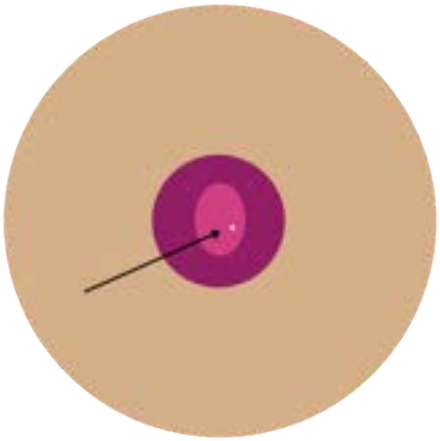
Baby Bonds

Breastfeeding Struggles

All About Milk Blebs



What is a Milk Bleb?

A Milk Bleb is a tiny milk filled blister on the nipple. The bleb is blocking a nipple pore and preventing the milk from exiting the breast. Milk blebs show as tiny white spots on the nipple and may protrude further with stimulation.

What causes Milk Blebs?

Milk Blebs are caused when the nipple pore becomes blocked either by congealed/calcified milk or by skin growing over the nipple pore. Milk blebs are more likely when there is trauma to the breast or nipple.

How to Handle a Milk Bleb

Start with Saline Soaks or Epsom Salt Soaks. Apply olive oil to a cotton pad or breast pad and cover the nipple. This will help soften the skin.

- Nurse or Pump frequently
- Stay Hydrated
- Monitor for a fever or feelings of general unwellness. If this occurs seek medical care
- Try to carefully dislodge the bleb from the side.
- Call your health care provider for medical lancing if it remains an issue.

?? FAQ's ? ?

Can you pop the bleb?

This carries a risk of infection and should really be done by a health care provider.

Why do blebs keep returning?

If blebs keep returning, contact a lactation consultant to determine why and create a care plan to prevent them from re-occurring.

Why are blebs so painful?

The bleb is blocking the flow of milk causing a clogged duct which places the milk duct under pressure. The proximity to the nipple makes it even more painful.

Dealing with a Milk Bleb?
Schedule a Consultation Today

Melanie Henstrom, IBCLC

All Purpose Nipple Ointment

For when you want to throw the kitchen sink at damaged nipples

All Purpose Nipple Ointment (APNO) is a multipurpose, broad spectrum nipple cream designed to help heal nipples that have resisted other means of healing. It is comprised of an antibiotic, an anti fungal, and an anti inflammatory steroid.

APNO is available as an RX from compounding pharmacies, but it may be expensive or hard to obtain in certain areas. Ingredients can be a mix of prescription and over the counter ingredients, or exclusively over the counter ingredients.

ALTHOUGH OVER THE YEARS THIS HAS FALLEN OUT OF FAVOR AS A TREATMENT

RX Version:

Mupirocin
Miconazole
Hydrocortizone

OTC Version:

Mix equal parts of one option from each category. Mixing RX Mupirocin with OTC Miconazole and Hydrocortizone is the closest to the original RX

Antibiotic

Mupirocin

Rx

OR

Polysporin

Not Neosporin

Antifungal

Miconazole

OR

Clotrimazole

Anti-inflammatory

Hydrocortizone

Store the OTC version in a clean container. Be sure to use a clean container and mixing tools to prevent contamination.

Directions for use: Apply sparingly to Nipple after each feeding. Do not use for more than two weeks. Discard after 2 weeks.

Melanie Henstrom, IBCLC

Breast Engorgement

What is Breast Engorgement?

Breast engorgement is when the breasts are full of milk, swollen or firm, and causing pain. This can make breastfeeding your baby or pumping difficult.

After giving birth, your body stops making colostrum and begins making milk.

To make the milk, your body uses extra blood and fluids in your breasts.

It is normal for breasts to feel heavy and full - for some, the swelling isn't bad, but for others, it feels and looks like watermelons have taken over your chest wall.

How to Prevent It

Unfortunately, engorgement is a phenomenon that almost everyone who has given birth will experience.

There are some ways to minimize the likelihood of your engorgement getting worse.

- Watch baby for hunger cues.
- Newborns typically feed every 1-3 hours around the clock.
- Before placing baby to breast, if your breasts are hard and swollen, express enough to soften your nipples.
- Completely empty one breast before moving onto the next breast (listen for sounds of slowed sucking or no swallowing).

How Can It Happen?

- Several days after birth when your milk comes in
- Disrupted breastfeeding routine where milk isn't removed as frequently
- Weaning Cold-Turkey
- Introducing solid foods to baby
- Baby is ill and not nursing regularly

How Long Does It Last?

