



SORE NIPPLES

Breastfeeding is a learnt art. If you experience nipple soreness beyond a slight tenderness when your baby latches on you may need to make some adjustments so you can be comfortable and enjoy breastfeeding your baby.

Changing the way you position your baby can often help sore or cracked nipples and allow healing to begin. Breastfeeding shouldn't hurt, although some mothers describe the initial sucks in the early days as tender, as the baby stretches the breast tissue. If pain persists throughout the feed it indicates some adjustments need to be made.

You and your baby need to be comfortable so he can attach himself to your breast well. He needs to open his mouth wide and take a big mouthful of breast. When your baby is properly attached the length of time he suckles is unlikely to make you sorer.

Positioning and attachment

Poor positioning and attachment is the most frequent cause of sore nipples. If a baby is properly attached he should be satisfied and growing well. Often, any perceived problems with breastfeeding such as not enough milk, sore nipples, low weight gain, and baby suckling too long, reflect back to the latch on. A baby needs to attach himself well to milk the breast effectively. A good attachment is comfortable, with the baby's lips flanged and the baby suckling well. The tip of his nose and his chin may maintain contact with the breast throughout the feed.

Most mothers find that by holding their baby on its side, wrapping the baby round their body, and waiting for him to open his mouth wide to take a large mouthful of breast, the nipple is safely protected at the back of the baby's mouth.

Some nursing mothers obtain this by:

- Baby supported on the mother's lap, on its side coming to the breast slightly from underneath. To feed on the left breast, for example, with the baby facing her, the mother holds the baby's bottom to her with her right elbow, her right hand on his shoulder blades, fingers and thumb either side of his neck.
- The breast rests where nature put it, ie not held up to the baby. If you wish to support your breast, keep your fingers well back from the nipple.
- The baby's chin is held to the breast about 3cm from the nipple (nose to nipple).
- The baby will tilt its head back a bit, open his mouth wide with his tongue down, and take a **big mouthful of breast tissue** along the tongue, whilst the mother brings the baby onto the breast.
- When baby is suckling strongly, the mother will often bring her left arm around the baby so the

baby's head is along this arm, and then the right arm can relax.

- Your baby should come off the breast when he has had enough. You can then offer the other breast, mirroring the above.

Other mothers prefer the football or clutch position, with their baby's feet out behind them, or the cradle hold (across the lap), or lying down. In each position it is important to enable your baby to take a large mouthful of breast so that your nipple is protected. This should be immediately more comfortable for you. If the pain persists beyond the first few "stretching" sucks after a day or two whilst healing is happening, help from a breastfeeding specialist is advisable, as there can be other causes.

Tips to help sore nipples heal

- **Check positioning and attachment.** Your baby should take a big mouthful of breast, with his tongue under the nipple. Varying positions can help- perhaps feeding lying down, or with your baby's feet out behind you.
- Feed frequently can help. (A new baby needs to feed 8-12 times in a 24 hour period) This means your breasts will not get too full and it will be easier for your baby to latch on.
- Some mothers find if they begin to feed on the least sore side first until the milk ejection occurs, then switching the baby to the other breast helps. Relaxation breathing can help.
- Release any pressure from your bra. Some mothers find plastic tea strainers (with the handles cut off!), worn inside their bra protect their nipples from pressure. Other mothers use breast shells.
- Avoid breast pads with plastic backing which keep the nipples wet. Expressing a little milk after a feed onto the nipple helps healing.
- Avoid using soaps on the nipple as these can be drying.
- Most creams do not help, although many mothers have found relief by using safe ultra pure Lansinoh, which has been created for breastfeeding mothers. Moist wound healing has been shown to accelerate healing, and coupled with help with positioning and attachment, sore nipples can heal very quickly.
- Whilst the nipples are recovering some mothers find distraction helps as they latch on. Music, conversation, or TV may work for you.

Other situations causing sore nipples in the early days

Engorgement. If your breasts are very full it may make it difficult for your baby to attach himself. Your baby may find it easier to latch on if you express a little milk off by hand before feeding. Some mothers obtain relief from immersing their breasts in a bowl of warm water, or bathing or showering. Others prefer wrapping frozen peas in a cloth and holding to their breasts, changing to a warm compress a few minutes before the next feed. Others find relief from cabbage leaves worn in their bras. Feeding frequently at least every two hours with a longer stretch at night helps avoid engorgement.

Flat or inverted nipples used to be considered a problem, but we now know that it is the amount of breast in the mouth that is important, not the shape of the nipple. By positioning your baby to enable him to take a large mouthful of breast, he can draw out your nipple in his mouth. Other mothers draw out the nipple in the early days by using a breast pump, or by wearing breast shells half an hour before a feed.

Nipple confusion. Some babies have difficulty going backwards and forwards between the breast and artificial nipples (teats, dummies, nipple shields etc). These babies suck on the breast as if it is an artificial nipple, which is quite a different technique. This can give you sore nipples, as your breast will not be taken as deeply into your baby's mouth. Studies show some babies cope better with this if they are not given artificial teats before four weeks.

Breaking suction. Removing your baby from your breast without breaking the suction may make your nipple sore. Many mothers leave their babies on the breast until he comes off by himself, but if you need to take him off, breaking the suction first by putting your finger between his gums will protect your nipple.

Situations which can cause sore nipples at any time

Thrush

Cracked or sore nipples can present an opportunity for thrush. The symptoms of this can be the sudden start of intense breast or nipple pain, which can be accompanied by pink or itchy nipples, or no improvement on intense pain even when more breast tissue is taken into the mouth. Your baby may have white patches in his mouth, be unsettled during a feed and afterwards, or have an angry red nappy rash. Or present no symptoms. A visit to your health professional for a preparation compatible with breastfeeding to treat both you and your baby simultaneously is important, or some mothers use homeopathic remedies. During treatment the symptoms often get worse before they improve.

Eczema

Eczema, impetigo, dermatitis, and herpes simplex are all skin conditions that can rarely occur on a nipple and would all benefit from a visit to a health professional should a mother suspect she is suffering from one of these.

Dry skin

In cold weather nipples can become chapped from being wet or using wet or plastic backed breast pads. Lansinoh provides comfort and moist wound healing.

Pump use

Improper pump use can cause sore nipples. If a mother uses a pump she should take care to make sure her nipple is centrally located in the flange of the pump, that the flange is big enough for her nipple, and to begin gently. If it hurts, adjusting the pump until it is more comfortable is wise.

Tongue tie or ineffective suck

The tongue is important as it is the motion of the tongue (and lower jaw) that milks the breast. Poor use of the tongue can allow suction to be broken with each suck, and causes inefficient milk removal which can lead to slow weight gain. Tongue-ties can be clipped, often making breastfeeding more comfortable.

Teething

Sometimes a baby may bite if he is teething. Many mothers pull their baby in close if this happens, which encourages the baby to let go of the breast in order to breathe through the mouth. Others anticipate the bite and remove the baby from the breast before he bites. This is often towards the end of a feed when the baby no longer has his tongue over his gum line.

Hormones

Hormones can cause tenderness when a mother is both breastfeeding and pregnant, or as part of her normal monthly cycle.

In most cases, sore or cracked nipples heal quickly when you achieve a good latch on, and with the help of Lansinoh, breastfeeding can continue comfortably.

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**Jill Welsh IBCLC 2003
& Alison Douglas**