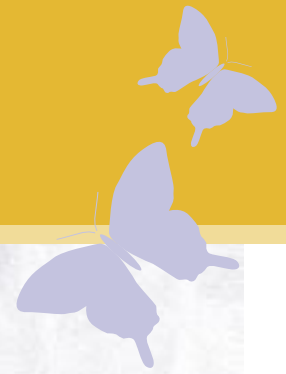


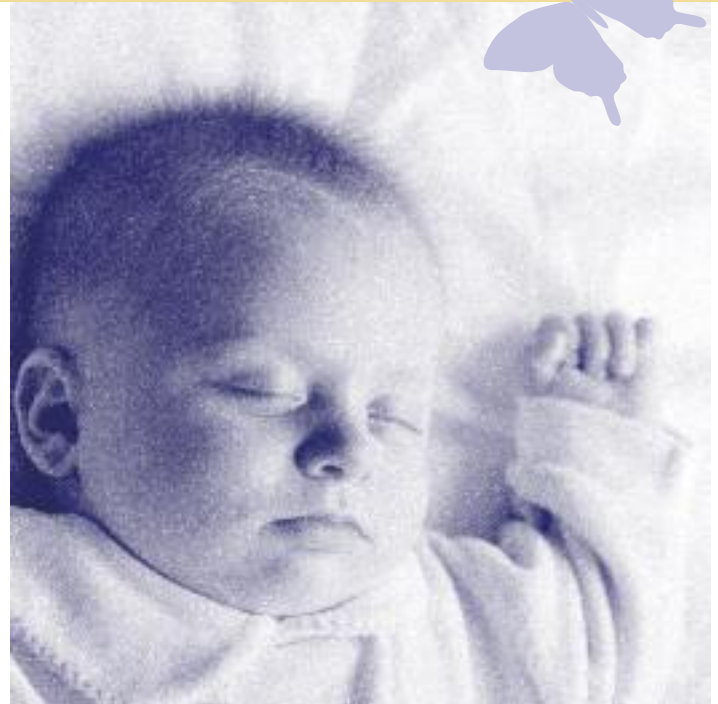
How To Avoid Sore Nipples



Breastfeeding is a learnt art. If you experience nipple soreness beyond a slight tenderness when your baby latches on, you may need to make some adjustments so you can be comfortable and enjoy breastfeeding your baby.

Changing the way your baby is attached to the breast can often help sore or cracked nipples and allow healing to begin. Breastfeeding should not hurt, although some mothers describe the initial sucks in the early days as tender, as the baby stretches the breast tissue. If pain persists throughout the feed it indicates some adjustments need to be made.

You and your baby need to be comfortable so he can attach himself to your breast well. He needs to open his mouth wide and take a big mouthful of breast.



Positioning and Attachment

Uncomfortable positioning and attachment is the most frequent cause of sore nipples. Often, any perceived problems with breastfeeding such as not enough milk, sore nipples, low weight gain, and baby suckling too long are an indication that the baby's attachment needs some adjustment. A good attachment is comfortable, with the baby's lips curled out. The tip of the baby's nose and chin may maintain contact with the breast throughout the feed.

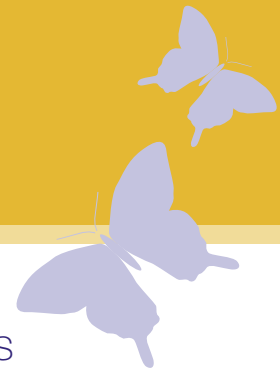
Most mothers find that by holding their baby on his side, wrapping him around their body and waiting for him to open his mouth wide to take a large mouthful of breast, the nipple is safely protected at the back of the baby's mouth.

Some nursing mothers find these tips useful:

- Calm your baby if he is crying; it is difficult to feed and cry at the same time. By calming your baby, his tongue will be in the right position to feed i.e. over the lower gum line.
- Support your baby on his side on your lap, coming to the breast slightly from below, chin and lower lip first. To feed on the left breast, for example, with your baby facing you, support his back with your right forearm, your right hand on his shoulder blades, your fingers and thumb either side of the back of his neck. He should not have to turn his head to reach your breast.

