NIPPLE PAIN

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Below are the more common causes of nipple pain. Some degree of pain is quite common, especially at first.

Position and latch:

- Tugging and pulling is common. Pinching, sharp pain, or more than "mild tenderness" is likely from an incorrect latch.
- Get help so nursing sessions are enjoyable.
- Massage your breast before latching to prompt the let-down, so your baby settles in quicker.
- Nurse on the less sore side first so your baby suckles less vigorously on the sore nipple.
- Before unlatching your baby, break the suction/seal by putting your finger into the corner of baby's mouth.
- If the latch is intolerable, pump in place of nursing until the trauma heals.

Pain meds: Ibuprofen or Tylenol as needed.

Breast pads: Use disposable or washable pads without a plastic lining.

Hydrogel pads: Clean Soothie and ComfortGel pads after each use and replace them every 3 days.

Creams and Ointments:

- Allow breastmilk to air dry on your nipple.
- Use a lanolin free nipple cream, as lamb's wool in lanolin can be irritating.
- Don't ask for **Triple Nipple Cream** (antibiotic + steroid + antifungal). It's very expensive to compound, and it's unnecessary. The steroid component is used individually in specific situations. An antifungal is rarely needed.
- Bacitracin is an over-the-counter ointment. If prescribed, you can apply a TINY bit to open sores on the nipple. Don't wipe it off, even if your baby re-latches.

Pumping – tips to avoid pain:

- **Flange size**: Make sure it's large enough so your nipples don't rub on the inside of the tunnel. If it's too big, too much breast tissue is sucked into the tunnel.
- **Suction strength**: This should be strong but comfortable.
- **How many minutes:** Don't pump more than 15 minutes at a time. Once your supply is established, pump just to empty, or until you've removed the target volume.

Vasospasm: See other side of this page, which includes breast pain.

Nipple shield:

- Nipple shields are typically used to stimulate the suck reflex at the roof of your baby's mouth. This helps if you have flat or inverted nipples, or if your baby has a finicky suck reflex.
- Consider using a shield as a barrier between your nipple and your baby's tongue, to lessen pain until trauma heals. Don't let your baby's mouth slide on and off the shield while nursing.

Tongue/Lip tie:

- Ask for a tongue tie assessment if pain persists despite good latch technique. A simple procedure may help. All babies have a membrane under their upper lip. It doesn't affect breastfeeding, and it shrinks as your baby's mouth grows. If it persists, the orthodontist will deal with it later.

Nipple bleb

- A painful white pimple can plug the opening of a milk duct on the nipple. "Stuck" milk pools in the milk ducts and can get infected. Milk supply may decrease, since the milk can't get out.
- Management:
  - A new bleb: Soften it with a warm compress and open it with a sterile needle. Gently massage the breast to empty the pooled milk, which may squirt out under pressure.
  - Recurrent blebs: Decrease the pump's suction strength. Consider sunflower lecithin supplements to prevent plugs (not proven). Seek expert help, as a steroid cream may help treat this and prevent recurrences.

Eczema

- Mothers with eczema are prone to outbreaks on their nipples during breastfeeding.
- Nipples with an eczematous reaction will itch and burn. They'll look inflamed, possibly with red bumps. They may get dry and scaly.
- Treat with a steroid cream. A secondary bacterial infection may cause oozing, crusting, and open sores. Treat with an antibiotic cream.

Yeast infection

- Nipple yeast infection is rare, according to breastfeeding experts recently. Therefore, using antifungal cream on the nipple is unnecessary, unless perhaps, the baby is diagnosed with thrush. See a separate handout on thrush.

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BREAST PAIN

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Breast discomfort is common, especially with a normal let-down.

Yeast does not cause breast pain. This has been a misconception for years.

Let-down pain is highly variable. Most women describe pins and needles, heaviness, tugging, etc. It is usually brief and tolerable. Some women suffer significantly, but it usually improves over time.
Dysfunctional Milk Ejection Reflex is a rare condition in which oxytocin, the let-down hormone, causes you uncomfortable symptoms. Symptoms such as nausea, headaches, or a sense of doom usually improve over time. These symptoms can be upsetting, so seek support.

Vasospasm is constriction of blood vessels in the nipples, in response to cold, which results in purple or pale nipples, in addition to throbbing pain and burning. The pain often radiates to deep areas of the breast tissue. This is the same phenomenon as "Raynaud's Syndrome," when a person's hands or feet react the same way as described above.
To manage this:

- Keep your nipples warm, especially when going outside in the cold or opening the refrigerator.
- Cover them with a heating pad upon unlatching, before air contacts your wet nipples.
- Perhaps wear wool breast pads, or even hand warmers inside your bra!
- Avoid caffeine and nicotine, which constrict blood vessels.
- Consider Nifedipine for severe symptoms. This drug treats hypertension, angina and arrhythmias.
  It dilates blood vessels to increase blood flow. It's OK to take while nursing, as a last resort.
  Dose: 5mg 3 times per day or a 30mg slow-release tab daily for 2 weeks. A 2nd or 3rd course may be needed, and sometimes long-term treatment is necessary. Side effects include headache, dizziness, low blood pressure, flushing and fast heart rate. Anderson JE, Held N, Wright K. Raynaud's phenomenon of the nipple: a treatable cause of painful breastfeeding. Pediatrics 2004; 113: e360–e364.

Mammary constriction syndrome occurs when deeper blood vessels constrict, as with nipple vasospasm. This is thought to occur from tension of the muscles of the chest wall, and can improve with massage of the pectoral muscles. Basically, gently massage your ribs around the edges of the breast tissue.

Swelling and tenderness as milk comes in is normal.

Engorgement is swelling of the breast tissue around your milk ducts, as your milk comes in. Swelling compresses the ducts so milk can't flow out as freely. Many, but not all, women experience this to some degree. In the worst case, both of your breasts will be tight, red, warm, and painful.
A plugged duct happens when "stuck" milk dries in clumps within the duct, and obstructs milk flow from that area of that breast. You'll feel a firm tender lump, and it won't decrease in size after milk removal.
For engorgement and plugged ducts, remove milk frequently, massage gently, and use ice/heat as described in a separate handout.

Acute mastitis happens when the area behind a plugged duct gets infected with bacteria. This area on one breast suddenly gets red, warm, firm, and very painful. You will feel achy, tired, and feverish. Remove milk frequently, NO massage, and use heat/ice as described in a separate handout.
Subacute mastitis / bacterial dysbiosis: When breast and nipple pain or trauma fail to improve, and there are no symptoms of acute mastitis, a smoldering chronic bacterial infection of the breasts should be considered. Milk cultures can be helpful, and a 4-6 week antibiotic course may resolve the issue. Seek expert breastfeeding help. In a prospective cohort study of 84 nursing mothers with cracked, sore nipples, there was a 79% improvement with oral antibiotics, as compared with a 16% improvement with topical mupirocin antibiotic alone. All patients improved with antibiotic use regardless of the presence of S. aureus or not, so it appears that the anti-inflammatory properties of the antibiotics may have also played a role in improving the symptoms of these nursing mothers. Eglash A, Plane MB, Mundt M. History, physical and laboratory findings, and clinical outcomes of lactating women treated with antibiotics for chronic breast and/or nipple pain. J Hum Lact 2006; 22: 429–433.