

## Sore Nipples

Some slight nipple soreness may be normal in the first week as your body adjusts to the milk letdown. Poor positioning and latch on are the most common causes of nipple soreness.

**If you have intense pain, cracks, bleeding, or other nipple trauma, check the following:**

### The way you are holding your baby.

- Baby should be facing you – tummy to tummy.
- Baby’s mouth should line up with your nipple.
- Baby’s body should be in a straight line, his head should not be turned.
- Your arm or pillows should support all of baby. He should not be dangling.
- You should be sitting or lying in a comfortable position.
- You should support your breast throughout the feeding.

### Baby’s latch.

- Baby should have 1 – 1 ½ inches of your breast in his mouth.
- Baby’s chin should touch the breast.
- Baby’s lips should be flanged out, not tucked in.
- Baby’s tongue should cup the breast.

### Milk transfer.

- You should be able to hear baby swallow.
- You may see milk leaking from the other breast or out the sides of baby’s mouth.



### Get help from your doctor or lactation consultant if you have:

- Intense, toe-curling pain
- A burning sensation in your nipples during feedings, at the end of feedings, or between feedings.
- Soreness that does not get better.

### If you have sore nipples after the first few weeks, see your doctor or lactation consultant.

## Engorgement

Full breasts are normal during the first week as the breasts adjust to making milk. The fullness often decreases within the first two or three weeks after birth if the baby is breastfeeding often and well.

### The secret to not having over-full breasts:

- make sure baby is latched on and positioned well.
- make sure you hear baby swallowing.
- feed baby every 2-3 hours during the day with one longer 4-5 hour sleep period at night.

### If breasts become so full that your areola (dark area around nipple) is flat and taut, try:

- Expressing enough milk to soften the breast so baby can latch on.
- Different nursing positions (football hold, lying down, cross cradle hold).
- Gently massaging breasts before feeding.
- Taking a warm shower, applying a warm compress to the breast, or immersing breasts in a basin of warm water before feeding.
- Letting baby finish the first breast before offering the other breast.

- You may need to hand express or pump the second breast just long enough so that your breast feels comfortable. Start with the second breast at the next feeding.
- Fully drain the breasts once or twice using an effective breast pump. Pumping the breasts fully once or twice will not increase the amount of milk you make. It will help the milk flow so your baby can milk your breasts.
- Put cold compresses on your breasts between feedings. This helps reduce swelling and relieve pain.

**To maintain your milk supply, it is vital to drain your breasts. If baby cannot do this because he is sick, premature, or cannot breastfeed for some other reason:**

- Try using a nipple shield. A nipple shield is a thin, flexible silicone nipple with holes in the tip that is worn over the nipple. It helps baby grasp and milk the breast.
- Use an effective breast pump to remove the milk.
- Feed the baby expressed milk using a supplemental nursing system, bottle, or cup.



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