Sore Nipples

Some minor soreness is common in the first week as your baby starts nursing. However, this should resolve. Blisters, cracking and bleeding are not normal and are usually due to a poor latch. Soreness starting after weeks of comfortable nursing may be related to thrush or eczema.

- Positioning and latch are most important (See latching handout).
- Mild nipple tenderness in the first 2-3 days after birth is acceptable, until your nipples get used to baby’s suckling. More than minimal pain during this time is due to a poor latch until proven otherwise.
- When baby latches and begins to suckle, it is normal to feel tugging and pulling, but it should not feel pinched or sharp.
- If there is continued pain, remove baby and re-latch as many times as needed until the latch does not hurt. Be patient, because a poor latch can severely traumatize the nipple.
- When removing baby, break baby’s suction by inserting your finger into the corner of baby’s mouth and turning your finger to break the suction.
- When baby is finished nursing look at your nipple. It should look much the same as before.
  - If it looks pinched and has a white ridge across the top, your baby’s latch was likely too shallow.
  - Baby’s tongue was rubbing your nipple instead of stroking behind the nipple on the areola.
  - The latch needs to be deeper, with more of the lower breast in baby’s mouth than the upper breast.

If your nipples are sore, cracked, bleeding, or scabbed:
- Correct the latch.
- If using a nipple shield, make sure baby latches deeply and doesn’t slide on and off the shield.
- Nurse on the least sore side first. When you switch to the sore side, milk will have already let-down so baby won’t need to suckle as hard to get the milk coming.
  - Consider pumping briefly before a feeding to start the milk flowing.
- Limit extended suckling if your nipples are extremely cracked and sore.
  - Instead, nurse more frequently for only 10-15 minutes until they heal.
- If you can’t tolerate nursing due to severe pain, pump for several days until they heal.
  - Pump for 10-15 minutes, 8-12 times a day, or basically every time your baby is fed.
  - If only one nipple is sore, continue to nurse on the good breast and pump the sore one.

Nipple Care:
- After pumping or nursing, spread breast milk over the nipples and let them air dry.
- If prescribed, lightly apply Triple Nipple Ointment or All Purpose Nipple Ointment after each feeding. Do not wash off before feedings. Use this as needed. (See other side of handout)
- Hydrogel dressings may feel soothing and help promote healing. Rinse nipples with clean water, air dry, and place the dressing inside your bra between feedings.
  - Each dressing will last 3-7 days. When they are cloudy or stiff, discard.
- Soft breast shells might help by allowing air to circulate and they keep your nipples from rubbing against your bra.
- Breast pads should not have a plastic lining, which could keep moisture next to your nipples.
All Purpose Nipple Ointment
or
Triple Nipple Ointment

Many moms come home from the hospital with a non-prescription Lanolin Cream, which might soothe mild discomfort. This triple ingredient prescription nipple ointment will aide in healing your nipples as baby learns to latch deeply and thus suckle correctly.

Ingredients:

1. Antibiotic ointment (Mupirocin 2%)
   Almost all cracks and erosions have bacteria in them. Whether they are actually causing infection, or whether they merely delay healing is unknown. But it has been known for many years that antibiotic ointment helps some mothers’ nipple pain get better faster.

2. Steroid ointment (Betamethasone 0.1%)
   Often the nipple pain is caused by inflammation from infection or injury. Steroids decrease the inflammation.

3. Antifungal agent (Miconazole or Nystatin 2%)
   *Candid albicans*, a yeast, can cause nipple soreness and cracking, and can cause persistent pain after the cracks have healed.
   (Nystatin might be better to use preventatively, saving the Miconazole to treat presumed yeast infection of the nipple.)

Directions for use:

1. Apply sparingly after every feeding.
2. Do not wipe it off, even if baby goes back to the breast within minutes. (Most ingredients are not absorbed from baby’s gut and will do no harm.)
3. Once your nipples feel better after 2-5 days, you can gradually decrease use of the ointment.
4. It is OK to continue using it 1-2 times per day for weeks, to keep your nipples pain free.

Adapted from Kathy Leeper, MD, IBCLC and MilkWorks