

Nipple soreness

Sore nipples are probably the most common complaint in the early days of nursing. Although it may be normal to feel some nipple tenderness in the first few days of nursing, especially during the first 30 to 60 seconds after your baby has latched on, it's not normal to have prolonged soreness beyond the first week.

Limiting the duration of feedings does not prevent nipple soreness, it simply delays it. Short feedings prevent the baby from receiving the nutritive hind milk. Also, if it's not done carefully, repeated attempts to break the baby's suction can result in unnecessary pain and trauma.

Don't give up! You and your baby will learn together and, if baby is latching correctly, your nipples will heal quickly.

Correct positioning and latch-on are the most important factors in breastfeeding comfort.

Suggestions

1. Pay attention to feeding cues such as sucking on fingers or lips, rooting, or bringing fists to face. Crying is a late sign of hunger. Attempt to feed baby before he/she is frantic.
2. Make sure baby's mouth is wide open like a yawn before latching baby onto breast.
3. Pull your baby in close for the entire feeding with the baby's chest, tummy and thighs against your body. Good positioning facilitates a good latch.
4. Support your breast during the entire feed using the "C" hold: thumb on top and four fingers beneath the breast and fingers not touching the areola.
5. With baby positioned against your body, support behind the nape of the baby's neck with your hand and allow his/her head to tilt slightly back. Rub your nipple along his/her upper lip and wait for a wide gaping mouth. Your nipple should be pointing to the roof of baby's mouth. Draw the baby in quickly for a deep latch. The baby's chin and lower lip should contact the breast first so more of your areola is covered with his/her lower lip than with his/her upper lip. His/her chin should be pressed into the breast but not his/her nose (asymmetrical latch).
6. If the baby is latched correctly, you should not feel pain. Remember, some discomfort may be felt in the first 30-60 seconds.

If you're experiencing pain during the feeding, pull down on the baby's chin to bring the lower lip out. If pain persists, decrease the suction by placing your clean finger inside baby's mouth. Attempt to re-latch the baby correctly.

7. Try to avoid artificial nipples from a bottle unless medically indicated. Also, avoid the use of pacifiers until breastfeeding is well established (usually four to six weeks).
8. Frequent feeding is very important; think in terms of eight to 12 feedings in a 24-hour period. Skipped or infrequent feeding can lead to engorgement that can cause your baby to latch incorrectly.
9. Improper use of a breast pump can lead to sore nipples. Start pumping using a low level of suction and increase to comfort. To obtain the proper setting on an electric breast pump, turn the suction control up to where it is slightly uncomfortable. Then turn it back to where the suction is comfortable.

Your nipple should not rub against the tunnel of the breast flange. The friction can decrease milk release from the breast and cause nipple irritation. If this problem occurs, larger flange sizes can be purchased at the Essential Touch Spa in the Scottsdale Shea Medical Center lobby.

10. You may want to check out these resources on YouTube:
 - Follow me mum.
 - How to breastfeed; deep latch technique.

Care and treatment

1. To make latch-on more comfortable, try placing ice in a wet washcloth and apply the cloth to the nipple prior to a feed for a few minutes.
2. Alternate nursing positions between cross-cradle and football holds to provide relief to the sore area.
3. Start feeding on the least sore breast first.
4. Activate the letdown reflex before the baby latches using gentle breast massage or hand expression.
5. Avoid non-nutritive sucking (flutter sucking, baby's jaws just quivering on the areola) or comfort sucking.
6. Moist healing is very important:
 - Express some colostrum or breast milk and rub into the nipple and areola. Apply lanolin to the nipple and areola after feedings.
 - Use glycerin gel pads. These can be cut in half or quarters to just cover the sore area of the nipple and areola. Chill the gel pads in the freezer for an hour before applying to the nipples. Gel pads can be used for 24 hours or until they become completely saturated with milk. When they're removed from the nipples for feeding, place them gel side up on a table. If any milk is visible on the gel pad, wipe it off with a damp, wet washcloth.

7. Bathe your nipples and areolas with only warm water (no soap).
8. Change breast pads frequently. Moisten pads before taking them off to prevent sticking. Lanolin may be applied directly to breast pads.
9. You may take a mild pain medication prescribed by your physician for discomfort.
10. Call the Center for Breastfeeding Support if pain or breakdown of the nipples persists, or if you have any questions.

Center for Breastfeeding Support

**Scottsdale Shea Medical Center
480-323-3638**

**Scottsdale Osborn Medical Center
480-882-4827**