

Sore Nipples

Nipple soreness is one of the most common reasons new mothers give for discontinuing breastfeeding. Nipple soreness is usually the result of a less than optimal latch. Breastfeeding shouldn't hurt, but most mothers will experience some degree of soreness during the early stages of nursing. It is common to feel some tugging and pulling when the baby first latches on, especially in the first days after birth before the milk has come in. This type of soreness will usually ease up after the first few sucks, especially after the milk lets down and flows freely. Remember that your nipples are a very sensitive part of your body, and are not used to having stress put on them. Perhaps women in primitive societies, whose breasts were exposed to air and sunlight constantly, experienced fewer problems with soreness. However, in our modern society, nipples are constantly protected and covered. A newborn baby has an amazingly strong suck for such a tiny person. It's not surprising that it takes a while for your delicate nipple tissue to adapt to this new experience.

You and your baby both have to learn how to breastfeed. Primates learn behaviors by observation and imitation. Gorillas in zoos who have never seen another gorilla nurse have been taught how to breastfeed by watching videos, and even bringing in nursing mothers to show them the basics. Babies are born with a strong sucking reflex, but they have to learn the mechanics of breastfeeding, at the same time you are learning the mechanics of positioning, supporting the breast, etc. While some babies seem to come into the world knowing just how to breastfeed correctly, more often it is a learning process for both of you.

By far the most common cause of nipple soreness is improper latch on and positioning. Remember that the baby has to learn how to nurse correctly. It can take awhile for a newborn, with his immature system, to master the mechanics of nursing. The slightest improper movement of his lips, tongue, or gums can abrade the nipple tissue and cause soreness. With every feeding, he will be better able to coordinate his movements, and will soon get the hang of nursing correctly and efficiently. See the [Latch page](#). If you are experiencing a "biting", "chewing", "stabbing" or "pinching" type of pain, you should make an appointment with the lactation consultant to assist you with the latch.

If your baby is latched on correctly, it doesn't matter how often or how long he nurses, it shouldn't hurt. If he isn't latched on correctly, even one short feeding can cause nipple damage. If your breasts do become engorged, try massaging your breasts, applying heat, and expressing a small amount of milk before offering the breast to soften the areola and make it easier for him to grasp hold.

Treatment for nipple soreness varies. What follows is a treatment plan for the common, transient soreness that most often occurs during the early days of nursing. If this plan doesn't work for you, or if soreness persists or worsens after the initial breastfeeding period, consult a lactation professional who can evaluate the situation and see if additional help is needed. Remember, breastfeeding is not supposed to hurt!

- Vary nursing positions to put pressure on different parts of the nipple.
- Begin nursing on the least sore side first until the milk lets down, then gently switch to the other breast. Use relaxation breathing until your milk lets down. You may want to use massage, warm compresses, and gentle hand expression to stimulate the let-down before you put baby on the breast so that he doesn't have to suck vigorously while he waits for the milk to let down.
- Allow the colostrums or milk on your nipples after nursing to air dry before covering back up with your bra. Human milk has anti-bacterial properties.
- Applying modified anhydrous lanolin after nursing (you may have received a sample of Lansinoh while in the hospital) may aid in healing. Surface wetness can contribute to soreness and cracking if the nipple remains moist after nursing, sort of like the way your chapped lips get worse if you lick them. Applying lanolin can help keep the skin soft and pliable, which helps breaks in the skin heal without forming a hard scab which will break open each time the baby nurses. Avoid using other creams on your nipples. Don't use soap on your nipples as it can dry the skin. Bathing with clear water is all you need to keep your nipples clean.
- Soothies are now available to help soothe and speed the healing of sore nipples. This is an amazing product: round hydro-gel pads that you store in the fridge and wear between feedings. See [Soothies](#) page for more information.
- Expose your nipples to air as much as possible. Leave the flaps on your bra down whenever possible.

If sore nipples are not helped by comfort measure, please call for an appointment at the lactation Office 526-0330.