Breast engorgement will last for several days - sometimes more if you are choosing not to breastfeed after birth.

Stimulation is what tells the body to keep making more milk.
No Stimulation = No Milk

Choosing Not to Breastfeed or Pump

- Do not remove a lot of milk (pump or express just to comfort)
- Apply a cold pack inside a cloth to prevent skin damage and place on your breasts.
- Take a pain reliever that reduces swelling like ibuprofen or naproxen
- Wear a good supporting bra or tighter sport's bra

Signs and Symptoms

- Swollen or Firm Breasts
- Painful Breasts
- Shiny or Warm Breasts
- Slightly Lumpy to the Touch
- Flattened NIpples
- Hard or Firm Areola
- Low Grade Fever 100.4° F (38°C)
- Slightly swollen or tender lymph nodes in or near your armpits.

Treating Engorgement

Why it is Important?

If breasts become too firm and swollen, your baby may not be able to latch. This can lead to:

- Breasts not emptying completely
- Baby not getting enough milk to drink
- Sore and cracked nipples which can lead to infection

Schedule a Consult

Melanie Henstrom, IBCLC

Tips *Before* Milk Removal

Apply ice and gentle massage

Tips *During* Milk Removal

Make sure baby has a good latch.

Make sure your pump flange fits well.

Use hands-on pumping.

VIDEO EXAMPLE

Use breast massage.

VIDEO EXAMPLE

Tips *After* Milk Removal

Lay back in order to allow the lymphatic fluid in the breast to drain.

Apply cool compresses.

Don't wait too long to empty the breast again.

Mastitis

Severe Engorgement can lead to clogged milk ducts and breast infection which is called mastitis.

Not all engorgement will become mastitis.

Treat with Antibiotics if symptoms do not improve in 24 hours.

Call Health Care Provider and Lactation Provider Immediately if

- Fever over 101˚F
- Feel generally unwell
- Have red streaks on the breast

Mastitis Signs and Symptoms

- Red streaks on the breast
- Hard spots that are not emptying
- Fever
- Chills
- Generally feeling unwell
- Pain in the breast

Schedule a Consult or Follow Up

Melanie Henstrom, IBCLC

Epsom Salt vs Saline Soaks

Commonly Used For

Milk Blebs and Clogged Ducts to rapidly reduce swelling

Commonly Used To

Help heal nipple damage and reduce swelling and inflammation

Epsom Salt Soak Recipe

Mix 2 tsp of Epsom salt into 8 ounces of warm water.

Soak the breast or nipple in the water.

A common variation on this includes using a Haakaa Pump with the warm water and Epsom Salt solution to use suction to increase the results.

How Often

No more than 2-3 times per day for 5-10 minutes.

*Use caution if you have nipple damage, Epsom salt can irritate your already damaged nipples worsening your situation.

Saline Soak Recipe

Dissolve 1/2 teaspoon of table salt in 8 ounces of warm water.

Soak the breast of nipple in the water AFTER nursing or pumping.

Follow the saline solution soak by applying oil or nipple balm and a clean, dry breast pad.

How Often

Soak your nipples for 1-2 minutes, 7-8 times per day

*Saline soaks are typically done as part of a moist wound healing care plan, but they can be used for all types of nipple pain and trauma.

Need Help? Schedule a Consult

Melanie Henstrom, IBCLC

www.babybonds.us

Getting Baby Back to the Breast

Getting a baby who is accustomed to bottle feeding back to the breast requires some careful planning and patience. We want to, above all, make sure we are keeping baby fed and respecting baby's needs and cues. The plan for getting your baby back to the breast is going to be most successful when working with a skilled lactation consultant to uniquely tailor the plan to you and your baby's needs.

Realistic Expectations

In most cases, getting a baby to re-establish nursing at the breast takes a lot of time, patience, and trial and error. Depending on the reasons that nursing was stopped or not initiated, there may be work to do before we can even attempt to get baby to try nursing.

Around 4 months of age, the rooting reflex and the suck reflex integrate and disappear. When this occurs, baby has to voluntarily latch and nurse.

Preparing the Breast

Nursing will typically require adequate flow at the breast to keep baby engaged and feeding. If there are milk supply issues, we will want to address that to the best of our abilities. If there is an underlying reason adequate flow cannot be established, we will likely want to consider a Supplemental Nursing System.

