



Breastfeeding: Tools for Success

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Every mother has a unique breastfeeding experience. Breastfeeding is natural, but that does not mean it comes naturally to every mother. The benefits of exclusively breastfeeding for the first six months and supplemental breastfeeding through the second year of life are well documented (Lessen & Kavanagh, 2015). However, there are many barriers that may prevent mothers from breastfeeding, including discomfort or pain, milk supply concerns, or simply not knowing how to breastfeed (Lessen & Kavanagh, 2015; Westerfield et al., 2018). Fortunately, there are a variety of tools that mothers can use to create a successful breastfeeding experience (Dennis et al., 2015; Kaunonen, Hannula, & Tarkka, 2012; Westerfield et al., 2018). This fact sheet will address some common challenges women face and tools to help with breastfeeding success.

Benefits of Breastfeeding

There are many benefits of breastfeeding for both mother and baby starting immediately after birth, or postpartum, and lasting well into the future (Lessen & Kavanagh, 2015; Rollins et al., 2015). Women who breastfeed have a lower risk of certain types of cancers, type 2 diabetes, and postpartum depression (Lessen & Kavanagh, 2015). They may also have an easier time returning to prepregnancy weight (Lessen & Kavanagh, 2015; Luan et al., 2013; Tahir et al., 2019). In addition to the mother, there are also many benefits

breastfeeding has for the baby. A breastfed baby has a lower risk of many complications including, but not limited to, gastrointestinal diseases, respiratory diseases, sudden infant death syndrome (SIDS), allergies, ear infections, and eczema (Lessen & Kavanagh, 2015).

How Breastfeeding Works

The female body starts preparing to breastfeed during pregnancy. The first stage of lactation, lactogenesis I, occurs during the second trimester of pregnancy. During this stage the breasts begin to develop the ability to produce milk (Kent et al., 2007). Colostrum is the initial milk produced. It is thicker than normal milk and is uniquely composed for a newborn baby (Kent et al., 2007).

The second stage of lactation, lactogenesis II, begins about five days postpartum when breasts become full, often referred to as engorgement (Kent et al., 2007). The breast milk changes during this stage to meet your growing baby's needs. Milk in this stage is thinner and contains more fat than the colostrum produced during the first postpartum days (Kent et al., 2007). Every time the baby breastfeeds, a hormone called oxytocin is released which signals milk to be released from the breast (Kent et al., 2007). The more breastmilk a baby demands, the more breastmilk will be produced. As a result, the amount of breastmilk produced will change according to the baby's eating patterns and needs (Kent et al., 2007).

Good Breastfeeding Techniques

Good breastfeeding techniques can help a mother and baby be successful. Good techniques include strategies to manage milk supply, breast and nipple care, and proper baby positioning. These techniques may prevent or help overcome some of the common breastfeeding challenges discussed later in this fact sheet.



Mother Breastfeeding

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Milk Supply Management

Properly managing a milk supply involves milk production and extraction. These strategies can help reduce the risk of engorgement, plugged ducts, mastitis, and breast abscess. They can also help increase milk supply.

- Drink plenty of liquids and eat a balanced, nutritious diet throughout the day (Giugliani, 2004).
- Breastfeed on demand. Regularly feed your baby when he or she shows signs of hunger, generally 8–12 times per day during infancy (Giugliani, 2004).

- Empty the breast at each use, if possible. Do this by emptying both breasts during one feeding or one breast per feeding making sure to switch breasts on the next feeding (Giugliani, 2004).

Breast and Nipple Care

Taking care of breasts and nipples can help reduce the risk of many causes of nipple pain and candidiasis/thrush (Cullinane et al., 2015; da Silva Santos et al., 2016; Giugliani, 2004), resulting in an overall more comfortable breastfeeding experience.

- Wear a properly fitting bra.
- Frequently change nipple pads to keep nipples dry.
- Feed at the first signs of hunger so the infant will suck less vigorously.
- If necessary, help the infant to unlatch by inserting your finger into their mouth and between their gums to break suction before taking the infant off the breast.

Proper Baby Positioning

Properly positioning the baby is essential for comfortable and successful breastfeeding. Good positioning can help the mother avoid unnecessary pain, including nipple pain, while also helping maintain a good milk supply (Kent et al., 2015; Westerfield et al., 2018). Proper positioning also ensures the baby can establish a good latch on the nipple, which helps the baby efficiently extract milk from the breast (Westerfield et al., 2018). Below are some signs that a baby is in a good position and has latched onto the nipple well (Westerfield et al., 2018):

- The infant's nose is not squished against the breast, allowing airflow.
- The breast is pressed against the infant's chin.
- The infant's cheeks are rounded, not tucked in.

