baby wake up on you so they can be close to the breast right as they wake up can be really helpful, it also bumps your oxytocin so you produce more milk. Aim for happy times at the breast/chest, so if you're trying and it's not working, take a break or stop and try again later. Getting hands on help early is really key.





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### Nipple and Breast Pain

Breastfeeding should never hurt. If you're having pain, that's a sign that something is wrong and that you should reach out for help. If someone tells you that the latch "looks fine" and you're still having pain, then you need to get different help.

Some of the most common causes of pain include: problems with the latch, tongue/lip tie and body tension.

With the latch, the 2 things that most frequently cause pain are a shallow latch and a scooped latch. Shallow means that baby is right on the nipple, sometimes this is because their mouth isn't open wide enough, sometimes it has to do with positioning. For example, if you bring your breast to the baby and not the baby to the breast then they have to clamp on with their jaws to maintain a latch and this can be painful. A shallow latch also often means that baby's tongue is flicking the tip of your nipple with every suck and this can cause damage.

A scooped latch is one where baby's nose is more into the breast/chest and their chin is tucked into their chest, having a baby in this position means that their upper gum ends up biting you; which can be very painful.

To correct a scooped shallow latch, try making adjustments like

- pulling your baby's bum towards your hip
- putting pressure through their shoulders
- leaning back





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If you try these things and you're not having success getting a pain free latch, reach out for help. Have someone who is skilled and knowledgeable about breastfeeding and tongue function do a thorough exam of your baby's mouth. Pediatricians don't have any lactation training in their curriculum so, unless your ped has gone out of their way to do extra training, they won't be the best person to reach out to. A lactation consultant will have a much better idea of whether restrictions in your baby's mouth, like a tongue or lip tie, are playing a part in what's going on. They will be able to direct you to a provider in your area who is skilled at treating these conditions

The last thing that frequently contributes to pain is body tension. Almost all babies are born with some kind of tension in their body, just from being stuck in utero and the process of birth. Left alone, they will work it out as they grow. But if you notice that your baby has a head preference, where they are turning their head to one side consistently, if you have been told that they "just have a small mouth" or if you are having single sided breast pain, any of those are reasons to consider body tension as a cause of your pain. Make sure that you find someone skilled in working with babies. Manual therapy practitioners would include massage therapists, chiropractors, physiotherapists and craniosacral therapists

### Baby Losing Weight

It's normal for a baby to lose some weight after birth, the extent of what is considered to be a normal amount varies based on hospital policy. Most hospitals consider 10% of birth weight to be the cut off of what is acceptable. But this doesn't take into consideration what happened during your birth. If you are given IV fluids during your labour then you get swollen and your baby also gets swollen. Over the first 24-48 hours of life your baby will pee out the extra fluid and it will look like they've lost more weight than they actually have. So, if you are getting your baby weighed on day 2 and you





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know you had a lot of fluids during labour, think critically about the recommendations you are being given.

If your baby has surpassed the 10% cut off, and you're hoping not to supplement, this is a great time to get hands on help. Make sure you're able to see your baby drinking at the breast and really optimize the feeding efficiency to ensure they're getting as much milk as possible.

It's possible, in the case of c-section, you may need to do some supplementation in the beginning because it can take longer for your milk to come in. In this case, try using a bottle alternative such as a tube at the breast, a spoon or a cup. In order to help your milk come in, pump or hand express every time you are feeding away from the breast (topping up with a cup/bottle, for example). Make sure to talk with someone to help you come up with a plan to stop supplementing, if that's your goal. Often on discharge hospitals will give instructions like "top up 1 oz after every feed" but don't tell you how long you should do that for or how to change the amount of supplement based on your baby's actual needs. Bottle alternatives and paced bottle feeding can help you determine how much your baby actually needs, and often once your milk comes in, your baby will naturally take less supplement as they get more from you.

### Jaundice and a Sleepy Baby

Some degree of jaundice is normal in a newborn. When they are still in utero the oxygen carrying molecule in their blood is fetal hemoglobin, once they're born it switches over to the hemoglobin that we use the rest of our lives. As the fetal hemoglobin is cleared away, the broken down bi-products are what contributes to jaundice in the first week or so of life. This can cause a yellow tinge to baby's skin.

The most important thing to help them clear this is by pooping it out, so feeding them regularly and optimizing feeds is key. It is possible that these breakdown products can rise up too high in the blood, in this case





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supplementation or light therapy may be necessary to bring them down. If you need to supplement, doing so at the breast or with a bottle alternative (cup, spoon, tube at the breast) can be helpful to preserve breastfeeding.

Jaundice also tends to make babies sleepier, so feeding them can be a challenge. For sleepy babies, skin to skin is a good place to start. Be really aware of what they are doing while they are latched. If they are drinking well, then they can stay there, even if their eyes are closed. But, if you're noticing that they are starting to get sleepy and they aren't getting, take them off the breast as switch sides. Often just the act of switching them is enough to wake them up. And, let downs happen on both sides at the same time so it moves the milk closer to the front of the breast on the side you're not feeding on so it's easier for your baby to access. This might mean that you end up doing a 5-6 sided feed, but it will keep your baby engaged at the breast a lot longer.

If this doesn't work, sometimes they just need extra calories to perk them up a bit. In that case, supplementing with a tube at the breast or with a bottle alternative can help preserve breastfeeding.