Preparing the Baby

An important part of preparing your baby for nursing at the breast will be establishing that baby has the oral skills required to feed at the breast. If there are issues with oral skills, we want to identify those and work to help your baby gain the skills to feed effectively at the breast and prevent painful nipples.

Make Bottle Feeding More Like Breastfeeding to Ease the Transition

More Narrow Bottles Allow a More Breast Like Latch

- Slow the Flow
- Use Paced Bottle Feeding
- Make sure the flow of milk takes pauses and doesn't start as soon as the bottle enters the mouth. Baby will have to be patient at the breast to stay engaged.
- Try bottle feeding in breastfeeding positions to establish these as feeding positions
- Breastfeed skin-to-skin to help establish baby's comfort

Wider Nipples Encourage Bad Latching

Scan to learn more about getting your baby back to the breast

Melanie Henstrom, IBCLC

www.babybonds.us

Getting Baby Back to the Breast

Strategies to Establish the Breast as a Happy Place

More than nutrition and more than immunological benefits, nursing at the breast is about meeting baby's emotional needs for connection and security. We want to establish the breast as a good place to be. A baby who is uncomfortable is not going to re-establish nursing.

Strategies to Achieve This:

- [ ] Skin to Skin
- [ ] Safe Co-Sleeping
- [ ] Co-Bathing
- [ ] Baby Wearing
- [ ] Bottle Feeding Skin-to-Skin in a Breast Feeding Position

Keep the time at the breast a happy time with no expectations. If baby chooses to latch, go with it, But if not, don't force anything.

Get the support you need to meet your breastfeeding goals today. Scan to book a consultation .

Everything here is just a suggestion or idea. Take what works, leave the rest. You and your baby are a unique dyad - not everything will be the right solution for you.

Strategies to Encourage and Enable Baby to Latch

- [ ] Provide breast access when baby is sleepy. Sleepy babies may be more inclined to try latching.
- [ ] Offer milk with a syringe, finger feeding, or cup to teach baby there are multiple ways to eat aside from the bottle.
- [ ] The Bait and Switch: Start by bottle feeding skin-to-skin in a cradle position. Then, offer the breast when baby is about 1/2-3/4 of the way through their bottle and drowsy.
- [ ] Cosleeping safely allows baby access to the breast even just for comfort to encourage latching.

Be patient and don't get discouraged. This takes time and often professional support over a period of several weeks. This is hard work, but when it pays off, it's worth the effort.

Melanie Henstrom, IBCLC

www.babybonds.us

Insufficient Glandular Tissue: What You Need to Know About IGT

What is it?

Insufficient Glandular Tissue (commonly called IGT) is a condition in which the breast lacks the amount of glandular tissue required to produce a full milk supply. IGT means that the parent is unable to ever produce enough milk to satisfy their baby's nutritional needs at the breast without supplementation. IGT may be associated with atypical breast development or may not be discovered until breastfeeding requires support.

What are the warning signs?

- More than a 4cm flat space between breasts.
- Breast asymmetry (one breast is much larger than the other).
- Tubular shaped breasts (the breast is long with a high fold).
- Under-developed, extremely restricted breasts (not just small breasts).
- Disproportionately large and bulbous areolae
- Absence of breast changes during pregnancy, postpartum, or both.
- Lack of milk production determined by assessment.

These are signs we need to closely monitor breastfeeding to protect your baby and your ability to breastfeed.

Always remember, IGT is a diagnosis of exclusion. Until we rule everything else out, we can't be sure this is the issue. Even if this does end up being the issue, you can still breastfeed! Don't lose hope.

What should be checked if IGT is suspected?

If IGT is suspected, a full assessment of health history, baby's oral anatomy, pump flange fit, lactation history, and a manual/visual examination of the breasts should occur. With a manual examination, the fatty tissue in the breast will feel smooth, and the glandular tissue will feel grainy in texture. Labwork should be done to assess for nutritional deficiencies, thyroid function, insulin resistance, and hormonal imbalances.

Who can help me with this?

You need a lactation consultant with training and experience in IGT, low milk supply, and managing complicated breastfeeding situations.

If you have ever been able to express or transfer 90 mL or more of milk in one session, we can effectively rule out IGT. This would indicate the tissue is present and functional, but milk production is inhibited.