- The infant’s mouth is wide open, like a yawn, when approaching the nipple to latch.
- If any areola (the darkened circle around the nipple) is visible, more of it should be visible near the baby’s nose rather than below the chin.
- The infant’s lower lip is open downward, so the inside of the lip is against the breast rather than sucked into the infant's mouth.
- The infant’s spine is in line with the neck and the infant’s body is angled so the infant's tummy is against the mother’s body.
- The mother does not feel nipple discomfort after the initial 30 seconds.

- The infant is audibly sucking and swallowing rhythmically.

As mentioned, milk supply is affected by proper positioning. A proper latch signals the mother’s body to release hormones that increase the milk supply (Westerfield et al., 2018). Table 1 explains several different breastfeeding positions that a mother can try with her baby (La Leche League International, 2021). Find helpful images of various breastfeeding positions at <https://www.llli.org/breastfeeding-info/positioning/>. If mother and baby are struggling with getting a proper latch or finding a comfortable breastfeeding position, it may be beneficial for them to work with a lactation specialist (La Leche League International, 2021).

Table 1
Common Breastfeeding Positions

Laid-back breastfeeding	This position is used as the mother lays comfortably on her back and the baby lays on top of the mother. Position the baby to feed without turning the head.
Cradle position	To cradle breastfeed, the mother will hold her baby to rest on hip and shoulder and cradled on her forearm. Baby’s whole front body should be against the mother’s body with ear, shoulders, and hips in line.
Cross-cradle position	Use a pillow or pillows in this position to support the baby’s weight, and the mother can use her hand to support her baby’s head gently from behind.
Clutch or football hold	The mother supports the baby’s head and back along her forearm beside her with the baby’s legs tucked beside her. Pillows can help to bring the baby to the height of the mother’s nipple.
Side-lying position	The mother and baby lay facing each other, and the mother can cradle the baby with her arm. Use pillows to support the mother’s comfort and place them behind the baby to prevent rolling.

Note. Information adapted from La Leche League International, 2020, <https://www.llli.org/breastfeeding-info/positioning/>. Used with permission.

Breastfeeding Challenges and Potential Solutions

There are many challenges a mother may experience when breastfeeding her baby. The challenges can be both physiological and emotional. Even mothers that successfully breastfeed other children may experience new challenges with each baby. Breastfeeding can easily become challenging and overwhelming; fortunately, many resources exist to help interested mothers continue breastfeeding. Table 2 includes several common breastfeeding challenges and ideas to overcome them. It is important to note that many of the challenges listed result in nipple pain, making it one of the most common complaints (Kent et al., 2015). Generally, nipple pain will be more intense initially as a mother's body adjusts to breastfeeding but is likely to reduce significantly within ten days postpartum (Dennis, Jackson, & Watson, 2014). Finding solutions to these challenges is important to increase the likelihood that a woman can breastfeed longer, increasing benefits for both mother and baby

(Westerfield et al., 2018). Meeting with a lactation consultant and/or a pediatrician immediately postpartum or shortly after challenges arise can be extremely helpful. Remember, there is not one answer for everybody, so being patient and trying multiple strategies until finding what works in each case may be necessary for successful breastfeeding (Kent et al., 2015).



Infant Nursing
Photo credit: Pixabay

Table 2
Common Breastfeeding Challenges and Solutions

Challenges	Solutions
Flat or inverted nipples	<ul style="list-style-type: none"> • Use nipple shields^a (Kronborg, Foverskov, Nilsson, & Maastrup, 2016). • Apply simple rubber bands (Chakrabarti & Basu, 2011). • Use breast cups (Chanprapaph, Luttarapakul, Siribariruck, & Boonyawanichkul, 2013). • Ask a lactation consultant to guide you through using each of these solutions.
Malformation of the infant's mouth, lips, or tongue	<ul style="list-style-type: none"> • Engage a lactation consultant to help with proper positioning, but a frenotomy can also be helpful for some mother-infant pairs (Kent et al., 2015). This procedure is when the infant's frenulum is snipped free with little discomfort to the infant, improving breastfeeding success (Mayo Clinic, 2018). • Consult with your pediatrician if you think your baby may need a frenotomy.

