

E Nurture

A newsletter for breastfeeding mothers
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Treating Nipple Tenderness

Will it hurt to breastfeed? This often concerns women when they are considering how to feed their babies. Correct latch-on is the most important factor in preventing sore and/or cracked nipples. Moms used to be advised to limit the length of early breastfeedings to avoid trouble with sore nipples. But now we know that this is not necessary, and may interfere with the process of breastfeeding.

To position correctly, hold your baby at breast level, using pillows if necessary to support him and your arms. Hold your baby chest-to-chest with your body, so that his whole body is turned toward you. He should be facing your breast without having to turn his head. His mouth should be right in front of the nipple. Help the baby to latch-on by supporting your breast with your hand underneath. Keep your fingers back so that his chin will not bump into them as he latches on.

Tickle the baby's lips with the tip of the nipple until the rooting reflex causes his mouth to open WIDE. Pull him onto the breast quickly. Make sure his mouth is WIDE open on the breast, nose just touching and chin pressed into the breast. Look to see that his upper and lower lips are flared out widely on the breast. He should not be sucking on the tip of the nipple, but should have about 1/2 inch of the areola in his mouth as well. Sometimes it is necessary to pull down firmly on the baby's chin after he is latched-on to open his mouth further or to flare out his bottom lip. You should feel strong suction and a tugging sensation, but it should not be painful.

It is normal to experience some nipple tenderness in the early days of breastfeeding. If, when your baby first latches-on, you grit your teeth and count to 10, then it begins to feel better, you are experiencing normal "getting used to it" tenderness. This will gradually improve and go away in the first two weeks, and then it will not hurt at all to breastfeed.

Other things can contribute to sore nipples. Wearing plastic-lined bra pads, or not changing damp bra pads frequently enough will trap moisture and cause nipple tissue to breakdown. Using bottles in the early weeks while the baby is still learning to breastfeed can cause sore nipples. The baby uses his mouth and tongue in very different ways while breastfeeding and bottle feeding. When he attempts to bottle suck at the breast, the mother's nipples are subjected to extra stress and abrasion. If you wish to introduce occasional bottles, wait until the baby is three to four weeks old and has mastered breastfeeding techniques.

Thrush is a yeast infection that can be present in the baby's mouth and on the mom's nipples, making them sore. If your nipples become sore after the first weeks of breastfeeding, consider thrush as a cause. Check for white patches inside the baby's mouth, on his tongue and cheeks, that cannot be wiped away with a cotton swab or moistened piece of gauze. The baby may also have a diaper rash and mom may have a vaginal yeast infection.

Thrush requires medication to treat, so call your baby's doctor. Be sure both mom and baby are treated even if only one of you has symptoms, or you will continue to pass it back and forth during feedings. Use careful hand washing before feedings, and use the medication faithfully for the full time prescribed even if symptoms are gone sooner. Wash pacifiers and baby toys every day and sterilize or replace once a week.

Improper use of a breast pump can also cause sore nipples. It should never hurt to pump. Limit the suction to a comfortably strong level. Release the suction often and completely enough to avoid pain and tissue damage.

Family Birth Place at
Park Ridge Hospital

 Unity Health System
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If your nipples hurt, here are some things that you can do to make breastfeeding as comfortable as possible while they heal:

- ☺ Apply cracked ice to your nipples to numb pain and help with healing. Take a couple of ice cubes, wrap them in a wash cloth and hit them with a hammer. Apply to the nipple for 10 minutes at a time.
- ☺ Start breastfeeding each time on the less-sore side first. The baby will suckle most vigorously when he first goes to the breast. By the time you switch to the other side, the baby will be less hungry, so nursing will be less stressful on the sore nipple.
- ☺ Pull the baby in closer. When something hurts, the tendency is to back away from it. But when breastfeeding hurts, pulling the baby in closer will help to get his mouth positioned more fully on the breast.
- ☺ Position the baby so the corner of his mouth is next to the sorest spot on the nipple. The suction is weaker at the corner of the mouth and stronger in line with the nose and chin.
- ☺ Feed frequently to avoid extreme hunger. The baby will suckle less vigorously at shorter, more frequent feedings.
- ☺ Gently rub some expressed breast milk on the nipples and allow to air dry after feeding. Breast milk is anti-bacterial and will promote healing. Purified forms of lanolin, such as PureLan or Lansinoh brands, applied to the nipples after feeding help with healing. They don't need to be washed off before breastfeeding. Avoid using ointments or creams on the nipple. Most of them need to be washed off before breastfeeding, resulting in more wear and tear on the tender nipple.
- ☺ Continue to breastfeed while a cracked nipple heals, even if only for a minute or two at each feeding. This way, it heals with the stress of nursing, and the milk continues to flow from both breasts.

- ☺ When a nipple is cracked, using a breast pump may make it worse. You may find hand expressing milk is a more gentle and effective method to relieve fullness. To hand express milk, use the sides of the ends of the fingers. Place the thumb above and the index finger below at the edge of the areola. Push the fingers back in toward the chest. Then squeeze the fingers together with a rolling motion (like making finger prints) to push the milk out ahead of your fingers. Do not slide the fingers. Repeat this motion, circling around the areola to reach all the milk ducts.
- ☺ Watch for signs of breast infections or mastitis developing (inflammation of the breast). These include: flu-like symptoms (achy, headache, fever); sore spot on the breast that may be red and warm to the touch; lumpy, tender spot on the breast; red streaks running up the breast; breast (not nipple) pain. If these develop, call your doctor.

These are classic symptoms and respond very quickly to antibiotics. Your doctor will give you a prescription for 10 days of medication. Take it all, as directed, to avoid having the symptoms return. You should feel much better in 24 hours. Continue to breastfeed frequently to keep the milk flowing and relieve the pressure in the breast. Nurse on the affected breast first at each feeding. Rest and drink fluids. If the breast is engorged, ice packs will relieve the swelling and promote milk flow. If the milk is flowing freely, a heating pad, warm shower, or wash cloth rinsed in very warm water then applied to the breast may provide comfort.

Not every woman experiences these problems while breastfeeding. But it is good to know that there are treatments and suggestions that can help when problems arise.

If you have questions, please call the lactation consultants at
The Family Birth Place at Park Ridge Hospital.

Breastfeeding Helpline
(585) 368-4033