Get the help you deserve to make breastfeeding work for you today!

www.babybonds.us

Melanie Henstrom, IBCLC

Low Milk Supply Checklist

- [ ] My baby struggles with latching or nursing
- [ ] I have nipple pain and damage
- [ ] I suspect or know my baby has a tongue tie
- [ ] I pump or nurse less than 8 times per day
- [ ] I do not nurse or pump at night
- [ ] I use a feeding schedule
- [ ] I replace feedings with formula or donor milk
- [ ] My baby frequently uses a pacifier
- [ ] I limit the length of feedings
- [ ] I think my pump flanges are the wrong size.
- [ ] I consume less than 1500-1800 calories per day
- [ ] I am using hormonal contraception
- [ ] I regularly consume alchol or nicotine containing products
- [ ] I stopped expressing my milk at one point in time

If you checked any of these boxes, you have **secondary risk factors** for low milk supply. Typically, these can be addressed by changing your breastfeeding management. A lactation consultant can help you sort out how to improve your situation.

If you checked any of these boxes, you have **primary risk factors** for low milk supply and should seek out a consultation with a lactation consultant to optimize your chances of breastfeeding success. If you also have secondary risk factors it will be important to eliminate as many of those as possible to better support lactation.

Scan to Schedule a Consult

- [ ] I am pregnant
- [ ] I have had breast surgery (implants, reduction, biopsy, etc.)
- [ ] I have had a chest injury or surgery involving my chest
- [ ] I have had a spinal cord injury or surgery
- [ ] I have been told I have Hypoplastic Breasts
- [ ] I have been told I have Insufficient Glandular Tissue
- [ ] One of my breasts is significantly smaller than the other
- [ ] I have a flat wide space between my breasts
- [ ] I had little to no changes to my breasts during pregnancy
- [ ] I had little to no changes to my breasts in the first week
- [ ] I have Diabetes Type 1 or 2
- [ ] I have a history of gestational diabetes
- [ ] I have been diagnosed with an eating disorder
- [ ] I have undergone gastric bypass surgery

Melanie Henstrom, IBCLC

Moving Past the Nipple Shield

The most important step: Identify why the shield was used and if the issue still persists. The shield often masks other problems that will need to be addressed to meet your breastfeeding goals.

Depending on why the shield was introduced, you may need skilled lactation care to help prepare your baby to be able to successfully latch without the shield.

Book today to get the help you need

Feed the Baby

Keep baby fed frequently! Hungry babies are less likely to work with you on a new skill. Feeding every 2 hours makes sure baby is hungry enough to try without the shield, but not so hungry that baby is frustrated.

Pick the Right Times to Try

- Times when baby is just waking up are great times for a non-frantic feed.
- Dream feeds work well, too. Babies are calm when they dream feed, and it may take less effort to achieve that shield free latch.
- Pick a time when feeding is calm for both you and baby, and you can try feeding in a quiet, dimly lit environment.
- Stop if you and/or baby become frustrated. Try again another time when you are both calmer.

Shape the Nipple

- If you are engorged, use reverse pressure softening to make the nipple flexible.
- Use a pump or cold washcloth to make your nipple more erect and firm so baby can latch more easily.
- Use your hand to point the nipple up at the roof of the baby's mouth.
- Try the flipple technique to encourage a deeper mouth full of breast tissue.

Above all, be patient! It can take time to make this happen!

Set the Stage

- Use skin to skin to reacquaint baby to the breast without a shield present. Don't try to offer the breast, just leave it available and have no expectations for baby.
- Entice baby to latch by expressing a few drops of milk so they can smell and taste the milk.
- Allow baby to explore the bare nipple without expectations

Try the Bait and Switch

Try latching the baby with the shield for a few minutes, then unlatch and take the shield away before quickly re-latching. The baby may not even notice!

Point your nipple up when latching to get a deeper latch!

Melanie Henstrom, IBCLC

Nipple and Breast Infections

Nipple and Breast Infections are common sources of breastfeeding pain, but they are poorly understood and often inappropriately treated.

What organisms cause nipple and breast infection?

Breast and Nipple Infections can be caused by bacterial or fungal organisms. Common infections include strep, staph, and candida (thrush).

When do we suspect nipple or breast infections?

Symptoms may present as obviously seperate from observed manual trauma to the breast or without obvious symptoms during the initial assessment. If pain is inconsistent with observed trauma, damage is slow to heal, or pain is not resolving, we suspect infection.

Signs of Manual Trauma from Latch and Pump

Redness, abrasion to the skin, red ring at base of nipple, abraded/depigmented skin on the areola, swelling, or cracked nipples. Manual Trauma is easily identified, and rapidly improves when cause is corrected.

Pain is not normal, and should always be assessed and properly treated until resolved.