Challenges	Solutions
Strong suck	<ul style="list-style-type: none"> ● Use a nipple shield,^a which has been shown in some studies to reduce the intensity of a strong infant suck to the level of a regular infant suck (Kent et al., 2015).
Sore nipples/nipple trauma	<ul style="list-style-type: none"> ● Correct latch or positioning (Dennis et al., 2015). ● Offer less affected breast first (Giugliani, 2004). ● Use different positions to reduce pressure on the affected area (Giugliani, 2004). ● Express (pump) just enough milk before nursing to stimulate the letdown reflex so the infant won't need to suck so vigorously (Giugliani, 2004). ● Apply aloe vera to nipples for prevention and relief as needed (Saeidi et al., 2015). ● Use a hot water compress (Niazi et al., 2018).
Candidiasis/Thrush (itching and burning sensations, "twinges" that continue after breastfeeding; reddish and shiny nipples) (Giugliani, 2004)	<ul style="list-style-type: none"> ● Ensure pacifiers and bottles are completely sanitized to prevent reinfection (Merad, Derrar, Belkacemi, Drici, & Belmokhtar, 2020). ● Rinse mother's nipples and then air dry them, exposing them to sunlight where possible (Giugliani, 2004). ● Consult an obstetrician, gynecologist, or pediatrician for appropriate creams and medications.
Low milk production	<ul style="list-style-type: none"> ● Increase frequency of feeding (Giugliani, 2004). ● Offer both breasts during feedings (Giugliani, 2004) ● Allow the infant to completely empty the breast (Westerfield et al., 2018) ● If the infant is sleepy, alternating between breasts during a single feeding can help baby to stay alert (Giugliani, 2004). ● Eat a balanced diet, stay hydrated and get enough rest (Giugliani, 2004).
Engorgement, plugged ducts, mastitis and breast abscess	<ul style="list-style-type: none"> ● Breastfeed on demand (Giugliani, 2004). ● Empty each breast each time it is used (Giugliani, 2004). ● Wear a properly fitting bra (Giugliani, 2004). ● Use good breastfeeding technique (Giugliani, 2004).

^aWhile nipple shields may help reduce nipple pain, mothers may need to learn additional breastfeeding skills and address other problems to fully resolve breastfeeding concerns. Mothers should discuss the pros and cons of using nipple shields with a lactation consultant (Kronborg, Foverskov, Nilsson, & Maastrup, 2016).

In-Person Support

Until the early 1900s, breastfeeding was the standard and most socially acceptable way to nourish a baby, while formula was less commonly used (Rossman, 2007). A new mother was often well supported through guidance and nurturing from both nearby neighbors and family (Rossman,

2007). Factors such as the increasing popularity of baby formula, more mothers working, and improved transportation developments resulting in more young adults moving away from their hometowns have contributed to the dissipation of this natural community support for breastfeeding mothers (Rossman, 2007). Without a support

system, many women do not receive the guidance and education to successfully breastfeed (Kaunonen, Hannula, & Tarkka, 2012; Rossman, 2007). Finding one person, or multiple people, who can provide support, encouragement, and knowledge to a breastfeeding mother can be an important factor in successful breastfeeding (Rossman, 2007). In addition to this fact sheet, there are many other resources available to help mothers find success in their breastfeeding experience. Some resources include:

- La Leche League, <https://www.llli.org/>
- The Office of Women's Health, National Breastfeeding Helpline (1-800-994-9662), <https://www.womenshealth.gov/pregnancy/getting-ready-baby/breastfeeding#:~:text=Have%20basic%20breastfeeding%20questions%3F,about%20the%20National%20Breastfeeding%20Helpline>
- Women, Infants, and Children (WIC) program, <https://wic.utah.gov/families/>

These resources are available to help mothers navigate the potential difficulties that can arise during breastfeeding, especially when the mother is inexperienced (Rossman, 2007).

Conclusion

Helping the mother better understand how her body produces milk is important (Kent, 2007). Improper latch is a common cause for nipple pain and poor milk supply. Both may be reasons mothers choose to stop breastfeeding (Kent, 2015). Supporters can help the mother in developing the skills of proper positioning and latch with her baby, which will assist with a successful breastfeeding experience (Rossman, 2007). Overcoming the challenges that present themselves during breastfeeding is well worth the effort due to the incredible benefits, including reduction in various disease risks that come with breastfeeding for both mother and baby (Lessen & Kavanagh, 2015; Westerfield et al., 2018).

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