- Allow your breast to rest naturally, i.e. not held up to your baby. If you wish to support your breast, do so with fingers underneath and thumb on top, keeping your fingers well back from the brown part.
- The baby's chin is held to the breast about 3 cm from the nipple (nose to nipple).
- When you bring your baby onto the breast, he will tilt his head back a bit, open his mouth wide with his tongue down and take a big mouthful of breast tissue along the tongue.
- After the initial rapid sucks, your baby will settle into slow, rhythmical sucking and swallowing. When he is sucking strongly, the mother will often bring her left arm around the baby so the baby's head is along this arm, and then the right arm can relax.
- Your baby should come off the breast when he has had enough. You can then offer the other breast, mirroring the above.

Some mothers prefer the rugby or clutch position, with their baby's feet out behind them, or the cradle hold (across the lap), or lying down. In each position it is important to enable your baby to take a large mouthful of breast so that your nipple is protected at the back of the mouth. If it hurts after the first few sucks, put your little finger in your baby's mouth and break the suction, then try again. If the pain persists beyond the first few 'stretching' sucks after a day or two whilst healing is happening, help from a breastfeeding specialist is advisable, as there can be other causes.



Other Causes Of Sore Nipples In The Early Days

Engorgement

If your breasts are very full it may make it difficult for your baby to get a good attachment. Many mothers express a little milk before feeding to help relieve the fullness. Some women find it helps to wrap frozen peas in a cloth and hold it to their breasts, changing to a warm compress a few minutes before the next feed. Others find relief from cold Savoy cabbage leaves worn in their bra. Feeding at least every two hours with a longer gap at night helps avoid engorgement.

Flat or inverted nipples

This used to be considered a problem, but we now know that it is the amount of breast in the mouth that is important, not the shape of the nipple. By positioning your baby to enable him to take a large mouthful of breast, he can draw out your nipple in his mouth. Some mothers draw out the nipple in the early days by using a breast pump, or by wearing breast shells half an hour before a feed.

Nipple confusion

Some babies have difficulty distinguishing between the breast and artificial teats or dummies. These babies suck on the breast as if it is an artificial nipple, which is quite a different technique. This can give you sore nipples, as your breast will not be taken as deeply into your baby's mouth. Studies show that some babies cope better with this if they are not given artificial teats before four weeks of age.

Tongue-tie

The tongue is important as it is the motion of the tongue (and lower jaw) that milks the breast. Poor use of the tongue can allow suction to be broken with each suck, and cause inefficient milk removal, which can lead to slow weight gain. Tongue-ties can be treated, and it is advisable to consult a health professional.

Breaking suction

Removing your baby from your breast without breaking the suction may make your nipples sore. Many mothers leave their babies on the breast until they are ready to come off, but if you need to take your baby off the breast, break the suction first by putting your finger between his gums.

If you are struggling with breastfeeding, do get help from a breastfeeding counsellor or lactation consultant.

Tips To Help Sore Nipples Heal

- Check positioning and attachment. Your baby should take a big mouthful of breast, with his tongue under your nipple. Varying positions can help, perhaps feeding lying down, or with your baby's feet out behind you.
- Feeding frequently can help. A new baby needs to feed 8-12 times in a 24 hour period. This means your breasts will not get too full and it will be easier for your baby to latch on.
- Feed on the least sore side first, then when the milk is flowing, switch breasts.
- Make sure that your bra is not putting pressure on your breast. Some mothers find plastic tea strainers (with the handles cut off!) worn inside their bra protect their nipples from pressure.
- Avoid breast pads with plastic backing which keep the nipples wet. Expressing a little milk after a feed onto the nipples helps healing.
- Avoid using soaps on the nipple as these can be drying. Creams that need to be removed before nursing should also be avoided as extra rubbing may irritate already sore nipples.
- Moist wound healing is the preferred treatment for sore and cracked nipples, in conjunction with help to address the cause of the condition. Moist wound healing involves retaining the moisture already present in areolar skin, by applying a moisture barrier cream to the injured site. Internal moisture, retained within the skin, will return the skin to its normal healthy state, supple and soft rather than brittle and dry. When cracked tissue is rehydrated in this way from within, it will heal without the formation of a scab or crust.

Useful Organisations

National Childbirth Trust (NCT) Breastfeeding Line: 0870 444 8708
 La Leche League: 0845 120 2918
 Association of Breastfeeding Mothers: 08444 122 949

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