

Sore Nipple Management: Prevention

Breastfeeding is meant to be a comfortable, pleasant experience. Most of us have heard stories of sore, tender nipples. You can avoid this problem most of the time however many new mothers may find their nipples are tender for the first few days when the baby starts nursing. This usually disappears by 1 – 2 weeks.

To prevent nipple tenderness, start with correct positioning and ensure a correct latch.

Breastfeed for appropriate length and frequency:

Demand feeding usually works out to baby nursing every 2 - 3 hours (8 – 12 feedings per 24 hours). Before the milk comes in offer both breasts at each feed, for 10 minutes each side, repeat each side as baby wants. A maximum of 20 minutes each side is plenty for each feed. After the milk comes in baby may be satisfied with 20 minutes on one breast. Allow your baby to end the feed.

Release the suction before removing baby from the breast:

Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him/her off the breast until you feel the suction break.

Identify sucking behaviour:

Ensure baby is “sucking for food” (nutritive sucking) and not “sucking for love”. Babies love to suck – they are in “bubby heaven” and if they have a strong need to suck you may need to use a clean pinky finger (pad to the roof of baby's mouth) or a soother).

Vary nursing positions: as needed for comfort. We do not routinely recommend the use of nursing pillows as they may not put Mom and Baby in the best position for a correct latch.

Care of nipples:

Before and after nursing your baby, express a little breastmilk and massage it into your nipples and areola. Leave nipples open to the air regularly.

- **Lanolin cream** (such as Lansinoh) may be helpful.
- **All purpose Nipple Cream** is a compounded nipple cream for damaged nipples that can be prescribed by your midwife.
- **Breast pads:** change breast pads frequently especially when they become wet.
- **Water and a gentle, pure soap** is all that is needed to clean your breasts when you shower or bathe.

Sore Nipple Management: Treatment

If your nipples become sore:

1. First try to determine the cause – good position, correct latch. If you are not sure ask for help.
2. Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
3. Ensure you are in a comfortable position, shoulders relaxed, back supported.
4. Expressing a little milk by hand or pump helps to stimulate let down and make the areola softer, nipple more erect and latch-on easier.
5. Nurse on the least sore side first.
6. Limit the nursing time on the sore nipple for a short period. Express by hand or pump to empty the breast. Discuss this with your midwife.
7. Massage your breasts while nursing. This helps stimulate the milk to flow.
8. Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
9. If your nipples become cracked or bleeding, call your midwife.
10. The following remedies are known to be helpful in healing sore nipples.
 - Black tea bags – soak the tea bags with hot water and apply warm tea bags to sore nipples. Leave on till next feed. Repeat as necessary.
 - All purpose nipple ointment – ask your midwife
 - Carrot poultice – grate raw carrot and place on a piece of cotton gauze and apply directly to the affected nipple. Change every 2- 4 hours
 - Lanolin cream (**Lansinoh**)
 - Lemon – rub a cut lemon on the sore nipple four times a day. If the nipple is noticeably cracked it may sting, however women report it is momentary and healing is rapid. You may want to wait a day until the crack has started to resolve.
 - Calendula tincture – bathe nipples with ten drops of tincture diluted in warm water, four times a day.
11. Wear multiple holed breast shells for sore nipples between feedings. This allows air to circulate and protects them from further rubbing by your bra.
12. There are some effective homeopathic remedies for sore nipples, ask your midwife.

Caution: blisters, cracking, bleeding and/or pain that continues during or in between feedings is not normal. Check with your midwife or a lactation consultant if you have any of these problems.