



Breastfeeding Challenges: Sore Nipples

It is common to have some nipple soreness in the first few days of breastfeeding. The pain should go away within the first week. It is also normal to feel tugging when the baby first latches on.

If you have sore or cracked nipples after the first few weeks of breastfeeding, or if the pain is not improving, please call us - we have specialists who can help.

Prevention

Latch and positioning

The most common cause of sore nipples in breastfeeding mothers is improper latch and positioning. Try the following techniques to help you establish a good latch:

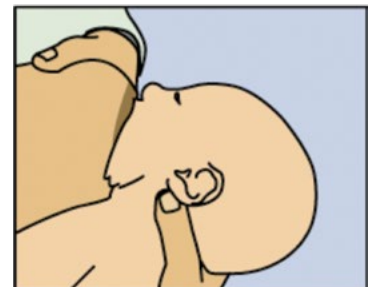
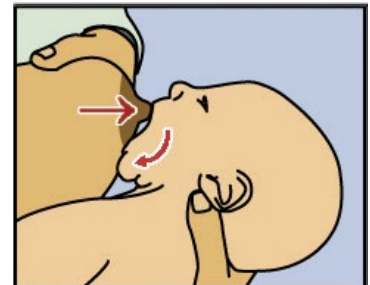
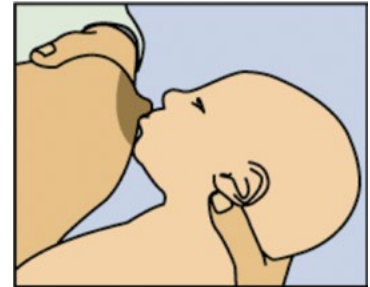
- **Find a comfortable chair to sit in.** Place pillows behind your back and on your sides to support your body and another pillow on your lap to support your baby.
- **Cradle your baby** with one arm and hold your breast with the hand of the other arm. Support your breast by placing your thumb lightly above the areola (the dark area around the nipples) and your fingers under the breast.
- **Make sure that your baby's head** is at the level of your breast and that his or her nose is opposite your nipple. Your baby's face, chest, and knees should be turned toward you so that the two of you are belly to belly, and your baby's chest and tummy are touching you.

- **Tickle the baby's lower lip** with your nipple and allow your baby's head to tilt back. Wait for the baby to make a wide "O" with his or her mouth before putting the baby to your breast.
- **Quickly bring your baby toward you**, centering your nipple in the baby's mouth.

You'll know you are positioned correctly if:

- Your baby's lips are rolled out, with the mouth looking wide open, not narrow.
- You see little or no areola. If you do see your areola, more of the areola is seen above your baby's upper lip than below.
- Your baby's chin is touching your areola or breast.
- Your baby's nose is barely touching your breast.
- Your baby's ear, shoulder and hip are all in a straight line.

When your baby is latched on well, you should feel tugging but no pain, and you will hear swallowing.



More prevention tips

- When your baby is finished nursing, break the suction by putting your finger carefully in the corner of the baby's mouth between the gums.
- Change your nursing position from time to time to relieve the pressure on your nipples. Try sitting up, lying down, and

switching between different ways of holding your baby while breastfeeding.

- Allow your breast milk to dry on the nipple and areola.
- Wash your breasts with water only; avoid soaps.
- Try cotton bras with wide, non-elastic straps. Nursing bras open at each

cup to allow nipples to air dry after breastfeeding. If it is comfortable for you, wear a bra at night for extra support.

Call the Appointment and Advice line if you have soreness or cracking that is not improving or if your nipple pain is preventing you from breastfeeding.

Breastfeeding is a learned skill that takes practice and patience. It may take some time for new moms and newborns to get used to breastfeeding positioning and techniques. You might feel frustrated while you and your baby are learning and adjusting, but know that we are here to help you succeed.

Breastfeeding with sore nipples

If you are able to continue breastfeeding:

- Try changing positions each time you breastfeed.
- Check your baby's position and attachment and adjust as needed.
- Begin feeding on the least sore nipple first, then switch to the other side.
- Use your index finger to pull down on the baby's chin for a few seconds while latched on in order to bring the lower lip out.
- If it is still painful when your baby is latched on, remove your baby from the breast and try again.

Care and treatment

To soothe sore nipples, try one or more of the following remedies:

- Hand-express a small amount of breast milk and rub it gently into your nipples after feeding. Allow your nipples to air dry.
- Use purified lanolin cream for cracked nipples. Make sure to use a product labeled as breastfeeding nipple ointment.
- Use hydro-gel pads or breast shells while nipples heal. Change pads whenever they get moist. Gel pads work best if not combined with lanolin creams.
- Take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) to ease discomfort. Avoid aspirin.
- If you have Raynaud's syndrome, use a warm compress after breastfeeding.

Other causes

If your sore nipples are not caused by improper latch, you may have one of these less common conditions:

- **Bacterial infection of the nipple skin:** If you have cracked, crusted or bleeding nipples and have pain with feedings and in between feedings, you may have a bacterial infection. Please call us for help.
- **Thrush (yeast infection):** If you have itchy, shiny, tiny blisters or flaky nipples or experience a burning sensation, you may have a yeast infection. Sometimes moms describe a deep or intense nipple pain or shooting pains in their breasts during or after feedings. If you have any of these symptoms, please call us.
- **Raynaud's syndrome:** The nipple may turn white after feeding and throb as it returns to normal color.
- **Eczema of the nipple:** If you have sore, burning and painful nipples and areolae when there are no signs of infection or poor latch, you may have eczema.

When to call Kaiser Permanente

- You have nipple soreness that doesn't get better within a few days.
- You feel intense pain or a burning sensation in your nipples.
- You have cracked nipples that are bleeding.
- Your nipple comes out of your baby's mouth looking pinched at the tip.

- You have red, itchy or burning nipples that are not related to feeding.
- Nipple pain is getting in the way of breastfeeding.

Other Resources

Women's Health Department,
womenshealth.gov/breastfeeding

La Leche league International,
lalecheleague.org

Visit kp.org/mydoctor to:

- View most lab results and check your preventive health reminders
- Email your doctor
- Use interactive online tools to help keep you and your family healthy

Contact your Kaiser Permanente Health Education Center or Department for books, videos, classes, and additional resources.

Your health and your ability to breastfeed your baby can be seriously affected by violence or abuse. If you are hit, hurt or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

*Images courtesy of <http://womenshealth.gov> - A federal government website managed by the Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist.