# Breast Pain During Lactation

It's common to experience some level of breast or nipple discomfort with breastfeeding. **Most of the time, the pain is temporary and can be managed readily**. This handout will help you understand the most common causes of breast pain during breastfeeding and how to address them.

## Engorgement

**What it is:** Engorgement occurs when your breasts become **swollen**. This often happens in the **first week after birth**, when your body transitions from making colostrum to making mature milk, as milk production increases. Engorgement can also happen when the breasts become overly full, such as when baby goes longer between feedings. Engorged breasts typically feel **hard, swollen, painful, and appear red** in places. The swelling is partially from milk, but it is mostly due to fluid build-up in the tissues of your breast (like when your legs swell during an airplane flight). Engorgement typically improves in about 2 days, as the body naturally removes fluid from the swollen regions.

**How to manage engorgement:**

- Nurse or express milk regularly to feed the baby.
- Although it is tempting to add extra pumping to alleviate the fullness, extra pumping beyond what is needed to feed the baby will prolong the engorgement and often makes it worse.
- If you are pumping, pump about the amount your baby is eating – avoid removing all milk if you are making much more milk than your baby is eating.
- If your baby is having trouble latching due to engorgement, hand express a small amount of milk to make it easier for the baby to latch deeply. Make sure your baby is latching properly to remove milk effectively.
- Lymphatic massage (insert link to video) is a gentle type of massage that can help reduce swelling in the breast.
- Applying a cold compress after nursing or pumping or anytime in between milk removals can also help reduce swelling.
- See IABLE's handout on Breast Engorgement for more details.

## Sore Nipples

**What it is:** Sore nipples are a common concern, especially in the early days postpartum. Common reasons include the baby not latching deeply, or using the wrong size pump flanges. Brief nipple discomfort at the very beginning of a baby's latching is common and can be normal if it eases up after a few moments.

**How to manage it:**

- Check your baby's latch to ensure it is deep and wide.
- If you feel persistent nipple pain during feeding despite a deep latch, an evaluation by a lactation specialist is needed.

- Use lubricants like organic nipple balms (or even plain olive or coconut oil) to soothe sore areas.
- If the pain is not improving, reach out to a lactation specialist for help. There are several other reasons for pain that would necessitate professional evaluation.

## Cracked Nipples

**What it is:** Cracks and scabs of the nipple can develop if the baby is not latched properly. This can be quite painful and increases the risk of infection.

**How to manage it:**

- Allow the cracks to heal by ensuring a deep latch, to reduce nipple trauma.
- Use moist wound healing, which means keep the nipple wounds moist and covered when not nursing or pumping. Moist wound healing keeps the nipple wounds from sticking to the bra, shirt or breast pad while helping the wounds heal quickly.
    - After feeding, apply nipple balm, and cover the nipples with a non-stick pad or hydrogel pads. Non-stick wound pads can be purchased in pharmacies. Plain parchment paper, cut in circles, is an effective, low-cost alternative as a non-stick cover.
- If it is too painful to latch your baby, you can gently express milk by hand expression or an electric pump on low suction to protect your milk production while letting the nipples heal.
- If the cracks are not healing, reach out to a lactation specialist for help.

### What about silver cups for wound healing?

Silver cups to cover the nipples are expensive and widely marketed. While it may seem effective in protecting sore nipple(s), these can retain leaked milk against the nipple, causing skin maceration and delaying wound healing. In addition, people who are allergic or sensitive to metals on their skin can develop a rash, nipple cracks, and worsened pain.

## Breast Congestion ("Clogged Ducts")

**What it is:** When milk does not flow freely from a portion of the breast or milk removal is delayed, it can lead to a **hard, tender swollen region**. It is important to understand that there is not 'plugged milk in a duct'. An occasional clogged duct is very common and can be part of the body's process of milk regulation. People usually notice a decrease in milk output on the side with swelling, which typically improves after the swelling resolves.

**How to manage it:**

- Breastfeed or express milk on your **regular routine** – do not increase the frequency of pumping or nursing.
- If you have not had a regular nursing or pumping schedule, staying on a schedule to avoid excessive fullness will help heal the swollen area and prevent episodes in the future.
- The treatment is **allowing the body to heal the swelling naturally, just like any other injury.**
- You can help relieve the congestion by doing **lymphatic massage** (https://www.youtube.com/watch?v=-0Uwx7L47cg) 4-6 times a day and **applying cold compresses, such as a bag of frozen peas wrapped in a cloth** to the swollen area after feeding or expressing milk.
- If the hard spot does not resolve within 48 hours or worsens into mastitis (see below), you should see your physician or other healthcare provider for an evaluation.

