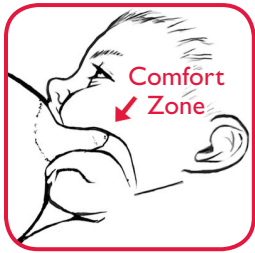


# Sore Nipples and Engorgement

## SORE NIPPLES

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

To understand this better, use your tongue to feel the roof of your mouth. Behind your teeth are ridges. Behind the ridges the roof feels hard. When your nipple is pressed against this hard area in your baby's mouth, it can hurt.



But farther back in your mouth the roof turns from hard to soft. Near this is the area some call "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, let gravity help. Lean back with good neck, shoulder, and back support and your hips forward. Lay your baby tummy down between your exposed breasts. When your calm, hungry baby feels your body against her chin, torso, legs, and feet, this triggers her inborn feeding reflexes. When her chin touches your body, her mouth opens and she begins to search for the breast. In these "laid-back positions," gravity helps the nipple reach the comfort zone.

In other positions, you need to work harder to help your baby take the breast deeply.

- With your baby's body pressed firmly against you and her nose in line 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 then move away.
- Repeat until her mouth opens really wide, like a yawn.
- As she moves onto the breast chin first, gently press your baby's shoulders from behind for a deeper latch.

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



That last gentle shove helps the nipple reach the comfort zone. Breastfeeding tends to feel better when your baby latches on off-center, so her lower jaw lands far from the nipple.

### Signs of a Deep Latch-On

- You feel a tugging at the breast but no pain. (In the first week or so, you may feel pain at first that eases quickly.)
- You 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, you aren't feeling better within a day or two, seek help from a board-certified lactation consultant. Other solutions may be needed with other causes of nipple pain.

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:

- Medical-grade, ultra-purified, USP-modified lanolin. For best results, apply enough lanolin after every feeding to keep nipples moist.
- Ameda ComfortGels hydrogel pads. These provide moist wound healing and pain relief. They are worn in the bra like a breast pad between feedings and/or pumpings.

## 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 during 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 this 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.



*"Your comfort depends on where your nipple goes in the baby's mouth."*

### To treat engorgement:

- Discuss with your healthcare provider taking ibuprofen to relieve swelling.
- If needed, express some milk before feeding to make it easier for your baby to take the breast deeply.
- Apply warmth right before feeding to aid milk flow.
- Breastfeed at least every 1.5-2 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, 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.

Try applying green cabbage leaves to your breasts between feedings to help reduce pain and swelling. To do this, put a chilled cabbage leaf in your bra for 15-30 minutes two to three times per day. Avoid cabbage if you are allergic to it 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 relief, seek help right away from a 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, if in doubt, contact your physician or other healthcare provider.*