How Should Nipple and Breast Infections be Identified

Given the frequency with which breast and nipple infections are inadequately treated and improperly identified, request lab work to prevent prolonged pain and exposure to unnecessary medication. **The Academy of Breastfeeding Medicine** recommends nipple swabs and milk cultures to identify the infection's cause and facilitate targeted and timely treatment .

QR Code for ABM Persistent Pain Protocol

Schedule a Consult

Signs and Symptoms

Acute Mastitis

Warm hard spots on the breast, redness of the breast skin, red streaks on the breast, fever, and flu-like illness.

Subclinical Mastitis, Subacute Mastitis, Mammary Dysbiosis

Pain in the breast and nipples, frequent clogs, clumpy milk, frequent milk blebs, slow to heal nipple damage, swelling and inflammation of the nipple

Bacterial Nipple Damage

Yellow Discharge, Pain, Aching of the Breast, Pain with nursing or pumping, blisters, slow to heal damage, damage inconsistent with manual trauma.

Fungal Nipple Infection

Redness, shiny skin, flaky skin, white rash, sharp pains during and after feedings, slow to heal nipple damage.

With the exception of Acute Mastitis, the overlap of the symptoms of other breast and nipple infections are difficult to accurately identify and properly treat without lab work.

Melanie Henstrom, IBCLC

Plugged Ducts and Mastitis

MELANIE HENSTROM, IBCLC

Plugged Ducts and Mastitis are the result of opportunistic infection from poor milk removal or nipple trauma. If the issues with your baby's latch or your breast flange fit are not addressed and properly resolved, you are at risk for recurrent problems.If you are unsure of what is causing the issue, skilled lactation care can help you identify the underlying problems and create a care plan to address it.

See Protocol for Nipple Damage or Thrush Treatment

Plugged Ducts:
-Area of the breast where milk is blocked
-Results in localized redness, swelling, and pain
-May be warm to the touch
-May have a low grade fever of less than 101.3° F
-If clogged ducts are not resolved there is an increased risk of mastitis

Mastitis:
-Same symptoms as a plugged duct
-Pain is more intense
-May have red streaks radiating from the area
-May have a fever of more than 101.3° F

Call your doctor to discuss the need for antibiotics

Supportive Treatment Options:
Probiotics to reduce the risk of infections including Thrush.
Megadoses of Vitamin C (3000-5000 mg) a day may be considered.
Lecithin Supplements of (1200 mg) 3-4 times a day may reduce clogs.

Ibuprofen and Acetaminophen Can Be Used to Manage Pain and Reduce Swelling

To treat Plugged Ducts and Mastitis:

Ice
Apply ice after nursing or pumping sessions.

Rest
Try to reduce stress and consider taking your baby to bed using skin to skin to encourage nursing

Massage
Use gentle massage to help encourage proper milk flow

Empty the Breast
Nurse or Pump at least 8 times a day to keep the breast properly emptied.

Plugged Ducts and Mastitis

Strategies to Unplug Clogged Ducts

- Gentle massage while nursing or pumping
- Apply ice for 15 minutes after nursing or pumping
- When nursing aim the baby's chin towards the plugged area
- Dangle Nursing: Get on hands and knees and lean over baby.
- Massage breast from outer sides towards the areola with hands
- Ibuprofen
- Turmeric
- Choline
- Marshmallow root

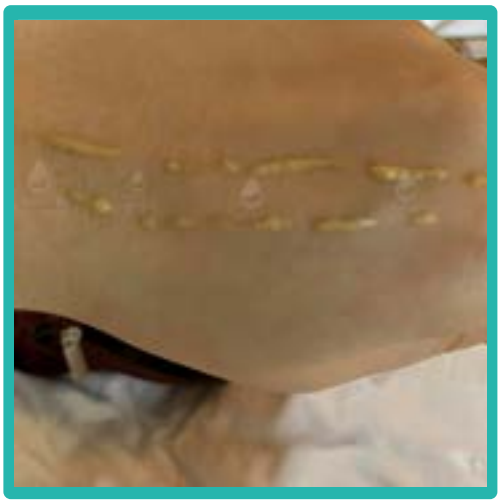
Vibrators and heat are no longer recommended as they can increase inflammation

Castor Oil Packs:

Soak a piece of cloth in castor oil, and lay the castor oil over the plugged area. Keep castor oil off of nipples or wash before feeding or pumping (castor oil is not approved for infant ingestion). Cover the cloth with saran wrap to prevent oil from making a mess. Apply heat over saran wrapped castor oil cloths for 2-30 minutes 3-4 times a day. Can use hot water bottle, heating pad, gel packs, or sock filled with rice to apply the heat.

