

## Description

## How to Avoid and Treat Sore Nipples When Breastfeeding

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Published in The Practising Midwife Volume 24 Issue 9
https://doi.org/10.55975/JHOO9851

Nipples need no special treatment unless they are causing pain or discomfort. But as a midwife, the way you teach positioning and attachment can make all the difference because nipple pain often leads to early cessation of breastfeeding.

### Introduction

Pain and damage to nipples during breastfeeding is a topic that can cause much debate and lead to early cessation of breastfeeding.

In 1969, my mother was told to prepare her nipples for breastfeeding by ‘toughening them up with a pumice stone’. Thankfully, knowledge has moved on, and we now understand that nipples almost never need to be prepared for breastfeeding.

Unfortunately, although we are no longer encouraging mothers to toughen their nipples in pregnancy, the myth that nipples need to ‘toughen up’ is still common. I speak to many parents who have been told that it is normal for nipples to be sore in the ‘early days’.

I also speak with people who have been informed that if their nipples are painful, they are ‘doing it wrong’. Neither of these statements is quite correct.

At first latch on, feeding may feel uncomfortable, but if discomfort continues, gets worse, or if the skin on the nipples becomes cracked or blistered, a referral to skilled lactation support is needed. In most cases, support with positioning the baby is all that is needed – small tweaks can have a huge impact – and sometimes, anatomical challenges such as ankyloglossia have a role to play.

If the breasts are engorged, oedema may be flattening the nipple, making it harder for the baby to achieve a deep attachment. Reverse pressure softening can push the swelling away from the front of the breast, ensuring the nipple becomes more prominent and enabling the milk to flow.

**Two solutions**

Two elements address sore nipples: remove the cause of the damage and care for the wounds in an appropriate manner.

Laid-back maternal postures to encourage baby-led breastfeeding are often the key to resolving nipple pain. Some babies may require more parent-led positions. All parents deserve to be supported to find the positions that work well for them by a skilled, qualified practitioner.

In cases where the skin on the nipple has been damaged, ensure that the birthing parent keeps their nipples clean, washing daily with a mild soap. After each feed, apply a small smear of lanolin-based cream or Vaseline to the wound to ensure moist wound healing. It is worth checking that the mother hasn't been using too much lanolin on her breast – sometimes a slippery nipple is what is causing the sub-optimal latch!

If the nipple is seriously damaged, a paraffin gauze dressing may well be helpful to prevent clothes or breast pads from sticking to the nipple.

If pumping, check that the pump flange is the correct size. The same goes for nipple shields. Ensure that nothing, such as a tight bra, is rubbing or compressing the breast or nipple.

Where no obvious cause of nipple soreness presents itself, consider allergic reactions, nipple bleb, or fungal or bacterial infections – which would require a swab to diagnose definitively. Sometimes the pain is most problematic between feeds. This may be due to vasospasms caused either by suboptimal positioning or Raynauds, which can be helped by skilled breastfeeding support, keeping the nipples warm and possibly medication.

**General breast care**

If breastfeeding is going well and nipples and breasts are comfortable, our nipples do not need any more care or attention than normal. Keeping them clean is a good idea, but not so much that the natural oil, produced by the Montgomery glands, is removed. This substance keeps the nipple and areola lubricated and has antibacterial properties.

Whether breastfeeding or not, it is a good idea for anyone who owns breasts to check their nipples and breasts regularly for changes in the skin or any lumps. If a breastfeeding or chestfeeding parent hasn't been in the habit of doing this, perhaps now is the time to start.

**Conclusion**

To sum up, nipples need no special treatment unless they are causing pain or discomfort. As a midwife, your skills in teaching positioning and attachment can make all the difference, and if this isn't your comfort zone, consider where and how you can improve your skills or know where you can signpost locally and nationally. Counsellors on phone lines are trained to be able to help with positioning and attachment, and many charities provide face-to-face support and video calls. **TPM**

**Additional resources**

1. Caring for cracks and blisters: https://thebirthhub.co.uk/2016/06/18/evil-nip-nasties-cracks-blisters
2. Is breastfeeding pain 'normal'?: https://thebirthhub.co.uk/2015/04/30/no-pain-no-gain-what-exactly-do-we-mean-by-breastfeeding-pain
3. Laid-back nursing positions: http://www.biologicalnurturing.com/index.html
4. Round up of positioning and attachment: https://www.laleche.org.uk/positioning-attachment
5. Reverse pressure softening: https://www.youtube.com/watch?v=2_RD9HNrOJ8&t=21s

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**Date Created**
1st October 2021