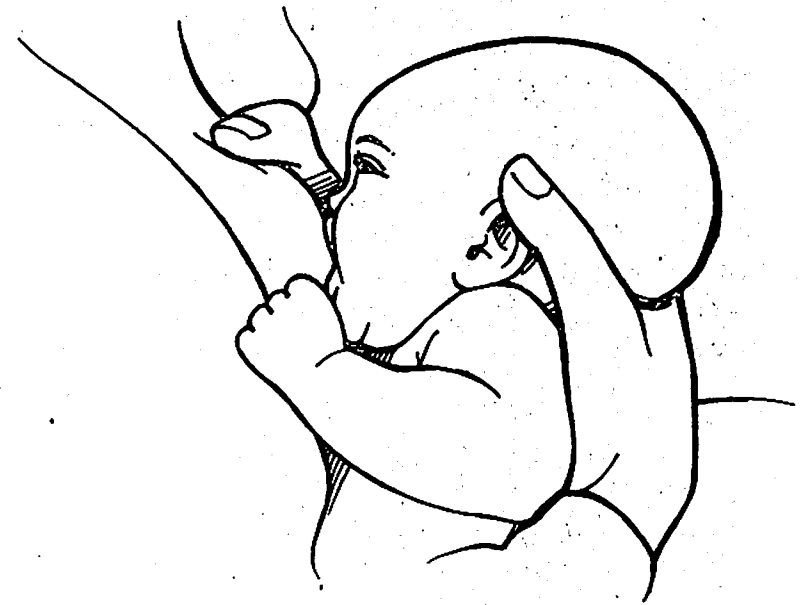




The Vancouver Breastfeeding Centre

SORE NIPPLES : Causes and Cures



Developed by:

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Causes and Cures for Sore Nipples

The most common problem in the first few weeks of breast-feeding is sore nipples. **Pain during nursing is a signal that something is not right.** The most common reason for sore nipples is incorrect positioning and latching of the baby onto your breast (see information pamphlet on Breastfeeding your Baby for correct position and latch). If the position is correct and soreness persists, there may be another cause.

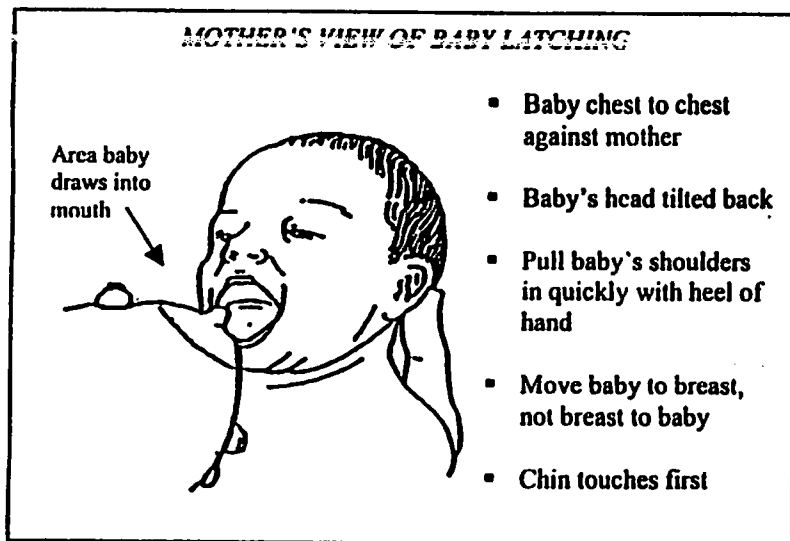
CAUSE	TREATMENT
1. New Baby	<ul style="list-style-type: none"> • ensure proper latch (see pamphlet) • express milk before feeding, rub on nipple to make them slippery • alternate positions (football, cradle, side-lying) • express milk after feeding and rub on nipples
2. Inappropriate nipple care (using too much soap, creams or nipples not allowed to dry)	<ul style="list-style-type: none"> • avoid using too much soap on nipples • don't use creams, use breastmilk • expose nipples to air after feeding • change nursing pads when wet (no plastic in pads, they retain moisture)
3. Engorgement (incomplete emptying or inefficient letdown)	<ul style="list-style-type: none"> • warm compresses or shower • express a little milk to soften the areola before feeding • finish first breast before switching • ensure proper latch • nurse frequently - 2-3 hours • establish nursing routine which encourages relaxation (comfortable position, phone off the hook)

