

# Nipple problems while breastfeeding

## Sore nipples

Sore nipples are a common problem and are considered to be caused mainly by the baby not taking the nipple into its mouth properly, often because of breast engorgement. The key point is to establish correct attachment. Any pain when the baby latches on indicates incorrect attachment. The problem is preventable with careful attention to the position of the baby at the breast and the baby's sucking technique. Other causes include a tongue tie in the baby, Candida infection and spasm of the nipple.

## How are sore nipples managed?

It is important to be as relaxed and comfortable as possible (with your back well supported) and for your baby to suck gently, so:

- Try to use the feeding position 'chest to chest, chin on breast'.
- Vary the feeding positions. (Make sure each position is correct.)
- Start feeding from the less painful side first if one nipple is very sore.
- Express some milk first to soften and lubricate the nipple. Avoid drying agents (such as methylated spirits, soap and tincture of benzoin) and moisturising creams and ointments, which may contain unwanted chemicals and germs.
- If pain occurs during attachment, break the suction immediately with a finger and try re-attaching.
- Gently break the suction with your finger before removing the baby from the breast. (*Never* pull the baby off the nipple.)
- Apply covered ice to the nipple to relieve pain.
- Keep the nipples dry by exposing the breasts to the air and/or using a hair dryer on a low setting.
- If you are wearing a bra, try a pliable nipple shield such as a Cannon shield inside the bra. Do not wear a bra at night.

## Cracked nipples

Cracked nipples are usually caused by the baby clamping on the end of the nipple rather than applying the jaw behind the whole nipple. Not drying the nipples thoroughly after each feed and wearing soggy breast pads are other contributing factors. Untreated sore nipples may progress to painful cracks.

## What are the symptoms?

At first, the crack may be so small that you cannot see it. The crack is either on the skin of the nipple or where it joins the flat, dark part of the nipple (the *areola*). A sharp pain in your nipple with sucking probably means a crack has developed. Feeding is usually very painful, and bleeding can occur.

## How are cracked nipples managed?

Cracked nipples nearly always heal when you get the baby to latch onto the breast fully and properly. It usually takes only 1 to 2 days to heal.

- Follow the same rules as for sore nipples.
- Do not feed from the affected breast—rest the nipple for 1 to 2 feeds.
- Express milk from that breast by hand.
- Feed that expressed milk to the baby.
- Start feeding gradually with short feeds.
- A sympathetic expert such as an experienced nursing mother, midwife or lactation consultant will be a great help if you are having trouble coping. They can observe and teach the correct technique.
- A pliable nipple shield may be used for a short period.
- Contact your doctor if the problem is not resolving.
- Take paracetamol just before nursing to relieve pain.

## Inverted nipples

### What is an inverted nipple?

It is a nipple that inverts or moves into the breast instead of pointing outwards when a baby tries to suck from it. When the areola is squeezed, the nipple retracts inwards.

### What is the treatment?

During pregnancy, rolling and stretching the nipple by hand can be helpful. Your partner can assist with gentle oral and manual stimulation of your breasts and nipples.

A simple treatment, which should start at the beginning of the seventh month of pregnancy, is the Hoffman technique:

1. Draw an imaginary cross on the breast with the vertical and horizontal lines crossing at the nipple.
2. Place the thumbs or the forefingers opposite each other at the edge of the areola on the imaginary horizontal line. Press in firmly and then pull the thumbs (or fingers) back and forth to stretch the areola.
3. In the vertical position, pull the thumbs or fingers upwards and downwards.

Repeat this procedure about 5 times each morning. The nipple will become erect and is then easier to grasp, so that it can be slowly and gently drawn out.

After the baby is born, try to breastfeed early while the sucking reflex is strong and your breasts are soft.

Before breastfeeding, draw the nipple out by hand or with a breast pump. Check that your baby is correctly positioned on the breast. Usually, with time, inverted nipples will be corrected by the baby's sucking.