

Prevention and Treatment of Sore Nipples



Breastfeeding is a learned art and is meant to be a comfortable, rewarding experience for you and your baby. Whereas, many women report some nipple tenderness the first few days this should disappear within one to two weeks.

- Most nipple soreness is due to incorrect latch on and or positioning. With correct positioning and / or latch on, nipple soreness will go away.
- Nipples that are cracked, bleeding, bruised or blistered are not normal and should be evaluated by a lactation consultant.
- Other causes of sore nipples include engorgement, flat or inverted nipples, removing the baby from the breast before suction is released, dry skin and improper use of a breast pump.

Treatment of Sore Nipples

- Insure that the baby is latched on well so that the nipple goes deeply into the baby's mouth. This will protect the nipple from further damage.
- Breastfeed frequently (Every 1 ½ - 3 hours for 8 - 12 feedings a day).
- Vary the nursing positions so the baby's positions on the nipple are changed.
- Breastfeed in a comfortable position.
- Use relaxation (deep) breathing or soft music to promote relaxation and "let down."
- Express colostrum or milk onto your nipples before and after feedings.
- Massage your breasts while nursing to stimulate milk flow. After feeding, air dry the nipples. Apply a pea-sized amount of an ultrapure modified lanolin by gently patting the nipples. This will also treat dry skin on the nipple and areola.
- Use breast shells with large openings if pressure from your bra or other clothing increases your discomfort.
- Continue breastfeeding to decrease engorgement.
- Call the Breastfeeding Helpline at 293-8910 if nipple soreness persists or if you have any questions.

If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: health-info@osu.edu.

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