

Sore Nipples and Engorgement

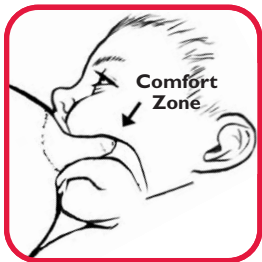
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SORE NIPPLES

Tender nipples at the start of a breastfeeding session are normal during the first week or two. But pain, cracks, blisters, and bleeding are not. Your comfort depends on where your nipple goes in the baby's mouth, and this depends on how your baby takes the breast, or latches on.

To understand this better, use your tongue or finger to feel the roof of your own mouth. Behind your teeth and the ridges, it feels hard. When your nipple is pressed against this hard area in your baby's mouth, this can cause pain and trauma.

But if you go back farther in your mouth, you'll feel where the roof turns from hard to soft. Some have nicknamed this "the comfort zone." Once



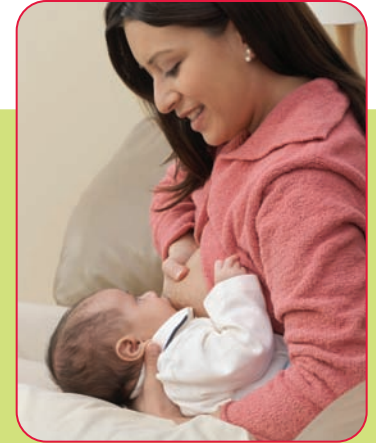
your nipple reaches your baby's comfort zone, breastfeeding feels good. There is no undue friction or pressure on your nipple.

To make this happen, start when your baby is alert and ready to feed but not upset

or crying. Hold your baby upright facing you between your breasts with your baby's skin against yours. Wait until your baby's head starts bobbing and moving. Then:

- As your baby lunges for the breast, move baby's bottom toward the other breast. Support her body, keeping her skin-to-skin with you.
- Make sure your baby's whole body is facing yours (not turned or twisted) and that she is firmly pressed against you (no gaps).
- Align her nose with your nipple.
- Let her head tilt back a bit. (Avoid pushing on the back of her head.)
- Allow her chin to touch the breast and move away.

Tender nipples and breasts can happen during the early weeks of breastfeeding. Here are some ways to increase your comfort so you can enjoy this time more.



- Repeat until your baby's mouth opens wide like a yawn and she moves onto the breast, chin first.
- As your baby takes the breast, give a gentle but firm push from behind her shoulders.

That last gentle push helps the nipple reach the comfort zone. It tends to feel better when your baby latches on off-center, so her lower jaw is as far from the nipple as it can be. This lets the nipple roll back into the comfort zone.

When you have a good latch-on:

- You feel a tugging at the breast but no pain. (In the first week or so, you may feel discomfort at first that eases quickly.)
- You may hear baby swallowing.
- Both of baby's lips are rolled out.
- You see more of the dark area around the nipple above baby's upper lip than below (off-center).
- Baby is on the breast with a wide open mouth, not a narrow mouth.

If you need to take baby off the breast, be sure to break the suction first. Gently slide a clean finger between baby's lips and gums until you feel the suction release.

Even mothers with broken skin on their nipples can heal while breastfeeding. When their nipples reach the comfort zone, there is no undue friction and pressure.

If your breasts are very full and taut, it may help to express a little milk first. It is easier for a baby to draw a soft breast back to the comfort zone than a firm, full breast.

If, after working to get a deeper latch-on, you aren't feeling better within a day or two, seek help from a board-certified lactation consultant at www.ilca.org. There are some causes of nipple pain that need other treatment.



**“YOUR COMFORT
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If you have broken skin on your nipples, products that provide a healthy moisture balance will soothe and speed healing. Mothers were once told to keep their nipples dry, but now moist wound healing is recommended. Helpful products include:

- **Ameda ComfortGel** hydrogel pads. These help provide pain relief and a healing environment. They are worn in the bra like a breast pad between feedings and/or pumpings.
- Ultra-purified lanolin, such as Lansinoh brand lanolin. For best results, apply enough lanolin after every feeding to keep nipples moist.

ENGORGEMENT

A few days after your baby's birth, your milk increases or “comes in.” Some breast fullness is normal then. But engorgement, which can happen in the first week after birth, goes beyond normal fullness. When a mother is engorged, her breasts become full, firm, hard, hot, and may even be painful.

Some think engorgement is caused by too much milk. But it is really caused by fluid build-up in the breast. If the milk is not drained often and well, extra blood, lymph, and other fluids build-up in the breast, too. Lots of IV fluids during labor can also be a factor.

To prevent engorgement:

- From birth, breastfeed at least 8-12 times a day. If the baby is not feeding well, use a hospital-grade rental breast pump to drain the breast often.
- Be sure when breastfeeding that your baby latches on deeply. (See other side.) This feels better for you and helps your baby drain the breast more fully.
- Avoid bottles and pacifiers. Keep baby at the breast for all sucking.

To treat engorgement:

- If needed, express some milk before feeding to make it easier for your baby to latch-on.
- Apply warmth to breasts right before feeding to aid milk flow.
- Breastfeed at least every 90 minutes to two hours during the day and at least every 2-3 hours at night until engorgement is gone.
- Use breast massage or compression during feedings to more fully drain your breasts.
- Let warm water run over your breasts in the shower. Leaking relieves pressure.
- If your breasts still feel full after feedings, use a breast pump to drain your breasts fully.
- Express milk to comfort between feedings.
- Apply cold—gel ice packs or bags of frozen peas, wrapped in cloth—after feedings for 10-15 minutes to reduce swelling.

You may also try applying green cabbage leaves to your breasts between feedings to help relieve pain and swelling. To do this, put a chilled cabbage leaf in your bra for 15-30 minutes, two to three times per day. Using it more often may reduce milk supply. Avoid cabbage if you are allergic to cabbage, sulfa drugs or if you develop a skin rash.

Be sure to treat engorgement before it gets painful. Severe pressure and swelling can cause breast damage. If these methods do not provide you relief, seek help right away from a doctor, board-certified lactation consultant or other knowledgeable healthcare provider.

This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.

Every baby is different, and your baby may not be average. If in doubt, contact your physician or other healthcare provider.