

Are Your Nipples Sore?

Breastfeeding is a learned art. If you experience nipple soreness beyond a slight tenderness when your baby latches on in the first three to five days after birth, you may need to make some adjustments so you can be comfortable and enjoy breastfeeding your baby.

When proper positioning and latch-on techniques are learned, you can expect little or no nipple soreness. Correcting poor positioning or latch-on can often alleviate sore, cracked nipples and allow healing to begin.

Positioning and Latch-On

The cradle hold is a common nursing position.

- Position baby on his side, with his whole body facing yours.
- Cradle baby's head in the bend of your arm with his body along your forearm and your hand hugging his buttocks or thigh.
- Baby's ear, shoulder, and hip should form a straight line.



- A pillow under baby will help keep him at the breast level without straining your arm, shoulder, neck or back muscles.
- Support your breast with your thumb above and hand underneath.
- Touch baby's lower lip with your nipple.
- Wait for baby to open wide like a yawn. Try opening your own mouth and saying "open."
- Pull baby in close with the arm that is supporting him; bring baby to the breast rather than the breast to baby.
- Baby should latch on with his mouth covering a large portion of your areola (dark area around the nipple).
- Baby's nose may rest on the breast while his chin should press into it.
- If you leave the hand supporting the breast in place, be sure you do not press down with your thumb, which can pull your nipple to the front of baby's mouth.

Causes of Sore Nipples

Engorgement can cause your breasts to feel hard and uncomfortable. It can often be avoided if baby is given opportunities to nurse frequently from birth. Nurse baby at least every two hours with perhaps one longer stretch of about four hours during the night. Avoid limiting the length of nursing sessions, a practice which is mistakenly thought of as a way to avoid sore nipples. If your breasts become engorged, baby may be able to grasp only the nipple. Before feedings, try a gentle massage in the shower or apply warm, moist compresses. Try expressing a small amount of milk by hand or with a breast pump to soften the areola. Baby will have difficulty nursing from an overfull breast and engorgement will increase; when a little milk is expressed first to relieve fullness, baby can latch on and alleviate engorgement.

Nipple confusion can be caused by the use of artificial nipples such as bottles, pacifiers, and nipple shields, because baby uses different jaw, tongue, and mouth motions. This may cause nipple soreness due to the change in sucking or baby may refuse the breast entirely, leading to breast engorgement. Let hospital personnel and family members know that you do not want your baby to use artificial nipples. If a bottle must be introduced, wait until breastfeeding is well-established: after you and baby have experienced three to six weeks of exclusive, comfortable nursing.



Improper latch-on occurs when baby does not grasp enough breast tissue or his tongue is positioned improperly. Baby must be able to compress your breast tissue so your nipple is positioned deep in his mouth. First, check baby's body position (see illustrations). Be sure that he opens his mouth very wide before you offer your breast, checking to see that his tongue is cupped and forward in his mouth. His lower lip should not be tucked in. A La Leche League Leader or lactation consultant should be contacted if baby does not seem to be latching on well.

Flat or inverted nipples can make it difficult for baby to grasp your breast in his mouth and properly latch on. During pregnancy, breast shells can be worn inside your bra to gently stretch nipple and areolar tissue. Light pumping or special exercises are sometimes recommended to draw the nipple out. If flat or inverted nipples are not noticed until after baby is born, these remedies can be used between feedings. With proper latch-on, your baby's sucking can effectively draw out flat or inverted nipples.

Removing baby from the breast without breaking the suction first can be painful and cause damage to sensitive breast tissue. If baby is latched on and sucking well, he will end the feeding himself by letting go of the breast or releasing the nipple as he falls asleep. Allowing baby to determine the end of the feeding will ensure that he is getting the right balance of foremilk and hindmilk. If you decide to take baby off the breast before he is finished, break the suction by pressing down on your breast near baby's mouth, pulling down on baby's chin, or inserting your finger into the corner of baby's mouth.

Personal care practices may lead to nipple soreness. Avoid bras that are too tight and put pressure on your nipples. Also avoid plastic bra linings and nursing pads that keep moisture in and air out. Soap and alcohol can dry your nipples. Nipple preparations that contain antibiotics, steroids, astringents, or anesthetics can cause soreness in addition to being harmful to baby. Removing these products before nursing can further damage sensitive nipple tissue. Take care when applying cologne, deodorant, hair spray, or powder near your nipples. Bathing with clear water is all that is needed to keep your breasts and nipples clean.

Dry skin. Nipples can become chapped from the expansion of the skin and the continued wetness from the baby's mouth.

Other causes such as improper suck, thrush (a yeast infection), eczema, or improper use of a breast pump may require the help of someone who has been trained to assist with these problems. If soreness occurs after baby has been breastfeeding well and you have been nursing comfortably, contact a La Leche League Leader or lactation consultant.

For breastfeeding support, contact:

Treatment of Sore Nipples

While the cause of sore, cracked, or bleeding nipples is being determined and corrected, continued breastfeeding is important. When baby is latched on well with your nipple deep in his mouth, the nipple is protected from further damage. Continued nursing minimizes engorgement and, of course, ensures that baby is getting enough milk.

You may want to try one or more of these comfort measures while the cause of your sore nipples is being corrected.

- Vary nursing positions—cradle hold, cross cradle hold, football (clutch) hold, and lying down—in order to vary the position of baby's mouth on your breast.
- Begin to nurse on the least sore side until the let-down occurs, then gently switch baby to the other breast, paying careful attention to good positioning and latch-on. Some mothers use relaxation breathing until their milk lets down.
- Express a little milk or colostrum onto your nipples after nursing, gently pat it dry. In many cultures, human milk with its antibacterial properties is used to treat skin irritations. However, this is not recommended when soreness is due to thrush.
- Drying sore nipples with a hair dryer or using a sun lamp is no longer recommended because these practices have been shown to further damage tissue.
- After each feeding, gently pat nipples dry to remove surface wetness. Soften a small pea-sized portion of ultrapure modified lanolin between clean fingertips and apply to each nipple. Gently pat it on: do not rub it in. This provides a moisture barrier that will slow down the loss of internal moisture, which is vital to healthy, supple skin. This process, known as "moist wound healing," eases pain and accelerates healing without scab formation.
- Lansinoh® Brand Lanolin for Breastfeeding Mothers is the purest and safest brand of modified lanolin. Other modified lanolin products may contain high levels of pesticides, along with free lanolin alcohols and detergent residues which have been identified as the cause of lanolin allergy. Lansinoh® does not need to be removed before feedings.
- If the pressure of your clothing or your bra causes further discomfort for your nipples, apply Lansinoh® after feedings to help soothe, protect, and heal nipples, then use breast shells with large openings.

In most cases, sore or cracked nipples are no longer painful once good positioning and latch-on are achieved. It is rarely necessary to discontinue breastfeeding. The many benefits to both baby and mother make continuing to breastfeed worthwhile.

Check with a La Leche League Leader if sore nipples last for more than a day or two after trying these suggestions. Call 1-800-LALECHE for referral to a local Leader. Visit La Leche League on the World Wide Web at www.lalecheleague.org. **THE WOMANLY ART OF BREASTFEEDING**, published by La Leche League International, is available from local LLL Groups and bookstores. Lansinoh® Brand Lanolin for Breastfeeding Mothers is sold in retail outlets and can be ordered from the LLLI Merchandise Catalogue.