

Caring for Sore Nipples

- ♥ To prevent nipple pain, it is important to start with a deep, asymmetrical latch (see QR codes for attachment and positioning.) Transient nipple soreness usually peaks around day 3 and subsides within two weeks. If your pain is severe, there is skin damage (cracks, blisters, or bleeding), or your discomfort lasts for more than 2 weeks, see a Lactation Consultant for an evaluation.

- ♥ Breastfeed frequently, every 1 to 3 hours (8-12 feedings in 24 hours). Do not delay nursing – nursing frequently is easier on the nipples because baby is less likely to be frantically hungry.

- ♥ Hand express a little milk before breastfeeding. Reverse pressure softening can also help baby latch to a full breast. This will help to achieve a better latch by making the areola softer, and the flow of milk will also soften baby's suck. (see QR codes for hand expression, reverse pressure softening, and engorgement.)

- ♥ Hand express breastmilk after nursing and rub into nipple/areola. This will aid in keeping your nipples healthy.

- ♥ Optionally, apply a small amount of organic olive oil or nipple ointment over breastmilk to help keep nipples moisturized. These are not healing agents but can help soothe. You do not need to remove or wipe off before the next feeding. Keep in mind ingredients found in some nipple balms may be potentially allergenic.

- ♥ Avoid soaps or creams not labeled for the breast/nipple. Water is all you need for bathing.

- ♥ Use 100% wool, bamboo or cotton bra pads in between feeding (after applying expressed breast milk and optional nipple ointment) to protect nipples without compressing the areola. Breast shells may worsen swelling of the nipple, cause areola compression and subsequently worsen pain. Make sure to change wet breast pads as needed. Wet compresses increase the risk of skin breakdown. Avoid Epsom salt soaks, wet tea bags or soaking your breast pads in hot water.

- ♥ Engorgement can contribute to sore nipples by making it difficult for baby to obtain a deep latch. Gentle breast massage and/or lymphatic breast drainage is a gentle touch that can help move and diffuse fluid (see QR codes for engorgement.) Excessive use of an electric breast pump can increase inflammation, worsening the pain. Breastfeed on demand as able (direct baby to breast.) If needed, use hand expression or pump (manual or electric) to soften breasts before feeding to assist with latch, or after feeding to soften to comfort.

- ♥ If you cannot put baby to breast, then short-term pumping in place of breastfeeding can give your nipples time to heal while protecting your milk production. Pump 8 + times/ day, approximately every 2-3 hours during the day, and every 4 hours at night. Feed your baby your expressed breast milk with a spoon, syringe or cup. For larger volumes, a slow flow nipple using paced bottle feeding may be used. (See QR code for paced bottlefeeding)

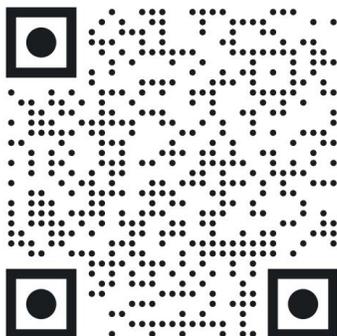
Attaching Your Baby at the Breast, Global Health Media:



Breastfeeding Positions, Global Health Media:



Hand expression and Hands On Pumping, First Droplets:



Reverse Pressure Softening, KellyMom:



Reverse Pressure Softening, YouTube Jessica Barton:



Engorgement: KellyMom



Paced bottle feeding, Breastfeeding Education by IABLE

