

# MOM BOOBS

## The Inside Story



From the miraculous (Hey, maybe I could be a swimsuit model!) to the mortifying (WHAT is leaking out of me?), breast changes are a rite of passage for moms. We've got answers to your biggest questions about how to keep your breasts healthy and happy.

by **JENNIFER KING LINDLEY** / photographs by **DAN SAELINGER**

### **PREGNANCY**

**Q. I'm only 8 weeks along, but my breasts already hurt. Will they feel this way for my whole pregnancy?**

**A.** Tingling, aching breasts can be one of the first hints you're pregnant. That's because milk glands are developing

and estrogen stimulates the growth of milk ducts. "It can feel like PMS with no relief," says Sherry Ross, M.D., an ob-gyn in Santa Monica, California, and the author of *She-ology*. Another joy many experience: Stretching skin can cause intense itching.

Most women notice a reduction in tenderness in the

second trimester as hormones settle down. In the meantime, wear a well-fitting bra during the day (try sans underwire) and a soft cotton one to bed. You can also use a heating pad to ease soreness and a natural moisturizer like Aveeno Daily Moisturizing Lotion to soothe dryness. If you're miserable or up all night, talk to your doctor.



### **EARLY PREGNANCY**

The system of glands and ducts inside your breasts springs into action, growing larger and branching out. Your breasts may be visibly bigger already. Bumps called Montgomery's tubercles appear around your areolas. Their job is to lubricate your nipples when it's time for breastfeeding.



Fig. 1  
Va-va-va-voom!

She may be able to recommend safe medications.

**Q. I'm starting my second trimester and haven't grown much. Shouldn't my breasts be getting bigger?**

**A.** Most women do leap a cup size or two, especially during their first pregnancy, says Jennifer Wider, M.D., author of *The New Mom's Survival Guide*. But some moms-to-be never experience a dramatic change in size—and that's no cause for concern. "Smaller breasts still produce plenty of milk," says Emily Silver, an ob-gyn nurse-practitioner and lactation specialist in Brookline, Massachusetts. In fact, it can sometimes be easier for newborns to latch

onto a petite breast than a large one. Your modest chest might also be a sign to stock up on pink baby gear: Women carrying boys tend to experience more breast growth, according to one small study in the *American Journal of Human Biology*.

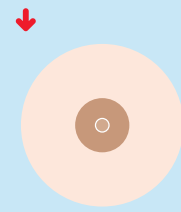
**Q. How do I prevent stretch marks?**

**A.** These classic souvenirs of pregnancy develop when the collagen layer in your skin stretches too quickly and then tears. "If you developed stretch marks during puberty, you're more likely to get them during pregnancy," says Sandy Johnson, M.D., a dermatologist in Fort Smith, Arkansas, and a spokesperson for the American Academy of

Dermatology. Some people's skin is simply less elastic than others'.

Although there are no guarantees, you can try to stave off stretch marks by keeping your skin well moisturized. Dr. Johnson applied the moisturizer AmLactin (which contains lactic acid, a substance that helps cells regenerate) every day of her own pregnancy. Massage the lotion into your skin while it's still damp from a shower to help it penetrate. If stretch marks appear anyway, you'll need to wait until you've delivered if you want to treat them. "A pulsed dye laser can provide dramatic improvement when stretch marks are fresh, meaning they are still red or purple," says Dr. Johnson. (Treatment is typically done by a dermatologist in three monthly visits.) Once the marks have faded to white, other laser treatments may minimize their appearance. Of course, you can also embrace them! Take inspiration from model Denise Bidot, who flaunted her tiger stripes in a buzz-worthy bikini ad in *Sports Illustrated*. Roar!

**LATE PREGNANCY**  
Your areolas have turned darker and are growing still bigger. By now each breast may be a whopping 1½ pounds heavier than before you were pregnant. By delivery, you will have 30 to 50 percent more blood coursing through your body, which means the veins in your breasts will be more visible. (Hello, crisscrossing blue lines!)



**Q. I found yellow crusty discharge inside my bra. Am I okay?**

**A.** Not everything that comes out of your breasts is supposed to be white! Colostrum—the pre-milk fluid that's rich in immunity boosters, digestive helpers, and other stuff your newborn needs—is actually yellow to orange, and your breasts start producing it as early as 16 weeks into your pregnancy. You may first notice a few drops when your nipples get stimulated (say, during sex). Later in pregnancy, the discharge may warrant wearing nursing pads.

