



Are your nipples sore?



Breastfeeding is a gift only you can give to your baby. It should be a pleasant experience for both of you. A healthy, full-term baby is likely to know instinctively what to do at the breast. If you experience nipple soreness beyond a slight tenderness when your baby latches on in the first three to five days after birth, however, it can be a sign that something isn't right with the baby's latch, positioning, or sucking, and you may need to make some adjustments so you can be comfortable. With proper positioning and latch-on techniques, 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.

Contact a La Leche League Leader or lactation consultant for help if your nipples are sore.

The First Week: Positioning and Latch-On

Learn to recognize your baby's early feeding cues so you have time to get you both in a good position and comfortable before he becomes desperately hungry. Early cues include opening his mouth and moving his head side to side—known as the rooting reflex—and chewing or sucking on hands or fingers. Don't wait for baby to cry to let you know he is hungry. Crying is a very late hunger cue.

■ Make sure you are relaxed and comfortable as your baby feeds. Lean back in your chair, supporting your back with a bed pillow turned vertically if needed. Don't lean forward and hunch over your baby. Raise

your feet off the floor, using an ottoman or even a phone book. Breathe deeply and be sure to relax and drop your shoulders.

■ Position your baby on his side, with his whole body facing yours and angled so his chest is securely against your abdomen. Baby should not have to turn his head to nurse.

■ Cradle baby in the arm on the same side as the breast he will be nursing from. If you're breastfeeding on the right breast, baby's head will rest on your right forearm near your elbow, his nose at the level of your nipple, and his head tilted slightly back. He is supported by your forearm with your hand holding his bottom or thigh.

■ Support your breast with your other hand well back from the nipple and baby's mouth, keeping your fingers positioned either above or below or on either side of the breast.

■ Bring your baby to the breast. Trigger his natural response to open his mouth wide by touching his lips lightly with your nipple. Light, repeated tapping or brushing triggers a wide-open mouth.

■ As you bring baby to the breast with his head slightly tilted back, his chin will press into the breast first. More of your breast will be covered with his lower jaw.

■ Aim your nipple toward the roof of baby's mouth and gently bring him onto the breast as he latches on.

■ When baby is latched well, his chin should be pressed into the breast, and his nose slightly away from 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. If you remove the supporting hand from your breast, make sure baby has enough head control to keep him well latched. If your breasts are large, it can be helpful to put a small rolled-up towel beneath them for support.

■ If baby is not latched on well or if it hurts, remove him from the breast by inserting your finger into the side of his mouth and try again.

If nipple soreness persists, contact a La Leche League Leader or lactation consultant for help. Mild soreness, if left untreated, can lead to more pain.

Causes of Sore Nipples

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 with your nipple positioned deep in his mouth. First, check baby's body position. Be sure that he opens his mouth very wide, like a yawn, 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—it should be fanned outward on the breast. If you gently pull down the corner of the baby's mouth while he is nursing, you should see the underside of his tongue, which should extend over his lower gum line, cupping the breast.

Sometimes babies latch well and deeply, but slide down the nipple during the feed—watch for more distance between his nose and your breast. If this happens, break the suction and re-latch your baby, being sure that he is well supported.

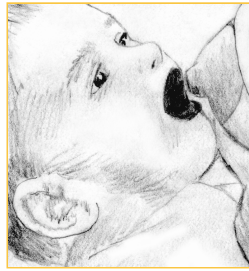
Tongue-tie can also cause sore nipples. When baby cries, can you see if his tongue is able to reach past his lower lip? If baby's tongue appears heart-shaped, it could be a short frenulum (tongue-tie) that prevents a good latch-on. Contact a La Leche League Leader or lactation consultant if baby does 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. With proper

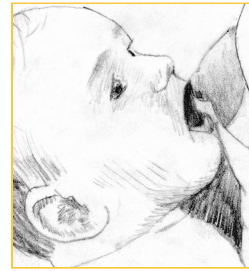
latch-on, your baby's sucking can effectively draw out flat or inverted nipples. Gentle pumping or special exercises are sometimes recommended to draw the nipple out. If you received IV fluids for several hours during the birth process, this can be a cause of edema (swelling) in the breast and nipple. Reverse Pressure Softening can help create a softer nipple/areola that baby can grasp. Reverse Pressure Softening involves using gentle finger pressure around the base of the nipple. This temporarily moves some of the swelling slightly backward and upward into the breast. This technique is also helpful in preventing sore nipples if your breasts become engorged (swollen and uncomfortable) when your milk supply comes in several days after birth, making it difficult for baby to latch on comfortably. (Complete description and images for Reverse Pressure Softening can be found at www.llli.org.)