### Low Milk Supply

Not making enough milk is probably the number one concern for new parents. Before we go into ways to boost your supply, let's go over some common myths about supply. The list below goes through things that people commonly associate with low supply, which aren't actually signs that your supply is dropping.

- Your breast don't feel full in between feeding- this is just a sign that your body is getting used to the process
- You aren't leaking, or you're not leaking anymore, again your body is just getting used to the process
- You can't feel your letdowns anymore





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- Your baby is cluster feeding - this probably has more to do with a growth spurt than your supply
- Your baby feeds more frequently than other babies do - this has to do with your storage capacity

Here are some signs to look out for that might mean your supply could use a boost:

- Your baby's output has dropped (less than 6 heavy wet diapers in a day) or their weight gain is slow
- Your baby has started being fussy or pulling at the breast
- You see less drinking or are not seeing a lot of drinking in general

There are a number of herbs and medications that can be taken to help boost milk supply, speak to a care provider knowledgeable in these before starting to take anything. Not all herbs and medications are appropriate for everyone and often come with side effects or may interact with other drugs or supplements.

But, no herb or medication will work without stimulation to your breasts- breastmilk production is supply and demand so the more milk you remove the more you will make. Milk removal can look like optimizing the latch using the techniques that we've already talked about. But it can also look like adding in some pumping or hand expression as extra stimulation after some or all feedings.

Power Pumping can be a great option, if you have access to a pump. This is basically meant to simulate cluster feeding from a baby. The whole thing takes about an hour, and involves:

- pumping for 20 minutes
- 10 minute break
- pumping for 10 minutes
- 10 minute break
- pumping again for 10 minutes.







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Don't do this more than once per day because it takes a long time and you have so much else going on. It's also possible to give yourself an oversupply, which increases your risk for blocked ducts and mastitis. But, it can definitely give your supply a boost.

The other thing about low supply is how to tell when your supply is where it needs to be so you can look into stopping or decreasing any extra pumping or supplements. Monitoring your baby's output, temperament and what they're doing at the breast are the best ways to assess this. If you're noticing a lot more drinking at the breast that's a great sign. Reach out to a lactation consultant for a personalized plan.

### Engorgement, Blocked Ducts and Mastitis

Breastfeeding should never hurt. But it is common to feel uncomfortably full as your milk is coming in. It can take a few weeks for your body to really regulate to the supply and demand cycle of breastfeeding and get used to how much milk your baby (babies!) actually needs. If you're noticing more than just discomfort then there might be some issues in how your baby is latching. If they aren't effectively removing the milk this can cause engorgement.

Engorgement happens when your breasts are very full of milk. The pressure causes blood and lymphatic flow to slow down. It can happen in the beginning, but it can also happen later on. For example, the first time your baby sleeps are really long stretch, after a growth spurt or as they start eating solids.

A couple of things can help with the fullness. It's important not to pump, for 2 reasons. The first is because you could potentially be taking the milk that your baby was about to drink. The second is because that pumping on top of





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nursing on demand can lead to an oversupply. Making more puts you at risk of engorgement, blocked ducts and mastitis.

If you are really uncomfortable, hand expressing just the minimum amount you need to to be comfortable again is your best option. Cool cabbage leaves in your bra can also be great, they help reduce swelling so that blood and lymph can flow more smoothly. Only keep them in for about 20 minutes and don't do it more than twice per day because you don't want to cause too much of a decrease in supply.

If engorgement doesn't resolve within a day or two, then definitely reach out for help.

Blocked ducts are another thing that can happen if milk isn't removed effectively. The most common area for this is the lateral part of the breast and even into the armpit. Blocked ducts generally feel like an area of firmness that doesn't resolve after feeding and they can be quite tender. They are caused by milk that has gotten stuck and has solidified a bit.

The biggest thing to help them resolve and to prevent them is making sure your baby's latch is good. It can also be helpful to try latching in a position where baby's tongue is in line with where the blocked duct is, for example, using football hold if the plug is in the armpit area. Putting a warm compress over your breasts/chest for a few minutes before latching can help loosen things up. Then try doing some massage or compressions behind the area while you are chest/breastfeeding. If nursing alone isn't helping resolve the block, hand expression with massage along the area can also help move the milk. If this doesn't help, looking into a practitioner who does therapeutic ultrasound for blocked ducts can help too.

If milk gets stuck and isn't moving, there is a risk of infection. This happens when bacteria normally found on the skin find their way into the milk ducts and build up. It's called mastitis. Symptoms include fever, chills, pain around the infection and redness, you can also develop red streaks moving up the breast towards the armpit. Again, one of the biggest things is to get the milk







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moving. It's ok for the baby to nurse on this side so don't avoid latching on the infected side. If you're still noticing fullness after your baby is done and even with the massage behind the area, hand expression plus massage can be helpful. You can also do something called the [potato protocol](#) to help relieve some of the swelling and get things moving. If this doesn't help within 24 hours, reach out to a doctor for antibiotics.

With blocked ducts and mastitis, if you are hand expressing, you may notice that the milk has a pasty texture, kind of like toothpaste. It is ok for your baby to drink this fresh, though it may not be advisable to keep it for later use in a bottle.

To prevent both of these, the biggest thing is making sure your baby is nursing efficiently- how is the latch? Are they getting to both sides regularly? Are you able to catch their early cues?

If the answer to all of these things is yes, and you are still getting blocked ducts or mastitis, then it's time to reach out for help.