Haakaa Trick:

Fill a Haakaa Style Silicone Pump halfway with warm water and a pinch of epsom salt. Suction to your breast allowing the warm water to cover your nipple. Allow this to stay in place for 10-15 minutes to allow the nipple skin to soften and the suction of the pump to pull out the clog gently.



Here are pictures of what these clogs look like. These would typically not be seen when nursing, but may show when pumping. These are not unsafe if baby consumes them.

Melanie Henstrom, IBCLC

Postpartum Feelings Discussion List

- [ ] Depressed Mood
- [ ] Mood swings
- [ ] Difficulty bonding with my baby
- [ ] Withdrawing from friends or family
- [ ] Loss of appetite
- [ ] Eating much more than usual
- [ ] Inability to sleep (insomnia)
- [ ] Sleeping too much
- [ ] Overwhelming fatigue
- [ ] Loss of Energy
- [ ] Reduced interest or pleasure in things you previously enjoyed
- [ ] Intense irritability or anger
- [ ] Fear of being a bad parent
- [ ] Hopelessness
- [ ] Feelings of worthlessness, shame, guilt or inadequacy
- [ ] Diminished ability to think clearly, concentrate, or make decisions
- [ ] Restlessness
- [ ] Severe anxiety or panic attacks
- [ ] Thoughts of harming yourself or your baby
- [ ] Recurrent thoughts of death or suicide

Almost all medications for postpartum mental health support are compatible with continued breastfeeding. Never discontinue breastfeeding or "pump and dump" without consulting with these sources for updated information:

The Infant Risk Center: 1-806-352-2519
Lactmed
E-Lactancia

This is a checklist to help you and your doctor and/or therapist begin the discussion about getting you the help you need.

Hey Doc! I need some help with how I am feeling. I'd like to discuss these items on my checklist.

_ _ _ _ _I have been on medication for this before.

- What was it? _ _ _ _ _ _ _ _ _ _ _ _
- Did you like it? YES/NO

_ _ _ _ _I would like to try medication for the first time.

_ _ _ _ _I am also breastfeeding.

_ _ _ _ _Are you comfortable discussing breastfeeding and medications, or do you recommend another specialist to handle this need? YES/NO

_ _ _ _ _Here are some compatible medications I would feel comfortable discussing.

- _
- _

_ _ _ _ _I would like to try medication and therapy.

_ _ _ _ _I am only interested in therapy at this time, but what are some signs that therapy may not be working on its own?

Prenatal Risk Factors for Lactation Challenges

Health Related Risk Factors

- [ ] Primiparity (First Time Parents)
- [ ] Maternal Age (Older parents are at higher risk)
- [ ] Maternal Obesity
- [ ] Diabetes (including Gestational Diabetes)
- [ ] Hypertension
- [ ] History of Eating Disorders
- [ ] History of Gastric Bypass Surgery
- [ ] History of Thyroid Disorders
- [ ] Infertility Challenges
- [ ] PCOS (Polycystic Ovarian Syndrome)

Breast Related Risk Factors

- [ ] History of Breast Surgery (including augmentation)
- [ ] History of Injury or Surgery to the Chest
- [ ] Hypoplastic Breasts
- [ ] One breast is significantly smaller than the other
- [ ] Flat or Inverted Nipples

Breastfeeding is most successful when we are aware of risk factors for milk making challenges. When identified prenatally, or as soon after birth as possible, it allows us time to formulate a plan for you and your baby that keeps you both safe, healthy, and able to meet your goals!

Book a Prenatal Consultation today to learn how to make breastfeeding work for you!

Follow this Link for More Information or To Schedule a Consultation

NOTES:

Pumping with Painful or Damaged Nipples

Pumping with painful nipples is never fun, but sometimes it's not avoidable. While you wait to meet with me, or are working your care plan, here are some basic measures to improve your comfort while pumping.

Ibuprofen and Tylenol are compatible with breastfeeding. These can be used if desired to manage swelling and pain.

Cool Compresses can be applied to the breasts and nipples.

Try warm compresses and heat before pumping to speed milk removal and reduce the amount of time needed to pump.

Try Breast Massage prior to pumping to reduce the amount of time required to pump. Consider hand expression for some or all of your milk removal needs. This video* is a great resource for these topics.

Try hands on pumping to maintain milk supply while reducing time required to pump. This video** explains more about this idea.

Saline Soaks and Oil Treatments

Add 1/2 tsp of table salt to 8 oz of warm water to dissolve for a homemade saline solution.