## Mastitis

**What it is:** The term "mastitis" means **inflammation of the breast**. Sometimes this can be breast congestion (see above) with redness and warmth of the skin, and possibly a low-grade fever, chills, body aches or sweats. If these symptoms worsen or don't improve with the simple steps above for breast congestion, it could be progressing to infectious mastitis, which requires medical care.

**How to manage it:**

- The main care for mastitis is like that for breast congestion (see above).
- **Ice or cold compresses** on the area, **gentle lymphatic massage**, plus pain and fever medicine as needed.
- In addition, continue to remove milk on your regular routine.
- If the symptoms do not improve within about 24 hours or are rapidly worsening, antibiotics may be needed. Contact your physician or other healthcare provider for an evaluation.

## Vasospasm

**What it is:** Vasospasm is a condition where the blood vessels in the nipples constrict (narrow), often leading to pain. Nipple vasospasm is usually (but not always) associated with **color changes** to the nipple, such as paleness/white, purple, or cherry red. The pain if often described as **nipple burning, stinging, and sensitivity, and sometimes sharp or dull pain into the breasts**. Nipple vasospasm can be triggered by a poor latch, trauma to the nipple, cold, or a history of Raynaud, a medical condition that causes vasospasm in toes and fingers. Certain medications can also trigger nipple vasospasm.

**How to manage it:**

- **Ensure a comfortable, deep latch**, and see a lactation professional if you are unable to achieve this.
- **Check on proper pump use** with a lactation professional to be sure you are not causing trauma with your pump with incorrect settings or wrong size flanges.
- **Keep the nipples warm** (hand warmers placed the outside of the bra are a great option), especially right after nursing or pumping.
- **Avoid excessive caffeine** intake.
- If these modifications do not relieve your symptoms, please see a breastfeeding medicine specialist for further assessment.

## Skin Irritation or Dermatitis

**What it is:** Skin irritation or dermatitis can be another common cause of breast pain during breastfeeding, often **mistaken for thrush** (yeast infection of the skin). This condition results from sensitivity to something contacting the nipple/areolar region such as soaps, nipple creams, laundry detergents, or medicine in the baby's mouth. The nipples and areola often appear red, feel sensitive, and the skin may be noticeably rough, bumpy, scaly or have cracks.

**How to manage it:**

- If possible, **identify and avoid** the triggering the agent.
- Use **gentle, fragrance-free soaps** to clean anything that touches the breast, including pump parts.
- Avoid using soap directly on the nipples as harsh soaps can dry out and irritate the skin further.

- If you have concerns about skin irritation or think it might be dermatitis, consult your physician or other healthcare provider for an evaluation.
- Oftentimes **prescription creams** are needed to fully treat dermatitis.

## Overproduction

**What it is:** Sometimes people produce more milk than their baby eats. When the breasts are constantly full, this can lead to inflammation and chronic or recurrent breast pain.

**How to manage it:**

- The main treatment for overproduction is **allowing your body to regulate** to meet your baby's breast milk needs.
- **Nursing on demand** without added pumping in the early weeks and months allows the body to naturally decrease milk production.
- If you are pumping and nursing, you can gradually decrease the amount you are pumping and ultimately **stop any pumping in addition to nursing**.
- If you are pumping exclusively, you can **gradually cut back on how much you pump** so that you pump only the amount your baby is eating.
- If you are finding that you cannot cut down on expressing milk without getting severe congestion of the breasts or mastitis, reach out to a breastfeeding medicine specialist for help. Medicines can be prescribed to help decrease the rate of milk production.

## Nerve and Muscle Pain

**What it is:** When a person is lactating, their breasts are typically larger and heavier than they were before lactating. This **extra weight can put a strain on chest and back muscles**, causing pain. Sometimes, irritated nerves or **mixed signals** in the nerves can lead to breast pain that doesn't have a clear trigger or may be more severe than one would expect in the circumstances. This is called **"neuropathic" pain**.

**How to manage it:**

- For muscle pain from heavy breasts, **wearing a well-fitted, supportive bra** (with no underwire) is the best way to ease and prevent this pain.
    - Often one can find department stores or bra/lactation boutiques where there are **professionals who can help measure you** and find the best bra options for you.
- Ibuprofen and acetaminophen can also help this type of pain.
- Persistent neuropathic pain can be treated. If you think this may be happening to you, contact a breastfeeding medicine specialist for an evaluation.

### What are nipple blebs?

Nipple blebs are small **white bumps** that can appear on the nipple surface. These often occur after a bout of breast congestion, or when the baby is frequently tugging on the nipple. Prevention of breast congestion, decreasing overproduction, and avoiding excessive infant tugging are the best ways to prevent blebs. Sometimes a prescription ointment may be needed to manage pain and swelling from a bleb. The good news is that if have a non-painful bleb, you do not need to do anything, and it should resolve on its own over time.