**BREASTFEEDING**

**Q. Will my inverted nipples interfere with breastfeeding?**

**A.** In most cases "innies" are a normal nipple variation caused by insufficient supporting tissues and the retraction of fibrous bands at the base of the nipple, so that the nipple is pulled inward instead of



Fig. 2

Baby conked out after a one-boob feeding.

**RIGHT AFTER DELIVERY**  
Progesterone and estrogen drop sharply, signaling your breasts to produce colostrum. Two or three days later, your milk should come in, replacing the colostrum appetizer. Your breasts may get huge, hard, and painful for a day or so as they adjust, a process called engorgement. (They will come back down to earth after you and your baby get into a routine and your supply adjusts.)

pointing outward. Some women are born with them, and others develop them during pregnancy. Sometimes, namely when your breasts are swollen from engorgement or IV fluids you received during delivery, they can be temporary, says Silver. To find out whether yours are permanent, pinch your areola with your fingers about an inch from the tip. Most nipples will become erect from that stimulation, but true innies will stay flat.

Even if you do have inverted nipples, nursing shouldn't be a problem; milk can still easily come out. "Babies breastfeed; they don't nipple-feed. They should open their mouth wide to latch onto as much of the surrounding breast as possible," says Silver. Getting this kind of deep latch can be challenging at first, so it's helpful to seek support from a lactation consultant. Keep in mind: It's rare in young moms, but a lifetime outie that suddenly inverts may be a sign of breast cancer. If you notice a change, discuss it with your doctor.

**Q. Now that I'm nursing, my breasts look so lopsided! Will they ever even out?**

**A.** "Most women's breasts are asymmetrical even before pregnancy, and the left tends to be larger than the right," says Dr. Wider. (There's no known explanation. If it makes you feel better, men

tend to have one bigger testicle!) If one breast has more milk glands and ducts to begin with, the size difference can become more pronounced with nursing. Plus, your baby may naturally favor one breast or you may get in the habit of feeding on one side, which also affects size. Offering your smaller breast first when your baby is hungriest can help increase your milk supply, which will help your pair feel more even.

Fortunately, your breasts will most likely quickly return to their pre-pregnancy ratio

once you wean. If the difference continues to truly bother you, it can be fixed with surgery. The old "stuff a pad in one cup" trick works, too, and hurts way less.

**Q. The last thing I want now is for my partner to touch my breasts. Please tell me I won't always feel this way.**

**A.** It's no surprise that your overworked milk factories want the evening—or, er, year—off. "If you're lactating, your hormones can dip to the same level as during



**Fig. 3**  
The dairy has officially closed.



**AFTER LACTATION ENDS**

Once you have delivered or weaned, your breasts will slowly shut down milk production, a process called involution. Because your breasts have grown and your skin has stretched, they may look droopier and take on more of a teardrop shape. The nipple color may lighten but won't return to its original color.

menopause, so you may not feel much of a sex drive in the first place," says Samantha Rodman, Ph.D., a clinical psychologist who blogs at [drpsychmom.com](http://drpsychmom.com). "Plus, you've had a baby all over you all day and maybe a jealous toddler hanging around your neck as well." If you feel touched out, give yourself a break.

"Breastfeeding won't last forever," Dr. Rodman says. "After weaning, you will gradually stop thinking of your breasts as the exclusive property of your baby."

In the meantime, explain to your partner how you feel about having your breasts touched. And remember: Although your breasts may be off-limits, there are certainly other fun places your partner can focus on, says Dr. Wider. Swapping some new lingerie for your spit-up-stained maternity bra at the end of the day may help you switch gears too.

### THE POST-NURSING YEARS

#### Q. I'm back on birth-control pills. Why do my breasts feel like I'm pregnant all over again?

**A.** “Breast tenderness and enlargement are common side effects of birth-control pills,” says Dr. Ross. That’s because the estrogen and progesterone in them stimulate breast tissue. (IUDs that contain hormones, like Mirena, can have the same effect.) Your breasts should settle down as your body adjusts to the change. If you are still experiencing side effects after a few months, talk to your doctor about switching to another brand. “You may be less sensitive to a different type or dose,” says Dr. Ross.