Use a small amount of fresh saline solution to soak your nipples for 1-2 minutes, 6-8 times a day after pumping or nursing.

Apply coconut oil or olive oil to your nipples after the saline soaks.

Cover with a clean, dry breast pad.

* Scan to Watch **

Melanie Henstrom, IBCLC

Risk Factors for Lactation Challenges

Health Related Risk Factors

- [ ] Primiparity (First Time Parents)
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Follow this Link for More Information or To Schedule a Consultation

Risk Factors Related to Birth and the Early Days

- [ ] Prolonged Labor
- [ ] Difficult or Traumatic Delivery
- [ ] Delay in Latching
- [ ] Fluid Overload/Edema
- [ ] Epidural or Narcotic Pain Killer Usage
- [ ] Infrequent Nursing or Pumping
- [ ] Seperation of parent and baby
- [ ] Nipple Pain or Damage

MELANIE HENSTROM, IBCLC

Thrush

Thrush is most commonly associated with damaged nipple tissue. Healing your nipples is an essential part of eliminating the yeast overgrowth.

What is Thrush?

Thrush is the overgrowth of naturally occuring Candida Albicans (yeast). This overgrowth results from antibiotic usage in mother or baby, systemic imbalances in yeast production, or damaged nipple skin.

What else could be the cause of the pain?

-Poor Latch or Breast Flange Fit
-Unresolved Nipple Damage
-Bacterial Infection
-Reynaud's Phenomenon
Evaluation is critical to getting the right diagnosis and treatment

Symptoms

Nipple appearance may include: puffy, scaly, flaky, weepy, deep pink coloration or have tiny blisters. Pain is reported as itchy, burning, stabbing sensations. With yeast infections, the pain is *mostly* during or immediately after a feeding.

Thrush is diagnosed by a health care provider. Lactation care can asssist in remedying the nipple damage and the underlying cause of the damage. You should discuss all treatment options with a health care provider.

Thrush Treatment Considerations and Options

1. Identify if the baby requires treatment as part of the dyad.
2. Consider taking a probiotic to help your body regain it's proper balance. There are infant probiotics as well.
3. Natural Remedies such as coconut oil or diluted vinegar rinse may be considered.
4. All Purpose Nipple Ointment (**Prescription** or **Homemade**) helps to reduce inflammation and eliminate both the fungal infection and the possible bacterial infection causing the irritation.
5. Treatment with Nystatin or Fluconazole may be recommended.
6. Gentian Violet is a commonly recommended remedy however, Gentian Violet is no longer recommended (There is some concern about this remedy being related to oral cancers when administered in high dosages. Discuss the risks and benefits with your health care provider). This treatment option has fallen out of favor in recent years

Scan to Schedule a Consult

Thrush

MELANIE HENSTROM, IBCLC

Considerations during Treatment

-All bottles, pump parts, pacifiers, and toys need to be sanitized daily
-Use a fresh towel every time you bathe
-Wash your bras in hot soapy water and dry with heat to kill the yeast.
-Use clean breastpads
-Wash hands frequently
-Wash baby's hands frequently if they put them in their mouth

Resources
(click link or scan QR code)

International Breastfeeding Centre- Candida Protocol*

Mama Natural- Thrush in Babies**

Holistic Squad- Thrush***

Mother and Child Health- Breastfeeding and Thrush****

* ** *** ****

Tongue-Tie Basics

Melanie Henstrom, BS, IBCLC

SCHEDULE A CONSULT

What is a Tongue-Tie?

A tongue-tie is the common term for ankyloglossia, and refers to a condition present from birth where there is a band of tissue under the tongue that is restricting the tongue's ability to move properly. In severe cases, the tongue may be anchored to the floor all the way to the tip of the tongue.

Why Do Tongue-Ties Matter?

A tongue-tie can interfere with a baby's ability to properly nurse as well as bottle feed. Check the symptoms' chart below, and if you feel you need to be assessed, schedule a Virtual Breastfeeding Consultation.

Parent's Symptoms of Tongue-Tie	Baby's Symptoms of Tongue-Tie
• Nipple pain when nursing	• Poor Latch/Sucking
• Vasospasms	• Irritability or "colic"
• Overactive Let-down	• Coughing and choking when nursing
• Painful Oversupply	• Unusually strong suction
• Pain in breasts	• Gas and Reflux - excessive spit up from taking in too much air at the breast
• Recurrent Thrush	• Green Bowel Movements
• Nipples look pinched or lipstick shape after nursing	• Clicking sound when nursing
• Recurrent Plugged Ducts, Blisters/Blebs, Mastitis	• Fussiness at the breast
• Cracked or Bleeding Nipples	• Small Speck of Blood in the Stool
• Low Milk Supply	• Very Low or Slow Weight Gain
	• Arching away from the breast

Question: My baby and I have many of these symptoms, is it for sure a tongue-tie?

