Breastfeeding

Information Sheet

Subiaco Women's Health Physiotherapists can provide care for common breastfeeding issues after giving birth.

Nipple Trauma

Nipple pain, blistering, grazing, cracking and/or bleeding is common when learning to breastfeed. As your technique improves and your nipples get used to the feeding, the pain and injury should reduce.

Other reasons for nipple pain/injury include:

- Raynaud's (Vasospasm)
- Nipple thrush
- Improper breast pump use
- Bacterial infection
- Plugged nipple duct (white spot)
- Dermatitis/psoriasis/herpes simplex virus
- Stress/anxiety
- Exhaustion/sleep deprivation

Management includes:

- Seeking advice from a Lactation Consultant to optimise breastfeeding and address any contributing factors
- Application of Lansinoh cream (which can be bought at the chemist over the counter) can be effective to hydrate the nipples and reduce further damage
- Laser therapy to help speed up the natural recovery process. If your nipples are cracked, grazed or blistered, your physiotherapist can provide this treatment. It is pain-free, has no side-effects and does not interfere with breastfeeding
- If symptoms do not improve with the above treatments, it is important to see your doctor.

Mastitis

Mastitis is usually the result of inflammation restricting milk flow, sometimes resulting in infection.

Factors which may contribute to mastitis include:

- Changes in feeding patterns, i.e. decrease in number of feeds or skipped feeds.
- Poor milk transfer which can be due to oral ties, poor mum/baby positioning or baby attachment or pump use in place of sucking
- Milk oversupply or overfeeding from the affected breast

Signs and symptoms:

- Inflammation
- Tenderness or pain
- Firm/hard area
- Red/pink area which may be warm to touch
- Reduced milk output
- Flu-like symptoms such as fever and chills

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Mastitis (cont.)

Management should aim to reduce inflammation

- Application of cold compresses regularly
- Very gentle light massage strokes with flat fingers towards the underarm to reduce swelling by assisting movement of lymphatic fluid
  Note – heavy strokes can cause bruising and further swelling
- Adequate rest and fluid intake
- NSAIDs and panadol as required
- Continue feeding or pumping to your babies requirements. Don't aim to empty the affected breast
- Therapeutic ultrasound performed by a physiotherapist to reduce inflammation and swelling

Remember, it is common to experience flu-like symptoms in the absence of infection. Begin with using the anti-inflammatory strategies mentioned here.

If flu-like symptoms persist, seek medical help. Your doctor may prescribe antibiotics if you have a bacterial mastitis.

Management of bacterial mastitis can include:

- All of the above anti-inflammatory strategies
- Continuing to breastfeed whilst on antibiotics. Baby may experience a few runny nappies but it will not cause harm and will help to maintain your milk supply
- Therapeutic ultrasound performed by a physiotherapist to reduce inflammation and swelling

Breast Engorgement

Breast engorgement is common for women as a precursor to the milk coming in 3-5 days after birth. Both breasts often feel full and uncomfortable. This is a different process to mastitis.

Management of engorgement can include:

- Regular cold compresses
- Promotion of breastfeeding over pumping where appropriate and possible
- Gentle light massage strokes with flat fingers towards the underarm to reduce swelling by assisting movement of lymphatic fluid
- Hand expressing or pumping small amount of milk prior to feeding to improve baby's latch
- Therapeutic ultrasound treatment can be effective if significant discomfort is not relieved after using cold compresses for 24 hours

If you require laser or ultrasound therapy, please ask at reception or call today on 08 9382 9600 and request an appointment with one of our experienced Women's Health Physiotherapists.

For further information:

Australian Breastfeeding Association:
1800 686 268
breastfeeding.asn.au