



## Breast and Nipple Care

### Prevention and Treatment of Sore Nipples

Ensuring that breastfeeding gets off to a good start is the first step to a consistent breast milk feeding experience and proactively avoiding milk supply issues. Proper positioning at the breast and a good latch are important. The nipple and a large mouthful of the breast must be pulled deeply into the baby's mouth for optimal, comfortable breastfeeding. While at the hospital, a nurse or lactation consultant will observe baby during a breastfeed to ensure the baby is comfortably positioned and correctly latched.

#### Preventing Sore Nipples

- Hold your baby skin-to-skin as much as possible beginning moments after birth and beyond, and breastfeed frequently – 8 to 12 times in 24 hours. Wait until breastfeeding is well-established before attempting to offer a bottle.
- Watch for early feeding cues and begin feeding when your baby is calm and alert, before crying and upset.
- When removing your baby from the breast, first break the suction by inserting a clean finger between the gums and holding it there as baby is taken off the breast.

#### Positioning and Latch Technique

- You and your baby should be in a comfortable position.
- You may find it helpful to use some pillows to support your arm.
- Hold your baby so he is facing you and your breast. His ear, shoulder and neck should be in a straight line.



**A.** Hold your breast with your thumb on top of your breast and fingers below, well away from the areola (darker part surrounding the nipple).



**B.** Pointing the nipple upward, tickle his lip until he opens his mouth wide. Be patient, sometimes this takes a minute or two.



**C.** Bring baby's chin into your breast and pull him close so he takes in a big mouthful of breast.



**D.** Keep baby's body pressed close to yours (tummy-to-tummy). This allows the nipple to stay deep in the baby's mouth. It's OK if baby's nose touches the breast.

- After the first few sucks, you should feel a tug at the breast, but no pain.

#### Latch Options

There are several different ways to hold your baby while breastfeeding. Here are some of the most popular:

- Cradle and Cross-Cradle – Baby's head is cradled near your elbow, and your arm supports your baby's body. You and your baby's chest should be facing each other. The cross-cradle looks similar to the cradle but your arms switch roles so your baby's body lies along your opposite forearm.
- Under the Arm or Football – Baby's body is clutched under your arm, supported by pillows to the level of your breast, facing toward your breast with the back of his neck and base of head in your hand. (This position is great for moms who have delivered by C-section or are tandem-nursing twins.)
- Laid Back or Semi-Reclined – Sitting semi-reclined with baby on top, tummy-to-tummy, looking down at your breast.
- Side-Lying – You and baby facing each other, lying in bed.

## Signs of a Good Latch

- Baby sucks actively at the breast.
- Baby's mouth is opened wide.
- Lips are turned outward (like a rosebud).
- You can hear baby swallowing.
- Baby's chin is touching your breast (nose may also be touching).
- Baby's ear, shoulder and hip are in a straight line and baby's body is facing you.
- You should feel a tugging at the breast but no pain.

If you are not observing these signs, you may need to break the suction with your finger, and try latching again.

## Treatment for Sore Nipples

- A cold washcloth applied to nipples for about 10 minutes before breastfeeding may help with pain.
- If your breasts are full, firm, or engorged, hand expressing a little milk will soften the areola and make it easier for your baby to get the nipple far back into his mouth.
- Begin breastfeeding on the least sore side first.
- When helping your baby latch, ensure that her mouth is open WIDE and she takes in a large mouthful of your breast.
- Tender Care™ Lanolin can be applied to the nipples to soothe and protect the tender skin after feeding.
- If you are very sore or if there is a break in the skin, Tender Care™ Hydrogel Pads provide immediate cool relief.
- Breast shells allow air to circulate and protect tender nipples from brushing against clothing.
- Ask your doctor if pain medication is needed to help with pain or inflammation.

**Tip: The best treatment for sore nipples is to correct the positioning and latch.**

Medela recommends that once your baby is positioned comfortably and latches correctly on the breast, sore nipples should be notably improved in about 24 - 48 hours. If these comfort measures were tried for a few days with no improvement, or if the nipples bleed and/or crack, contact a lactation professional or your healthcare provider for assistance.

If nipple or breast pain continues after trying all the comfort measures and the baby's latch has been determined to be correct, OR if breastfeeding has been going well and comfortably for a couple of weeks or months and suddenly have very sore nipples, the cause is most likely due to something other than positioning and latch. It may be due to several causes:

- Nipple bacterial infections
- Infant Tongue-Tie (Ankyloglossia)
- Nipple Bleb
- Nipple Thrush
- Plugged Ducts
- Mastitis
- Hormonal changes due to return of menstrual cycle
- Hormonal changes of an early pregnancy
- Allergic reactions

### Medela recommends:

If sore nipples persist, if they crack and bleed, or if they appear after a few weeks or months of comfortable breastfeeding, consult a healthcare professional or board certified lactation consultant for evaluation. Diagnosis of the cause will guide the treatment plan.

#### Reference:

Lawrence RA and Lawrence RM (2016). Breastfeeding: A Guide for the Medical Profession (8th Ed.). St Louis: Elsevier.