

## Taking care of your nipples while breastfeeding

### For healthy comfortable nipples...

- Keep them clean and dry. If using breast pads change them frequently. White soggy looking skin can easily break down and become infected. Take care with paper pads as they can stick. Breathable and washable cotton fabric or wool are preferable. Sleeping on towels at night, to absorb any leakage, is a good option.
- Avoid using nipple creams – your areola has little bumps (Montgomery Glands) that secrete a moisturising substance and also your scent to help your baby find the breast. Expressed breast milk left to dry on nipples has moisturising, healing and infection fighting properties. If you wish to apply something to your nipples, Olive oil and Coconut oil have both been found to be of benefit.
- Avoid compression, friction or harsh stretching by...
  - ⊗ getting the best latch you can. Help your baby take a big mouthful of breast and keep your baby really close for the whole feed
  - ⊗ If using a breast pump make sure the flange is big enough so that your nipples don't rub. Don't have the suction up so high that it is making your nipples sore
  - ⊗ If needing to take your baby off the breast while still latched, always put your finger in the side of your baby's mouth to break the suction first
- Get help if...
  - ⊗ feeds are painful. Nipple tenderness in the first week is normal, but persistent pain isn't
  - ⊗ your nipples look squashed, bent or misshapen when your baby comes off the breast, or they feel like they are getting a lot of friction from your baby's tongue
  - ⊗ feeds are difficult – eg, your baby has trouble staying on and slips off, or seems to pull off in frustration, or takes a few sucks and falls asleep, or often feeds for ages (like 45mins or so)
  - ⊗ there is pain between feeds

Because...

- ⊗ often small changes to the way you hold or help your baby, can make a big difference.
- ⊗ some babies have a tight frenulum under their tongue which restricts their tongue and causes problems.
- ⊗ there are many other reasons why your baby may be having difficulty feeding, or for breastfeeding to be causing pain. A Lactation Consultant can help.

### If your nipples have become damaged...

- Keep them clean and moist – Wounds heal faster if they are kept slightly moist and free of infection.
  - ⊗ Wash once a day with soap
  - ⊗ Salty water dabbed on, or soak nipples for 5-10 mins. About ½ teaspoon salt in 1 cup of water is 'normal saline'. This is the same saltiness as your tears and won't sting.
  - ⊗ Medi-honey in the form of Manuka Honey Breast Pads are soothing, healing and inhibit infection. Make sure that the gel pad is removed from the rigid plastic disk 😊
  - ⊗ Lanolin and hydrogel pads keep wounds moist but are associated with increases in infection

### If your nipples have become infected...

- If you have pain when feeding, and a nipple is 'mucky', yellow or crusty, it could be a bacterial infection. This can progress to mastitis (breast infection) if not treated.
  - Wash your nipples 1-3 times a day with soap and water. This helps break down the biofilm barrier that bacteria create.
  - Medi-honey (Breast Pads or Gel) and Virgin Coconut Oil has been found useful in treating bacterial infections.
  - Your midwife may prescribe Pimafucort crème for your nipples. This is antibacterial, antifungal and anti-inflammatory.

- Oral antibiotics are very effective. Your Midwife or Doctor may prescribe them.
- If you have burning or shooting breast pain between breastfeeds and a red shiny scaly nipple and areola you may have a fungal infection eg thrush. Your baby may have white spots on the inside of the mouth that don't come off and/or a shiny red rash on the bottom.
  - You will need to regularly wash your hands well and sterilize items that come into contact with your nipples, your baby's mouth or bottom.
  - You will need to treat your nipples and your baby's mouth. You may need to treat your baby's bottom and your vagina. Your partner may also need treatment.
  - ✧ Medications containing Clotrimazole eg Canesten, Clocreme and Clomazol are used to treat fungal infections. (Nystatin has been found to be not very effective)
  - ✧ Medications containing Miconazole eg Daktarin and Micreme are sometimes used. Miconazole will treat both fungal and bacterial infections.
  - ✧ If these don't work your doctor may prescribe a course of Fluconazole tablets
  - If these measures are not effective, it is good to re-evaluate. Thrush can be difficult to get rid of, but other causes can be mistaken for thrush. A Lactation Consultant may be able to help.

### Tips to help reduce the pain...

- ⊗ Regular pain medication. Ibuprofen (being anti-inflammatory) is particularly good, or paracetamol
- ⊗ Wear your bra very loose
- ⊗ Positions in which gravity helps can result in less pain
- ⊗ Feeding more often may reduce your baby's sucking intensity
- ⊗ Start your baby on the least-sore breast first
- ⊗ Stimulate the milk to start flowing before baby latches
- ⊗ A nipple shield can sometimes help. It is important that the shield is put on in such a way that the nipple is drawn well into the shield before the baby latches. And this usually requires the largest size shield. Your baby still needs to have a big mouthful breast (including shield) so that your baby can get lots of milk, and so the nipple is not compressed.
- ⊗ Using Breast Compressions (giving your breasts some long slow squeezes) during the feed will help your baby get the milk. This way your baby doesn't need to suck so hard, and the feed will be finished sooner.
- ⊗ A wet cloth (or teabags) either warm or cool applied to your nipple immediately after your baby comes off can be soothing
- ⊗ Manuka Honey Pads applied after being chilled in the fridge can be soothing
- ⊗ Avoid dummy/pacifier use as these lead to shallow nipple sucking
- ⊗ If necessary rest the nipple temporarily, by expressing or pumping and feeding your baby your milk another way

Nipple Pain & Trauma <http://www.calwic.org/storage/MohrbacherNipplePainPresentation.pdf>

Does Lanolin Use Increase the Risk for Infection in Breastfeeding Women? 2014 United States Lactation Consultant Association Clinical Lactation 2014, 5(1),

<http://dx.doi.org/10.1891/2158-0782.5.1.28> <https://www.goldlactation.com/conference/presentations/122>

<http://docserver.ingentaconnect.com/deliver/connect/springer/21580782/v5n1/s5.pdf?expires=1468918668&id=88201048&titleid=75008689&acname=Guest+User&checksum=5EBEC2F202744C6F4FF07B7AAF54480E>

Protective Efficacy of Olive Oil for Sore Nipples during Nursing <http://www.jscimedcentral.com/FamilyMedicine/familymedicine-1-1021.pdf>

Application of Extra Virgin Olive Oil to Prevent Nipple Cracking in Lactating Women. <http://www.ncbi.nlm.nih.gov/pubmed/26574663>

The effect of breast milk and lanolin on sore nipples. <http://www.ncbi.nlm.nih.gov/pubmed/16127520>

Hydrogel pads <http://jhl.sagepub.com/content/14/3/205.1.extract>

Nipple Pain in Breastfeeding Mothers: Incidence, Causes and Treatments <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4626966/>

'Are there any cures for sore nipples?' <http://www.ingentaconnect.com/content/springer/clac/2013/00000004/00000003/art00003?crawler=true>

Mamaaroha talk cards

<http://www.ncbi.nlm.nih.gov/pubmed/16020410>