



Sore Nipple Management

Prevention & Treatment

Breastfeeding is meant to be a comfortable, pleasant experience. Most of us have heard stories of sore nipples. You can avoid this problem most of the time. However, many new mothers still find their nipples are tender for the first few days when the baby starts nursing. This usually disappears by 1–2 weeks.

CAUTION: blisters, cracking, bleeding and/or pain that continues during or in between feedings is not normal. Check with a lactation consultant, La Leche League, or Nursing Mother's Council if you have any of these problems.

Prevention

To prevent nipple tenderness, start with correct positioning and latch on:

Cradle position:

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm.
- Make sure your baby is turned towards you chest-to-chest at breast level.
- Once baby is in correct position proceed with the following steps:



A) Support your breast with your hand in an "L" or "C" position, thumb on top of breast, fingers below, away from areola.

B) Tickle your baby's lips until he opens WIDE, then quickly pull him onto your breast. Be patient. This may take a minute.

C) Make sure your baby's lips are behind the nipple, encircling the areola.

Football/Clutch position:

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps A, B, C under Cradle position.



Cradle Position

Lying down position:

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps A, B, C under Cradle position.

Vary nursing positions for the first week.



Breastfeed frequently, every 1-1/2-3 hours. (8-12 feedings per 24 hours). Keeping your newborn baby on an artificially longer schedule may make him frantically hungry and increase the likelihood that too vigorous nursing will make your nipples tender.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.



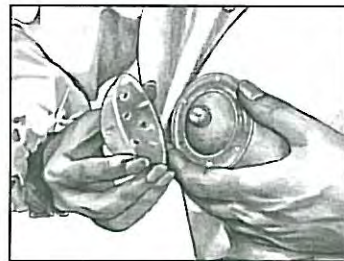
After nursing your baby, express a little breastmilk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible.

Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

Management

If your nipples become sore, try this:

1. Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
2. Limit the nursing time on the sore nipple.
3. Nurse on the least sore side first.
4. Express a little milk first to stimulate let down.
5. Massage your breasts while nursing. This helps stimulate the milk to flow.
6. Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
7. If your nipples become dry or cracked, rehydrate them with PureLan™ 100 which is safe, pure, hypoallergenic USP modified lanolin. This forms a moisture barrier so they stay dry.
8. If your breasts become engorged, try expressing a little milk first. Engorged breasts make it difficult for your baby to latch on. Expressing a little milk by hand or pump helps make the areola softer, the nipple more erect and latch-on easier.
9. Wear multiple holed breast shells for sore nipples between nursings. This allows air to circulate and protects them from further rubbing by your bra.



For more breastfeeding information, visit www.medela.com

To locate Medela Products or a breastfeeding specialist in your area, call 1-800-TELL YOU, 24 hours a day, 7 days a week.

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