

Sore Nipples

Breastfeeding should not hurt. Blisters, nipple cracks, and bleeding are not normal and are usually related to a baby's latch. Soreness that starts after several weeks of comfortable breastfeeding may be related to a nipple bleb or contact dermatitis.

During the first few days, pay close attention to both positioning and latch. Position yourself comfortably, use pillows as necessary to bring baby to the height of your breasts, or to support your arms. Another option is to lean back and position baby skin to skin on your chest. Once your baby latches and begins to suckle, you may feel tugging and pulling, but your baby's latch should not feel pinched or painful. See our information on **Latching Your Baby** for more guidance.

If your baby's latch does not feel as good as the last latch, break your baby's suction to remove baby from your nipple. Insert your index finger into the corner of baby's mouth, turn your finger to break the suction, and start over again. An uncomfortable latch can cause nipple soreness quickly. **Be patient.** Do not worry if you need to make several attempts to get your baby on in the first few days. It is worth it.

When your baby is finished feeding and comes off the breast, look at your nipple. It should look about the same as it did before your baby started suckling. If your nipple looks pinched, flat, or has a white ridge across it, your baby's latch may be too shallow. If your nipple is slanted like a tube of lipstick, your baby may be latching too high, or "over-shooting" the nipple. Nipple tissue does not like to be pinched and does not stand up well to the rubbing of a baby's tongue. Ideally, a baby's tongue strokes the areola or the breast, not the nipple. However, shape alone is not always a problem- as long as you are not experiencing any pain.

If your nipples are sore, or you have an open wound on your nipple:

The first step is to assess your baby's latch. It is important to latch your baby deeply, with more of the lower breast, than the upper breast, in your baby's mouth. Do not leave your baby on your breast if it hurts.

If you are unable to obtain a comfortable latch, seek help from a board-certified lactation consultant (IBCLC). Most nipple pain heals quite quickly once the cause is identified. However, some nipple pain can take a bit longer to resolve. Work with your lactation consultant so that you can figure out how to continue to feed your baby comfortably as you find a solution to your soreness.

If your lactation consultant has recommended the temporary use of a **nipple shield**, invert it slightly before applying to pull your nipple into the shield. Make sure that your baby opens wide and latches deeply, so that the nipple shield does not slide in and out of your baby's mouth.

If your nipples are sore, or you have deep wounds, and you feel you cannot put your baby to breast, you may decide to pump for a few days to allow your nipple(s) to heal. (If pumping is no more comfortable than latching OR you feel like the pump is not draining your breasts well, please see an IBCLC as soon as possible.) If pumping is comfortable and seems to be effective at removing milk, pump 8 to 12 times each 24 hours to collect enough milk to meet your baby's needs. You may finger feed your baby this milk with a syringe, or feed your baby from a bottle with a slow flow nipple. If only one nipple is sore, you may continue to nurse on the other breast. See our information on **Paced Bottle Feeding**.



After pumping or nursing, allow some breastmilk to dry on your nipples to help protect them. Try to keep your nipples warm and dry after nursing. Unless you have open wounds on your nipples you may not find it necessary to apply anything else to your nipples. There are several nipple ointments and creams on the market containing lanolin, olive oil, coconut oil and/or calendula, but there is limited research on their effectiveness and/or safety for ingestion by your baby.

Some mothers find that **hydrogel dressings** are soothing when applied to their nipples, but they should not be used with any creams or ointment. Follow the manufacturer's instructions regarding the need to rinse the dressings, or your nipples, while using them. Hydrogel dressings will last one to six days. When they are cloudy or stiff, discard them.

Open wounds or scabs on your nipples have been shown to be associated with breast infection. Because of this, it may be beneficial to apply an antibacterial ointment to your nipple wounds after every feeding until your nipple wounds are healed. We recommend polysporin or bacitracin because some mothers react to neomycin. You may wash your nipple wounds once a day with soapy water and rinse when bathing or showering.

If you find that your nipples are rubbing against, or sticking to your breast pad or bra, you may want to consider gel pads or soft breast shells designed for sore nipples. They have a large opening on the back which allows air to circulate as your nipples heal. **Medihoney gel pads** are another option to help protect and heal nipple wounds. They contain bacteria-fighting and healing properties found in honey. (Do NOT apply store-bought honey to your nipples as it may expose your baby to botulism. Medihoney is a medical-grade, irradiated honey.) Some mothers report a slight stinging sensation with Medihoney. Do not apply any other ointment to your nipples when using Medihoney pads. See our information on **Medihoney for Nipple Wounds**.

Nipple protectors made of silver are becoming very popular. We do not routinely recommend these, as they are expensive, and usually nipple heal in a few days once latch or pump issues are solved.

If your nipple crack or wound is at the base of the nipple (versus on the tip of your nipple), you may want to wear a breast shell designed for inverted nipples. This shell has a smaller opening on the back, to keep the edges of the wound apart between feedings for faster healing. Use an antibiotic ointment to keep the wound moist and help protect it from infection. **Seek help from your lactation consultant to resolve the cause of this trauma to your breast and nipples.**

Continue to work with your lactation consultant to obtain a comfortable latch for your baby. This will prevent further breakdown of your nipples. As your nipples heal, the skin tissue may look white. Nipples generally heal quite quickly if a baby is latching comfortably.

If your nipples were damaged and have healed, or the pain feels like it shoots deep into your breast after nursing or pumping, vasospasm may be the cause of your nipple pain. See our information on **Vasospasms of the Nipple** to learn more.

If you have eczema or psoriasis elsewhere on your skin, and your sore nipples are not healing, consider seeing your dermatologist for suggestions.

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