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Breastfeeding

Problems & Solutions



1. Nipple engorgement:

The problem:

Nipple congestion may occur at the beginning of breastfeeding due to the child not latching on to the breast correctly, which results in congestion, but it will gradually ease over the days.



1. Nipple engorgement:

The solution:

Express milk from the breast constantly, whether

by frequent breastfeeding or by expression

manually or using the pump.

Apply warm compresses to the breast for two

minutes just before feeding and cold compresses

after breastfeeding to relief pain.

Gently massage the breast with your hand

towards the nipple before feeding your baby.



1. Nipple engorgement:

The solution:

When you finish breastfeeding your baby, you can put drops of your milk on the nipple.

Avoid wearing corsets and tight clothes on the breasts, whether sports or otherwise, which may contribute to significant pressure on the nipple and breast.



If you suffer from severe nipple engorgement, you can change the feeding position at each session.



2. Accumulation and fullness of breast milk

The problem:

This accumulation is different from the breast filling with normal milk. It is normal for the breasts to become larger and heavier, and for you to feel a little pain when the breasts fill with milk on the second to sixth day after giving birth. Breast swelling may later occur, along with a feeling of pain, heat, and redness. On the third to fifth day after giving birth, your temperature may rise due to the accumulation of milk

in the breast.

2. Accumulation and fullness of breast milk

The solution:

 Make sure to empty the breast continuously and breastfeed your baby frequently throughout the day if your baby is able to feed directly from the breast. If he is unable to feed directly from the breast, express the milk either by hand or pump.



2. The problem:

The solution:

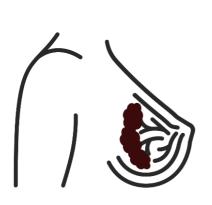
- Apply warm compresses before breastfeeding for just two minutes to stimulate milk secretion.
- Use cold compresses after feedings, which helps relieve pain.
- Avoid excessive use of pacifiers for the child.



3 .Breast infection and blockage in the milk ducts:

The problem:

Blockage occurs as a result of the milk ducts not emptying properly, causing pressure behind the ducts. Blockage usually occurs in only one breast. It is considered a common occurrence and usually does not have a high temperature or any other symptoms.



3 .Breast infection and blockage in the milk ducts:

The problem:

- Apply warm compresses to help increase blood circulation to the congested area.
- Massage the breast towards the nipple in a circular motion.
- Breastfeed your baby from the affected breast to treat the blockage and keep the milk moving.
- Breastfeed your baby every two hours.
- Get enough sleep or relax by raising your legs at a high level.



3 .Breast infection and blockage in the milk ducts:

Alert!

If there is no improvement within 24 hours of following all of these instructions, and one of the following symptoms also appears, you must immediately contact your doctor, as there may be a need to take an antibiotic:

- Fever occurs as symptoms get worse.
- Red marks appear on the breast.
- The presence of pus or blood in the milk.
- Symptoms suddenly turn into severe symptoms.
- If you suspect an infection in both breasts.

What problems may I encounter while

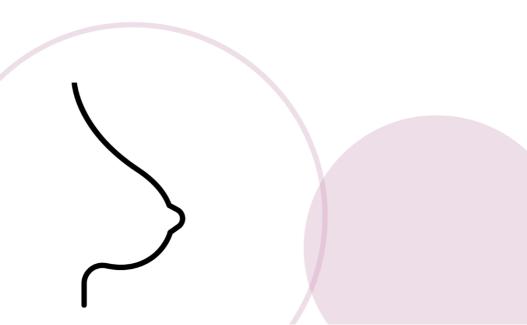
breastfeeding?

4 .Nipple types:

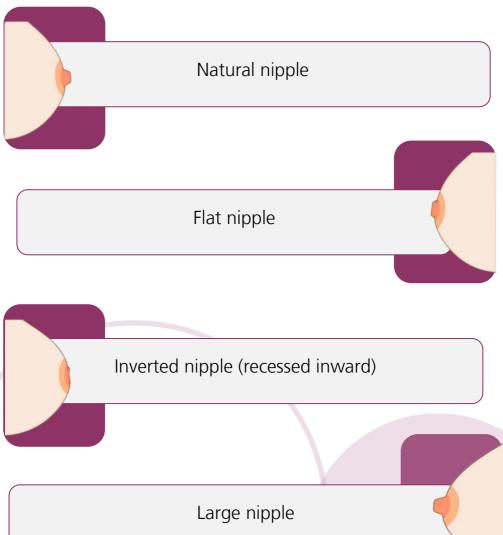
The problem:

There are four types of nipple:

- Natural nipple.
- Flat nipple.
- Inverted nipple (recessed inward).
- Large nipple.



4. Nipple types:



- 4. Nipple types:
- If the nipple is flat or inverted, it will be difficult for you to breastfeed your baby easily and flexibly, due to the difficulty of the baby latching on to the nipple, but a flat nipple is considered easier to handle than an inverted or recessed nipple.
- If the nipple is very large, the child may take a longer period of time to get used to the appropriate position, and it will improve as the child grows older.



4. Nipple types:

The solution:

 Know your nipple type during pregnancy and seek help from breastfeeding specialists to educate you and receive appropriate information about your nipple type and how to deal with it.

Notes:

Notes:

Sources and references:

All illustration used in this booklet from

www.canva.com

Review and audit:

The content of this book has been reviewed by a breastfeeding education specialists at King Fahd University Hospital.

Health Awareness Unit

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