CAUSE	TREATMENT
4. Clothing	<ul style="list-style-type: none"> • comfortable, non-restricting supporting bra • nursing pads without plastic • use mild soap for laundry
5. Thrush SYMPTOMS:	<ul style="list-style-type: none"> • white patches in baby's mouth • nipple soreness throughout feeding • shiny, red, sensitive nipple • may develop at any time
6. Other Problems	<ul style="list-style-type: none"> • see your physician or a lactation consultant to treat both yourself and your baby • avoid or replace soother (may harbour the organism and cause recolonization) • careful handwashing before and after breastfeeding
• persistent cracks and ulcers	<ul style="list-style-type: none"> • ask your physician to check for infections(staphylococcus or streptococcus)
• dry, red, flaky skin on areola	<ul style="list-style-type: none"> • ask your physician to check for dermatitis
• white dot on nipple with pain radiating through breast when not feeding	<ul style="list-style-type: none"> • after warm compresses or shower, gently rub surface to remove skin off white dot • unblock nipple pore by manual expression • use sterile needle to lift off white skin • see your physician or lactation consultant • finish first breast before switching

BREASTFEEDING GUIDELINES IN THE FIRST FEW WEEKS

This is a short term plan. It needs to be reviewed with your nurse in the hospital and then your public health nurse within 24 hours after arriving home.

1. **Keep a record of feedings and diaper changes.**
2. **Ensure that the baby is positioned and latching well.**



Don Dolton 2001

3. **Your nipple may be tender initially but pain should not continue throughout feeding.**
 - If pain continues, discuss this with your nurse.
4. **If baby is sleepy or not sucking well:**
 - dress the baby only in a diaper for feedings
 - switch the baby back and forth between breasts as often as necessary - try to keep the baby awake and feeding for approximately 20 minutes.

5. SIGNS THAT YOUR BABY IS FEEDING WELL:

First 24 hours:

- Some babies suckle frequently; others may not nurse well in the first 24 hours and may need encouragement.
 - **STOOLS:** at least one meconium (black)
 - **WET DIAPERS:** 1 wet diaper

24 - 48 hours:

- Encourage baby to breastfeed frequently (at least every 3 hours from the beginning of one feed to the beginning of the next).
 - **STOOLS:** at least one meconium /transitional (dark green)
 - **WET DIAPERS:** 2 wet diapers

After 48 hours:

- Breastfeed at least 8 to 12 times in 24 hours (approximately every 2-3 hours, both day and night); try to wake the baby if it has been over 4 hours since the beginning of the last feed.
- An average feed should be 20 to 40 minutes; at times baby may cluster a few short feeds together or feed up to an hour.
- If baby is alert for feeds, let baby stay on one side until breast feels "drained" before switching to the other side (nursing on one side per feeding may eventually completely satisfy baby).
 - **STOOLS:** at least two dark green and then yellow seedy stools per 24 hours (at least the size of a "loonie" coin).
 - **WET DIAPERS:** at least 3 wet diapers on day 3; 4 on day 4; 5 on day 5; and 6+ from day 6 onwards.

6. SIGNS OF ADEQUATE MILK INTAKE (AFTER 3 DAYS):

- Baby wakes for feedings
- Baby usually suckles for at least 20 minutes per feed
- Baby comes off the breast satisfied
- Breast feels fuller before feeding and softer afterwards
- Swallows can be heard during feedings
- Adequate number of wet/soiled diapers
- Weight gain of 20 to 30 grams per day