Answer: I really wish it was that simple. Assessing a tongue-tie involves looking for visual clues in the mouth, assessing if baby has full range of motion and use of the tongue, and if baby is capable of properly eating at the breast and/or bottle. Scan the QR code above to schedule a consult.

Triple Feeding

Nurse, Pump, Supplement

Reasons for Triple Feeding

Triple Feeding is an intensive intervention designed to protect and boost milk supply, preserve nursing at the breast, and ensure a baby who is not capable of feeding at the breast 100% is adequately fed.

Benefits of Triple Feeding

Triple Feeding allows us to intervene in situations where either the milk supply is too low for baby's needs, or baby is too weak to effectively nurse at the breast exclusively. Continued time at the breast helps prevent breast rejection and preserves the nursing relationship.

Risks of Triple Feeding

Triple Feeding is an intense intervention that can be difficult and overwhelming. It should only be used short term to prevent burnout that can lead to early weaning. Triple Feeding can contribute to maternal stress and anxiety and exacerbate PPD/PPA.

Triple Feeding Is A Short Term Intervention, Not A Long Term Solution

Parallel Pumping is an intervention as part of a comprehensive plan to address a breastfeeding difficulty, it is not a solution that will fix things on its own.

Triple Feeding Should Only Be Used As Part of a Comprehensive Care Plan by a Skilled Clinical Lactation Provider in Conjunction with a Care Plan to Improve Baby's Ability to Nurse Effectively

How to Triple Feed

Triple Feeding is the Process of Nursing at the Breast, Pumping after Nursing to empty fully/increase supply, and feeding baby with supplemental milk to ensure baby is fed.

Nurse

↓

Pump

↓

Supplement

↓

Repeat

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Triple Feeding

Nurse, Pump, Supplement

Triple Feeding Success is dependent on effective breast pumping.

Be sure to use a heavy duty pump with a well fitted flange.

Tips for Making Triple Feeding Work

- Consider Triple Feeding for only certain feedings of the day when there is a support person available to help.
- Use a hands free pump bra or Freemie/Spectra Cups to make feeding baby the supplement milk with pumping possible and to shorten the time it takes to feed.
- Try to limit overnight Triple Feeds to manage sleep deprivation.
- Speak up if the care plan is too much for you! There are other options available to meet your goals.

Consider Parallel Pumping or Feeding with a Supplemental Nursing System if Appropriate

Care Plan for Improving Feeding at the Breast

Scan to Schedule a Consult

Triple Feeding Should Be Done For The *Least* Amount of Time Possible

Care Plan for Feeding/Pumping

Nurse for : _____ minutes on 1/each breast

Pump for _____ minutes with a _____ pump using a _____ mm flange

Supplement with _____ mL of

_____

_____

Repeat at _____ feedings per day for _____ days.

Follow Up in _____ days with

_____or sooner if care plan becomes unmanageable

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Is Breastfeeding Going Well?

SIGNS IT IS

- [ ] Seeing/Hearing Baby Swallow
- [ ] Baby is Maintaing Growth Chart Curve
- [ ] The Tugging/Pulling Sensation with Breastfeeding doesn't Hurt
- [ ] Baby Feeds Every Few Hours for a total of 8-12 times in 24 hours
- [ ] Mom is Content with Current Breastfeeding Experience
- [ ] Baby Begins to Develop Their Own Nap/Wake/Feed Schedule

Trust your instincts.
If something feels wrong or off, let us know! You know your child best. Empowered Parents are Strong Parents.

SIGNS IT ISN'T

- [ ] Feeding Constantly (different from Cluster Feeds)
- [ ] Clicking Noises from Baby
- [ ] Pain or Discontent (Mother or Baby)
- [ ] Nipples Look Different After Feeds
- [ ] Falling Asleep at the Breast After Latching
- [ ] Unable to Latch without a Nipple Shield
- [ ] Baby Feeds Longer than 30 Minutes*
- [ ] Baby's Coloring Appears Pale or Orange
- [ ] Baby's Not Meeting Diaper Count

*Can be normal, but should be assessed

SCAN TO SCHEDULE A CONSULTATION

If there is something that concerns you, we want to help.

Melanie Henstrom, IBCLC

www.babybonds.us