



London Health Sciences Centre

Patient Information **SORE NIPPLES**

Some people experience nipple soreness when learning to breastfeed. Others find their nipples become sore when their baby is older. There are many reasons for sore nipples.

If your nipples are sore, seek help from a Lactation Consultant or someone skilled in helping breastfeeding families as soon as possible. Most causes of sore nipples can be treated.

Common Causes of Sore Nipples:

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| <ul style="list-style-type: none">• Poor positioning and latching• Breast/nipple anatomy of breastfeeding parent or oral anatomy of baby• Medical conditions of breastfeeding parent or baby• Psychological reasons eg. depression, trauma | <ul style="list-style-type: none">• Skin conditions• Hypersensitivities/allergies• Pumping equipment or techniques• Use of soothers/pacifiers/bottle nipples |
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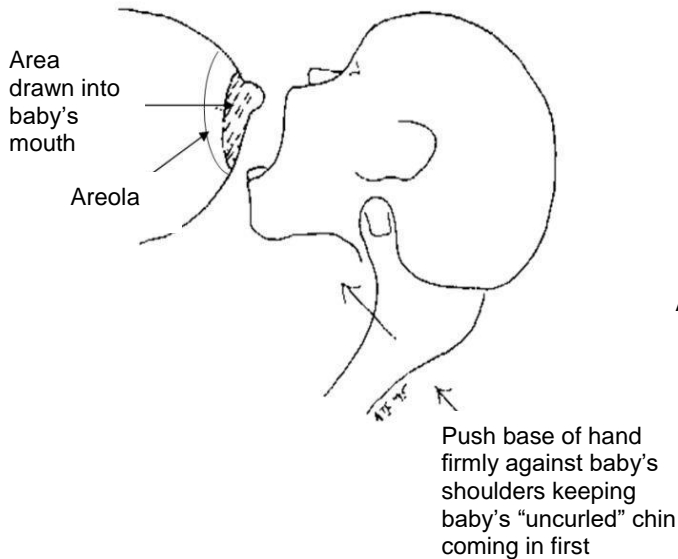
Positioning and Latching:

The most common cause of sore nipples is poor positioning and latching of the baby. The breastfeeding parent and baby need to be comfortably positioned and baby needs to be properly aligned with the breast. Use pillows and a foot stool if needed.

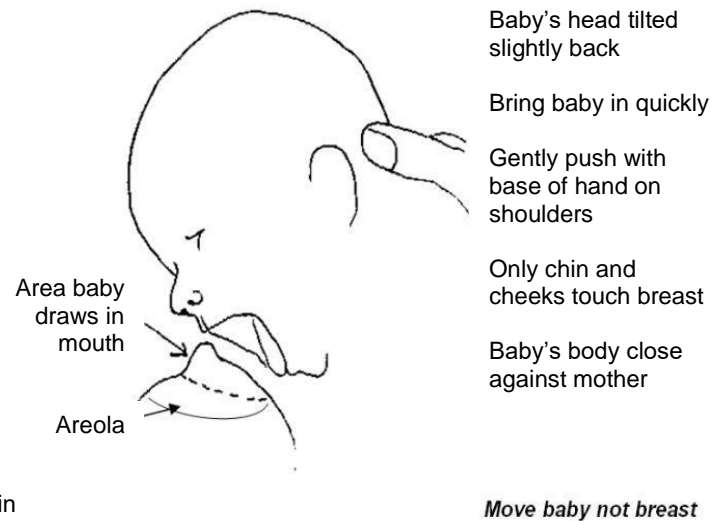
Suggestions for Latching:

- Hold your baby skin to skin.
- Feed our baby in response to early feeding cues.
- Let your baby find your nipple.
- Make sure your baby has a wide-open mouth.
- Baby's head should be tilted back slightly.
- Baby's chin should touch the breast first.
- Point nipple to roof of baby's mouth and do not center the nipple in baby's mouth.
- Baby's lips should be curled outward.
- Cup your breast gently from underneath with your palm on the underside of your breast and your thumb above the breast.
- Keep fingers back from the nipple so your baby can take in a big mouthful of breast tissue.
- Always break seal before removing baby from the breast.
- Try different positions
- Sore nipples should start to heal once the baby's position and latch are better.
- If you don't notice any improvement, talk to your health care provider about other possible causes.

WIDE MOUTH/GAPE

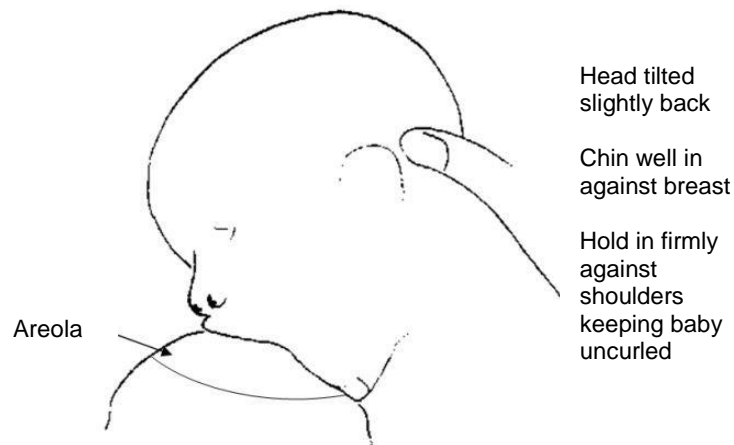


MOTHER'S VIEW WHILE LATCHING BABY



Pictures created by Anne Barnes and found on the Breastfeeding Inc. website. www.breastfeedinginc.ca

MOTHER'S VIEW OF NURSING BABY



Pictures created by Anne Barnes and found on the Breastfeeding Inc. website. www.breastfeedinginc.ca

Suggestions for Breast/Nipple Care:

- Wear a comfortable supportive bra with no under wires.
- Change breast pads whenever damp - avoid plastic liners/pads.
- Wash hands with soap and water before touching the breast.
- Express breastmilk and apply to nipple/areola before and after feeds.
- Air dry your nipples/areola after feeds.
- When bathing avoid soap directly on the breast/nipple.
- Talk to your health care provider about other options - normal saline compresses, nipple cream or ointment, etc.

If your nipples are too sore to feed your baby, you can hand express/pump your milk to help maintain your milk supply. There are various ways to feed your milk to your baby. Learn more to make an informed decision. Please refer to the Hand Expression and Pumping Guidelines Handouts.

References

Spencer, B., Hetzel Campbell, S., & Chamberlain, K. (2024). *Core Curriculum for Interdisciplinary Lactation Care* (2nd ed.). Jones & Bartlett Learning, Burlington, MA.

Walker, M. (2019). *Breastfeeding management for the clinician: Using the evidence* (5th ed.). Jones & Bartlett Learning.

Wambach, K. (2019) *Breastfeeding and human lactation* (6th ed.). Jones & Bartlett Learning.

Originally developed by St. Joseph's Health Care London in March 2004. Revised by the Breastfeeding Coalition of Southwestern Ontario (BCSO) with representation from London Health Sciences Centre, Middlesex-London Health Unit, Strathroy Middlesex General Hospital, Southwestern Public Health and Chatham-Kent Health Alliance.
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