

Breast Pumping Shouldn't Hurt! Treatments for Mothers Who Pump Breast Milk

Sore nipples are a common problem with mothers that establish or maintain their milk supply by pumping. Pain may interfere with your goal of providing milk for your baby. We want to do every thing possible to help you have a comfortable pumping experience.

The most common problems that pumping mothers experience are poorly fitting flanges (funnels) and incorrect use of the breast pumps. Sore nipples start to heal when the source of the problem is eliminated. See “Improperly Fitting Flanges or Funnel,” “Incorrect Use of Breast Pumps,” and “Engorgement, Plugged Ducts and Mastitis” on the next pages.

Normal Types of Discomfort

You may have brief pain (10-15 seconds) at the beginning of each pumping while the collagen fibers in your nipples stretch. You may have slight tenderness of the nipple.

Some women may have an uncomfortable sensation when their milk releases or “letting down” which may feel like tingling or “pins and needles.”

Pain that Needs Attention

Ask for help from your baby’s nurse or from a lactation consultant, if pumping hurts after the first 2 minutes, or if the pain continues when you are not pumping.

General Breast Care

- Always wash your hands before touching your breasts.
- Always pump with clean equipment.
- Wash your breasts with water only, once per day. This will help you to prevent excessive drying of the skin on the breast and nipple. Pat your breasts dry with a clean cloth.
- You may let your breast milk dry on your breasts after pumping.
- Change breast pads when moist.

Breast Care for the Sore or Injured Nipple

- Ask for help **from a lactation consultant or knowledgeable health care professional.**
- **Continue with general breast care.**
- 1-2drops of vegetable cooking oil (olive, canola, corn etc.) may be used to lubricate the nipple just before pumping.



- After every pumping, apply modified lanolin cream or ointment, such as Lansinoh or Tender Care Lanolin
- Apply cool moist cloths to your breasts after pumping. Cold or ice packs can also be applied to the breast on top of clothing for up to 20 minutes.

Incorrect Use of Breast Pumps

We recommend that you rent a hospital grade pump to use while you are establishing your milk supply. Consult your baby's nurse or a lactation specialist if you have questions about this.

Increase the suction on the pump gradually after your breasts have begun to leak milk. If pumping hurts, lower the suction slightly. Excessive suction may injure the tip of your nipple. Pain during pumping may impair your milk release.

Improperly Fitting Flanges or Funnels

At least half of the women that pump will need a different size flange (funnel). Most of these women will need a larger size. The size of the flange will be determined by the width of your nipples. If your nipple is as wide as a nickel or US 5 cent piece, you will need a larger flange. As your nipple moves back and forth in the tunnel of the flange, there should be a small air space around your nipple. If your nipple drags on the inside of the tunnel as it moves back and forth, your nipple will get increasingly sore.

If you have a very narrow nipple, you may need a smaller flange. If you are using a

flange that is too big for the width of your nipple, you may see your breast tissue began to pull into the tunnel. Your areola (the dark portion of breast that surround the nipple) will become irritated.

Engorgement

Engorgement is an over-fullness that occurs when the breast has not emptied regularly and frequently. Engorgement may happen when the milk volumes increase at 2 to 5 days after delivery. Engorgement may also occur anytime the breasts are not regularly emptied.

Symptoms of breast engorgement include:

- Swollen, firm and painful breasts.
- Severely engorged breasts are swollen, hard, shiny, and warm. You may also have plugged ducts during engorgement. See below.
- Your nipples may flatten and your areolas may be hard.
- You may have a slightly elevated temperature (less than 100 degrees Fahrenheit)

Prevention

You can prevent engorgement by pumping often (8 to 12 times in 24 hours). If the funnel size is too small it may be difficult to empty your breasts. See Improperly Fitting Flanges or Funnel section.

Remember to use as much suction as you can comfortably tolerate. This will help to empty your breasts more quickly and effectively.



Treatment of engorgement:

1. If your breasts are painful, cold packs will be the most helpful. A bag filled with crushed ice or a bag of frozen vegetables such as peas will mold around your breasts. Apply these cold packs over a layer of clothing for up to 20 minutes. Repeat as needed.
2. If your breasts are mildly engorged, you may apply moist heat for 5 minutes, using warm packs. (In tub, cover breasts with a warm, wet towel.) Or take warm showers, letting water flow over upper back and shoulders. Or soak breasts in a basin at waist level; massage them while bending over the basin. This may help with milk release. Excess or lengthy heat applications may worsen engorgement.
3. Massage the breast gently before pumping and also during pumping, until the tissue begins to soften.
4. If you are unable to release your milk while pumping, you may press your fingertips downward in a ring around the base of your nipple (or use the length of two index fingers on each side of your nipple, shifting their locations as needed). You may find that this area softens as fluids shift farther back in your breast. Your nipple will stand out and your milk may begin to leak. This is called Reverse Pressure Softening.
http://www.health-e-learning.com/articles/RPS_JCotterman_ver2005.htm
5. Over-the-counter pain medications such as ibuprofen (Motrin) or Tylenol may help reduce your pain.

Plugged Ducts

The glands inside your breasts that produce milk look like tiny bunches of grapes and the stems resemble the ducts that move the milk out to the nipple. Small plugs in the ducts can cause the milk glands to become over distended with milk.

Symptoms

A firm or hard lump that may occur anywhere in the breasts including in the underarm area.

The lumps may be single or multiple, pea-sized or may be as large as 2-3 inches across.

You may feel pain with plugged ducts and may also notice that your breast does not empty very well. Plugged ducts may also be seen during engorgement and mastitis.

Prevention

Check your breasts after every pumping. If you find your plugged ducts soon after they form, you will be able to resolve the plugged area more rapidly.

You may develop plugged ducts if you press the funnels into your breasts so that your breast tissue bulges up around the edge of the funnel. Use just enough pressure to apply a good seal to the funnel.

Treatment

Plugged ducts will release if you massage your breasts before breastfeeding or pumping. It is most helpful to find the plugged areas and massage the area between

the plug and the nipple. Sometimes the plug is in the nipple and it helps to roll your nipple between your thumb and pointer finger.

You can also provide some steady pressure on the side of the plug that is farthest from your nipple while doing single-sided pumping.

Mastitis

Mastitis is a breast infection that may be from damaged nipples or even plugged ducts.

Symptoms include a reddened area on the breast, and flu-like symptoms, which include an elevated temperature (101 degrees or greater), chills, headache, aching body, nausea and vomiting.

Prevention

Good hand washing before touching breasts or pump equipment. Empty your breasts completely.

Treatment

If emptying your breasts and resting do not quickly relieve the symptoms, you should contact your obstetrician or family doctor. Your doctor may prescribe antibiotics. It is very important to take all of the antibiotics as prescribed by your doctor. If you do not feel better after 2 days of treatment, contact your doctor again.

Please continue to empty your breasts by breastfeeding or pumping. Rest is also very important to your recovery.

You may also see a dip in your milk supply. This reduction may be temporary or permanent.

Questions?

This sheet is not specific to your child but provides general information.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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