

# BREASTFEEDING CLINIC

SUPPORT • REASSURANCE • INFORMATION • EDUCATION • PASSION

## Sore nipples

Prevention is better than cure!

### Normal breastfeeding:

- Nipple **stretch** pain for first **10-20 seconds** when baby latches on – this initial stretch pain should subside by 2-3 weeks
- Gentle **pulling** sensation while baby sucks
- Slight tenderness **between** feeds (e.g. when showering)
- Some **odd twinges** between and during feeds
- Breastfeeding **should not hurt!!** Nipples should **not be damaged!!**

### NOT normal:

- **Pain throughout** feed
- **Pinching** or **chafing** sensation during feed
- Nipples **bleed**, become **cracked** or form **blisters**
- Nipples **misshapen** after feed
- **Colour changes** (e.g. deep pink, purple, white, red)

### Some Possible causes:

- **Engorgement** making a deep latch difficult
- **Latch** (most common cause – see separate handout)
- **Thrush**???? No scientific evidence to support diagnosis of yeast in the lactating nipple/breast
- **Bacterial** infection
- **Eczema** / dermatitis (e.g. allergic reaction to ointment or breast pad)
- **Vasospasm** (“Raynaud’s phenomenon” – see separate handout)
- Milk **blister** / bleb (see separate handout)
- Mastitis / breast infection
- Tongue Tie or Musculoskeletal issues (nipple may be distorted when it leaves baby’s mouth)

### Management:

- See an IBCLC to help determine cause and if referral to Health Care Provider is needed
- Feed baby **before** he **cries** and before the **breasts** are **very full**, to facilitate a deep **latch**
- Try **laidback** feeding – it often helps baby achieve a deeper latch
- Offer the **least painful** breast **first**, then **switch** to the more painful side
- Maybe **shape** the breast with your **thumb** in line with his **upper lip** and your **fingers** in line with his **lower lip** – fingers FAR away! Leave at least a 5 cm “landing pad” for lower jaw, see separate handout for latch tips
- If the latch doesn’t feel right but baby has a vacuum on breast, try:
  - o micro movements until nipple feels comfortable
  - o pull baby’s **body closer** to you – make sure there are **no gaps** between you
  - o put more **pressure** on his bum, it will **tilt his head back** slightly so the bottom jaw can cover more breast tissue = deeper latch, nipple more along palate

- if these measures do not help, **break** the **suction** and **try again**
- Always **detach** baby using your **finger** to break suction; never just pull baby off
- Express a few drops of breast **milk** onto the nipple and **dry**
- Apply a good quality nipple **ointment**. Purified **lanolin** can help the moist wound healing process (but avoid if there are wool allergies in the family)
- All Purpose Nipple Ointment over the counter help protect against infection
- No need to wash healthy nipples but consider **washing injured nipples** several times a day
- **Change** breast **pads when wet**
- **Expose** nipples to **sunlight** ±5 minutes **before** 10:00 and **after** 15:00
- If the nipples are **cracked/bleeding**, **laser** therapy may be helpful
- If it is **too painful** to feed at all, **express** breastmilk at least 8x/day to protect supply. Make sure pump flange is the right fit! (to feed baby the expressed breastmilk, see separate handout for alternative feeding methods)
- Be sure to come to make an appointment with the clinic for a **follow-up visit** to make sure that the problem is solved completely

**Watch out for these other symptoms** (which may indicate a different treatment plan):

- sharp, **burning, shooting** pains after or between feeds and/or **white patches** in **baby's mouth**, cheeks and gums and/or red, spotty nappy rash
- a white spot or **blister** at the tip of the nipple
- the nipple **changes colour** (white/blue/purple)
- **itching**
- redness / **inflammation** / scaly or flaky skin
- **discharge** from the nipple
- nipple **distorted** when it leaves baby's mouth in spite of trying different positions

**Information presented here is general and not a substitute for personalized treatment from a qualified medical professional.**

Read more

- La Leche League International. 2010. The Womanly Art of Breastfeeding
- Suzanne Hetzel Campbell, Judith Lauwers, Rebecca Mannel. Lactation Education Accreditation and Approval Review Committee (LEAARC) Core Curriculum for Interdisciplinary Lactation Care, Jones & Bartlett Learning, 25 Jun 2018



**Expressed breast milk** can be used to treat **painful and cracked** nipples.

Dennis et al. 2014. Vieira et al. 2017. Kim et al. 2012. Jiang et al. 2016.

- Human milk is a natural remedy with **properties** that **promote wound healing** and will **decrease** the **response to inflammation and infection**.
- **Properties protecting against infection:** IgA, IgG, lactoferrin, lysozyme, complement component 3, bifida factor, antiviral mucins, oligosaccharides, white blood cells, nucleotides, xanthine oxidase.
- **Factor protecting against inflammation:** tumor necrosis factor, interleukins, interferon gamma, prostaglandin, alpha-a-anti-chymotrypsin, alpha-1 antitrypsin, platelet-activating factor acetylhydrolase, and glycopeptides.
- Properties in human milk help stimulate immune function and growth and development of tissue.
- **Human milk improve healing within 3-6 days.**
- Apply generous amounts of breast milk to damaged area on nipple after feeding or when needed and allow to air dry.