

Breast-feeding: Sore and Cracked Nipples

Sore and cracked nipples are not a normal part of breast feeding. The problem is usually caused by your baby latching onto your breast incorrectly, not by nursing too long.

Preventing sore nipples:

You can help prevent sore nipples if you assist your baby to latch on correctly:

- Position your baby on his side and “tummy-to-tummy.” His hips and legs should be tucked in close to your body.
- Support your breast with your fingers. Place four fingers beneath your breast, with your index finger behind the areola. Your thumb should be on top and behind the areola.
- Express a small amount of colostrum or breast milk onto the nipple. Your baby can smell and taste this and it will make him more eager to nurse.
- Stroke your nipple against your baby’s lower lip. This will encourage your baby to open his mouth wide and bring his tongue down. Be patient, he will open his mouth.
- Compress your breast and aim your nipple toward the roof of your baby’s mouth. Bring him very close to you to help him achieve a deep latch. He should latch onto the areola.

- Once latched, your baby’s nose should lightly touch your breast. His chin should be lifted slightly and be touching and indenting your breast.

If your baby is correctly latched:

- It won’t hurt when he is nursing.
- You won’t hear smacking or clicking noises.
- His lower and upper lips will be curled outward.
- He will be able to stop sucking and resume sucking without losing the breast.
- You should hear your baby swallow and see changes in jaw movement. You can also feel your baby swallow by placing your fingers lightly on his throat.
- Your nipple should be round when your baby lets go of it.

Other causes of sore nipples:

- Using soap and other drying agents on the nipples. Frequent washing of nipples.
- Creams, oils and lotions that irritate your nipples and areola.

- Wet nursing pads that stick to the nipple. The top skin layer might be pulled off when you remove them.
- Plugged nipple pores.
- Thrush infections in the baby or on mother's nipple. (For more information about thrush infections, ask your nurse for PI-169.)
- Bacterial infections of the nipple.
- Engorged breasts, resulting in baby latching onto the nipple instead of deeply onto the areola.
- Pulling the nipple out of your baby's mouth without first breaking suction.
- Using nipple shields that cause your baby to suck on your nipple only.
- Giving your baby bottles too soon (before 3 to 4 weeks). This may result in improper sucking at the breast.
- Using a high-pressure breast pump that puts too much suction on nipples and areola.
- Older infants may turn their heads and pull on the nipple if distracted by other activity.

Treatment for sore nipples:

For sore, cracked or bleeding nipples:

1. Be sure baby is latching onto the breast correctly.
2. Nurse baby on the less sore side first.
3. Nurse more often and for shorter time periods.
4. Do not nurse with nipple shields.

5. Express a small amount of breast milk or colostrum onto the nipple and allow to air-dry.
6. Stop using any oils, creams or lotions you have applied on the nipples. Do not use soap on the nipples. Use only water with your daily shower.
7. Air-dry your nipples when possible:
 - Leave flaps on your nursing bra down.
 - Leave your blouse open.
 - Sit out in the air or sunlight in the privacy of your backyard.
8. Use breast shells that have air holes, such as Medela breast shells.
9. Rotate positions when nursing. Use cradle, football and side-lying positions to alter pressure points.
10. Remove wet nursing pads from breasts to prevent sticking. Allow to air-dry.
11. Break suction properly before removing baby from your breast.
12. If using a breast pump, be sure to use an intermittent suction pump. Do not use a high-suction pressure pump.
13. Apply a light coating of Pure Lan or Lansinoh Ointment.
14. If you have thrush or a bacterial infection, call your health care provider for a prescription to clear it up.



If you have any questions,
call your doctor
or your baby's doctor.