



London Health Sciences Centre

Patient Information **SORE NIPPLES**

Some mothers experience nipple soreness when learning to breastfeed. Other mothers 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 mothers as soon as possible. Most causes of sore nipples can be treated.

Common Causes of Sore Nipples:

- Positioning and latching
- Medical conditions of mother or baby
- Yeast
- Hypersensitivities
- Anatomy of mother or baby
- Psychological reasons i.e. depression, trauma
- Skin conditions
- Pumping techniques

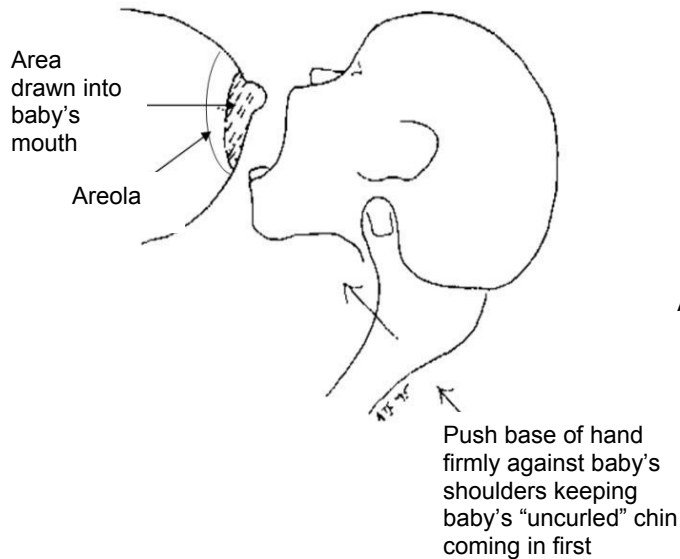
Positioning and Latching:

The most common cause of sore nipples is poor positioning and latching of the baby. Mother 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.

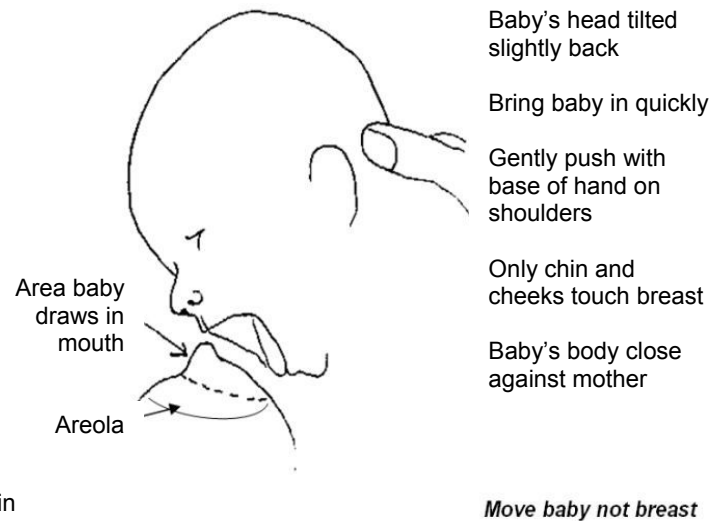
Suggestions for Latching:

- Hold your baby skin to skin
- Watch your baby for 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

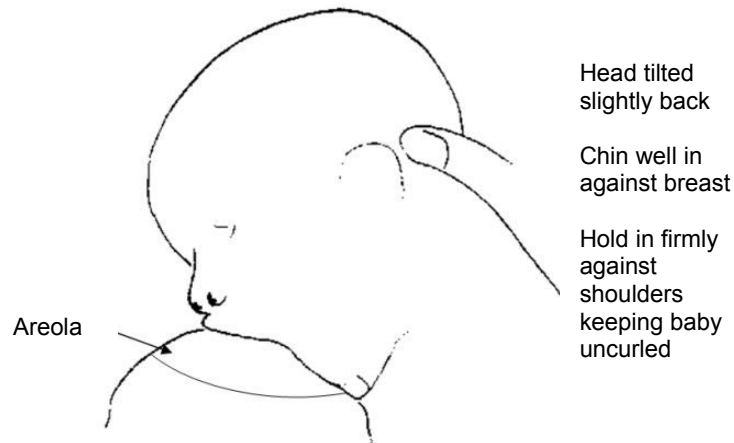


MOTHER'S VIEW WHILE LATCHING BABY



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

MOTHER'S VIEW OF NURSING BABY



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
- Talk to your health care provider about other options - normal saline compresses, nipple cream or ointment, etc.

Other Possible Causes of Sore Nipples:

Possible Causes:	Possible Reasons:	Possible Suggestions:
Anatomy of mom (nipple shape and size)	Mother's nipples too large for baby's mouth Inverted nipple	Try different positions, shaping the breast as baby latches, stimulate nipples, reverse pressure softening, gentle breast massage to help milk flow
Anatomy of baby	Tongue tie, high palate, cleft palate, cleft lip, small mouth, teeth/teething	Try different positions, shaping the breast as baby latches, nipple shield, be aware and respond quickly to baby's cues at the breast
Medical conditions of mom	Raynaud's, carpal tunnel, trauma from birth, previous breast/chest wall surgery, hormonal	Try different positions, pain medication as needed, wrist braces, pillows for support of mother and baby, rest and self care
Medical conditions of baby	Downs syndrome, cardiac, genetic, neurological, prematurity, drug withdrawal, birth injury	Try different positions, be aware and respond quickly to baby's cues at the breast, pace feedings to match baby, calm quiet environment, suck training
Psychological	Post Traumatic Stress (PTS), depression, anxiety, cultural practices, pain tolerance	Medical assessment and treatment, counseling, peer support, medication, exploring options, celebrating successes
Yeast	Diabetes, antibiotic use, nipple trauma	Both mother and baby need to be treated. Careful hand washing with soap and water, change breast pads often, boiling equipment/supplies used, medication, herbal remedies, dietary changes. Check with your health care provider for more information
Skin conditions	Eczema, psoriasis, burns, herpes, chicken pox, shingles, hand expression incorrectly, improper removal of baby	Medications, medical treatments, careful hand washing with soap and water, change breast pads often, proper technique for hand expression/pumping, always break seal before removing baby from breast, supportive care
Hypersensitivities	Individual sensitivity, allergies, medications	Medical assessment and treatment, counseling, change of medication/product if possible
Breast pump use	Incorrect flange size, suction pressure too high, pumping time	Talk to LC to be properly fitted for flange size, follow manufacturer's instructions about assembly and use of pump, change to a different pump, hand expression rather than pumping
Artificial nipples including pacifiers, bottle nipples, nipple shields	Infant preference, potential nipple confusion, incorrect size and shape	Talk to the LC to be properly sized for nipple shield, avoid use of pacifiers and bottle nipples for non-medical reasons

References

- Smith, L. (2016). Postpartum care. In K. Wambach & J. Riordan (Eds.), *Breastfeeding and human lactation* (5th ed.) (pp. 273-318). Burlington, MA: Jones & Bartlett Learning.
- Walker, M. (2014). Breastfeeding management for the clinician: Using the evidence (3rd ed.) (pp. 485-501). Burlington, MA: Jones & Bartlett Learning.
- Wambach, K. (2016). Breast-Related Problems. In K. Wambach & J. Riordan (Eds.), *Breastfeeding and human lactation* (pp. 319-357). Burlington, MA: Jones & Bartlett Learning.

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