#### Q. I'm bummed about how saggy I've gotten. What might help?

**A.** After pregnancy, many moms are left with some drooping, a condition doctors call ptosis. (Yep, even the word sounds like air going out of a balloon.) “During pregnancy, the breasts get heavier and that extra weight stretches out the skin,” says plastic surgeon Brian Rinker, M.D., a professor at the University of Kentucky College of Medicine, in Lexington. “Anatomically, the breast is not well attached to the chest wall, so when the skin stretches, breast tissue goes with it.” Surprisingly, breastfeeding isn’t a culprit. In a study published in *Annals of Plastic Surgery*, Dr. Rinker and colleagues measured levels of ptosis in hundreds of patients and then interviewed them about their histories. “Breastfeeding wasn’t a factor

in sagging, but the number of a woman’s pregnancies was,” he says. Having large breasts, gaining upward of 50 pounds in pregnancy, and smoking also increased sagging. (Smoking is known to age the skin all over your body.)

So how do you get “perky” again? Despite the claims of personal trainers and the Judy Blume books of our childhood, chest exercises alone don’t work. “The ligaments that connect your breasts to your chest can’t be tightened,” says Dr. Rinker. While a supportive bra can do wonders for your comfort and appearance, there’s little scientific evidence that bras actually prevent sagging. “I use a nice push-up bra that mostly serves as a pickup bra, to gather my boobs and bring them back up where they are supposed to be,” says Dawn Dais, author of *The Sh!t No One Tells You About Pregnancy*.

If you’d rather not get to a place of acceptance—or even pride!—in your post-baby body, the most effective treatment is a surgical breast lift that removes stretched skin so the breast is elevated. It’s the top half of a so-called “Mommy Makeover” that typically includes a tummy tuck.

#### Q. I've had two babies. Has that reduced my risk of breast cancer?

**A.** “Having your first pregnancy before age 30 has been shown to reduce your lifetime breast-cancer risk,” says Ann Partridge, M.D., the cofounder and director of the Young and Strong Program for Young Women With Breast Cancer at the Dana-Farber Cancer Institute, in Boston. Scientists are still puzzling

**BREAST MILK IS LIQUID GOLD FOR MOM TOO. BREAST-CANCER RISK DECREASES BY 4 PERCENT FOR EVERY YEAR SPENT BREASTFEEDING A BABY.**

out exactly why: One reason may be that the cellular changes the breasts go through in pregnancy make them less susceptible to cancer. (It’s possible that older moms have had a longer window to acquire mutations before the shifts during pregnancy.)

Breastfeeding is also protective. One study found that breast-cancer risk decreases by about 4 percent for every year spent breastfeeding your kids. Lactation stops your monthly hormone roller coaster for a while, and when your breasts close up shop, they go through a process called involution that may act as a sort of housecleaning, sweeping away abnormal cells that might one day have turned into cancer.

Pregnancy does bump up your short-term breast-cancer risk very slightly, possibly due to immune-system changes and the hormone blast, so be sure to speak to your doc about any lumps, pain, or changes you notice both during pregnancy and afterward.

#### Q. I can't keep up with the news. What should I do for breast-cancer screening—and when?

**A.** The major women’s health organizations—the American Cancer Society, the U.S. Preventive Services Task Force, and The American College of Obstetrics and Gynecology—have not been able to agree on guidelines for women with a relatively low risk of breast cancer (that is, little or no family history). Both annual mammograms and monthly self-exams have been called into question. So where does that leave you if you don’t have a personal or family history of breast cancer?

You should still make it a point to be familiar with your breasts. “Carefully feeling and examining them in the mirror for skin or nipple changes should be a part of your monthly routine,” says Dr. Ross. Early detection can be lifesaving, so it’s important to be able to notice changes and bring them to your doctor. As for mammograms, the general consensus is that women 45 to 54 need them annually. If you’re between 40 and 44, talk to your doctor about whether you’re also a candidate. And keep in mind that it’s generally best to wait three months after weaning before undergoing any kind of breast-cancer screening, be it mammogram, MRI, or ultrasound. ☘