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 at the beginning of the feed, which is more watery and quenches baby's thirst, and hindmilk at the end of the feed, which is creamy milk that is higher in calories and satisfies baby's hunger. If you decide to take baby off the breast before he is finished, you can 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.

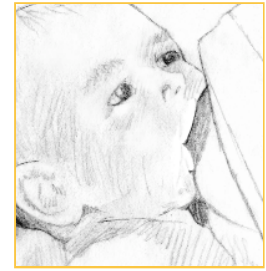
Personal care practices may lead to nipple soreness. Avoid bras that are too tight and put pressure on your nipples. Be vigilant about thorough rinsing of nursing bras to be sure any laundry detergent residue is



open wide



angle onto breast



latch on

illustrations by Paul Torgus

removed. Soap, shampoo, body wash, and alcohol can dry your nipples. Take care when applying cologne, deodorant, hair spray, or powder near your nipples. When bathing, rinsing breasts with clear water is all that is needed to keep your breasts and nipples clean.

Nipples can become chapped from the expansion of the skin and the continued wetness from your baby's mouth. Blotting nipples dry after feeds and applying a suitable emollient that is safe for the baby to ingest, such as HPA® Lanolin, can be very soothing and helpful. Contact a La Leche League Leader or lactation consultant for suggestions.

Be aware that more than one cause can be contributing to nipple soreness at the same time. Avoid limiting the length of nursing sessions, a practice that is mistakenly thought of as a way to avoid sore nipples. Instead, aim to coordinate optimal positioning with careful personal care practices, and contact a La Leche League Leader or lactation consultant for helpful tips.

Treatment of Sore Nipples

While the cause of sore 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. 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. (For information on various nursing positions, see www.llli.org or contact an LLL Leader for assistance.)

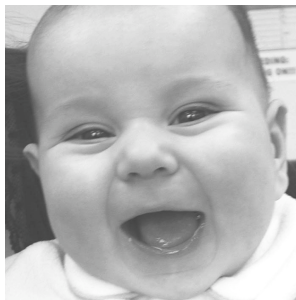
■ Begin to nurse on the least sore side until the letdown occurs, then gently switch baby to the other breast, paying careful attention to good positioning and latch-on. Some mothers use relaxation breathing until their milk lets down.

■ Express a little milk or colostrum onto your nipples after nursing, and gently blot it dry. In many cultures, human milk's antibacterial properties are used to treat skin irritations. However, this is not recommended when soreness is due to thrush, which is a yeast infection of the nipples.

■ Drying sore nipples with a hair dryer or using a sun lamp is not typically recommended because these practices have been shown to dehydrate skin further and cause additional damage to tender nipple tissue.

■ After each feeding, gently pat nipples dry to remove surface wetness. For each nipple, soften a small pea-sized portion of ultrapure modified lanolin, such as HPA® Lanolin, between clean fingertips and apply to the nipple and areola. Gently pat it on: do not rub it in. It does not need to be removed before feedings. This provides a moisture barrier that will slow down the loss of internal moisture, which is vital to healthy, supple skin, eases discomfort, and promotes healing without scab formation. This process is known as "moist wound healing." Hydrogel pads without cloth backing also may provide relief from soreness and promote healing.

■ If the pressure of your clothing or your bra causes further discomfort for your nipples, apply ultrapure lanolin 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.

La Leche League Leaders are accredited volunteers who are available to help with breastfeeding questions in person, over the phone, and online. Locate an LLL Leader near you @ www.llli.org.