

Breastfeeding - dealing with nipple problems

Nipple pain is not a normal part of breastfeeding. Your nipples may be sensitive in the first few days after birth and while breastfeeding, but sore nipples indicate a problem. If you feel pain, you should seek help immediately to avoid further nipple trauma.

If there is a small amount of blood in your breast milk because of nipple trauma, it will not harm your baby. You can continue to breastfeed unless the pain becomes unbearable.

Tips on caring for your nipples

To prevent nipple problems:

- Ensure correct positioning and attachment of your baby when feeding.
- Avoid soaps and shampoos on the nipples during showering.
- Avoid nipple ointments, powders and tinctures. They may increase nipple problems.
- Leave milk or colostrum to dry on your nipples after breastfeeding. They both contain anti-infective agents.
- Change breast pads frequently. Don't use pads that hold moisture against the skin.
- If nipple pain or nipple trauma is not improving, seek help from your doctor or other medical advisor, lactation consultant or an Australian Breastfeeding Association counsellor.

Some mothers find it more comfortable without a bra; however, large-breasted women are usually more comfortable with the support of a properly fitted maternity bra. Breast shells can be used to protect sore nipples. These are hard plastic domes with holes in them, which allow the nipples to air.

Incorrect attachment is the main cause of nipple problems

Incorrect attachment of the baby onto the breast is the most common cause of nipple pain. Slightly changing the position of the baby on the breast should help. Your midwife, lactation consultant or an Australian Breastfeeding Association breastfeeding counsellor can show you how to attach the baby properly or talk to you about baby-led attachment.

Breastfeeding with inverted nipples

If you have flat or inverted nipples, a little more patience may be needed while you and your baby learn to breastfeed. Strategies that can help include:

- Breastfeed within the first hour of birth – when the baby is alert and ready to suck.
- Use the baby-led attachment technique – immediately after the birth and in the first few days.
- Express either manually or with a pump to draw out the nipple – use a cup or spoon to feed the milk to the baby if necessary.
- Avoid the use of bottles and dummies – they can cause sucking confusion.
- Occasionally, the use of a nipple shield for breastfeeding with flat or inverted nipples is helpful – the clear silicone types are the most suitable. Once the baby is sucking well and the nipple is drawn out, the shield may be able to be removed. When using a nipple shield, the baby should still be correctly positioned and attached to the breast.

Nipple thrush

Nipple thrush (a fungal infection) may occur in the first weeks after birth, but can develop at any time. Signs and symptoms include:

- Severe, burning nipple pain for the entire breastfeed – correct attachment does not alter the pain. There may be shooting or radiating pain throughout the breast
- The nipples are a brighter pink than normal and may be shiny. They may, however, look normal
- Breast pain, which feels like red hot needles radiating from behind the nipple toward the back
- Thrush in the baby's mouth or on the buttocks.

How to tell if your baby has thrush

Oral thrush appears as white spots in your baby's mouth that cannot be wiped away. When thrush occurs around the buttocks, it causes a red rash on the skin.

Treating thrush – mother

Treatment includes:

- Antifungal ointments such as nystatin, clotrimazole and miconazole. These are applied to the nipple after each feed. Oral antifungal treatment such as fluconazole may also be used
- Airing the nipples or going without a bra
- Good hygiene – wash your hands after touching your breasts, using the toilet or changing nappies
- Vaginal antifungal pessaries, if you also have vaginal thrush. It is advisable to consult your doctor
- Washing bras and nursing pads separately from nappies and drying all of them in the sun where possible.

Some mothers find it helps to reduce sugar and yeast in their diet. See your doctor or other medical advisor if thrush persists.

Treating thrush – baby

Treatment includes:

- Nystatin liquid or miconazole for oral thrush
- Antifungal ointments for thrush around the buttocks.

Bacterial infections

Recent research has found that a bacterial infection of the nipples can be mistakenly diagnosed as nipple thrush or may be present in conjunction with thrush. Treatment with an antibacterial ointment or a combination antibacterial and antifungal ointment will often heal unresolved 'thrush'. A combination ointment may be recommended or an antibacterial such as mupirocin. An oral antibiotic can also be used.

Your doctor may send a swab of the nipples to be cultured, to identify the most appropriate antibiotic to use.

Dermatitis (skin irritation) around the nipple

Dermatitis around the nipple and areola can be caused by:

- Ointments and creams you are using on the nipples – stop using them if you develop dermatitis
- Detergents used to wash your bra, breast pads or undergarments – use pure soap, rinse well and dry in the sun
- Sensitivity to soaps or shampoo
- Reaction to the fabric of your bra or bra pads – it may be helpful to go without a bra
- Sensitivity to the moisture-absorbing gel in some disposable nursing pads.

Nipple eczema can cause considerable pain

Nipple eczema can cause considerable pain and discomfort for a few women. Eczema causes inflammation of the skin, leading to blister-like lesions that crust over. You will need referral to a skin specialist if you develop eczema. Dietary changes and a short, intensive course of cortisone cream may help.

Other causes of nipple problems

Nipple trauma can also occur when a breast pump has been used incorrectly or from failing to break the suction before removing the baby from the breast (this is done by sliding a clean finger into the corner of your baby's mouth).

Where to get help

- Your midwife
- Your doctor
- A lactation consultant – contact the Lactation Consultants of Australia and New Zealand
- An Australian Breastfeeding Association breastfeeding counsellor Tel. 1800 mum 2 mum (1800 686 2 686)
- Your maternal and child health nurse
- Maternal and Child Health Line (24 hours) Tel. 132 229
- Breastfeeding Day Clinic – many hospitals have a day stay program, which assists women with infant feeding problems. The Royal Women's Hospital Breastfeeding Education and Support Services program is open weekdays, 8.30am to 4.30pm Tel. (03) 9344 3651

Things to remember

- Incorrect attachment of the baby on the breast is the most common cause of nipple pain.
- Breastfeeding is possible if you have inverted nipples.
- Avoiding soaps and shampoos during showering will help prevent nipple dryness.

This page has been produced in consultation with, and approved by:

Australian Breastfeeding Association

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