

# Breastfeeding

## Helpful Hints for Nipple Care



During pregnancy and breastfeeding, breasts and nipples change in size, shape and sensitivity. This is a normal part of making milk to feed babies.

### General Breast and Nipple Care

- Wash and dry breasts and nipples as usual when you take a bath or shower.
- If you leak some milk onto breast pads, try to change the pads when they get damp. Try to keep the breast and nipple dry so that you don't get a rash.
- Wear a soft and supportive nursing bra. Try to stay away from underwire bras if possible — the wires can sometimes block milk flow.
- After breastfeeding, leave a little expressed breast milk on the nipple and let it air dry.

### Good Latch Keeps Nipples Comfortable

In general, breastfeeding can be a little uncomfortable at first while mothers and babies are learning. Practice makes perfect! Using good positioning and latch-on is very important and will cut down on the chances of mom feeling discomfort or pain during a feeding. After about 2 weeks of breastfeeding using good positioning and latch-on, much of the discomfort should be gone.



### Use Good Latch to Prevent Sore Nipples:

- Hold baby close to you, facing the nipple. Support baby's body and head.
- When latching on, point your nipple toward the roof of the baby's mouth. Have baby take a big mouthful of nipple and breast. Baby's chin should touch the breast.
- If there is any pinching or pain when baby is on the breast, it could mean the breast is not far enough in baby's mouth. Take baby off the breast and try latching on again.
- Avoid pacifiers and baby bottles while baby is learning good breastfeeding skills.
- Let the nipple and breast air-dry after breastfeeding. Change bra or bra pads so that the nipple doesn't stay wet.
- Use a different breastfeeding hold for each feeding. This lets baby's tongue rest under a different part of the breast.

## Healing Sore Nipples

A little nipple soreness or tenderness is normal during the first few days of breastfeeding. Very painful, cracked or bleeding nipples are NOT normal.

Most lasting soreness happens when baby is not held and latched on deeply to the breast during feeding. Soreness could also be from flat or inverted nipples, overly full breasts, or thrush (yeast infection) on the nipples.

- Fix any problems with holding and latching on the baby for breastfeeding. Get help from your lactation consultant, nutritionist or nurse.
- Feed from the least sore breast first.
- Use a different breastfeeding hold for each feeding.
- Cover the sore nipple with a warm or cool wet washcloth after breastfeeding — whatever feels best.
- Gently rub some expressed breastmilk or purified lanolin onto any blisters or sores after feeds.
- If breastfeeding is too painful, pump or hand express your milk while your nipples heal. Give the milk to baby with a spoon, medicine cup, or eyedropper.

If the baby is held and latched on comfortably but the soreness doesn't go away after a couple of days, call your doctor, lactation consultant, nurse or nutritionist to get help right away! You might have a yeast infection (thrush) or other condition.



### Clutch or "Football" Hold

Good for mothers with large breasts or inverted nipples. Hold your baby at your side, lying on his/her back, with his/her head at the level of your nipple. Support baby's head with the palm of your hand at the base of his/her head.



### Cross Cradle or Transitional Hold

This is good for premature babies or babies who are having trouble latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his/her head.



### Cradle Hold

This is a commonly used position that is comfortable for most mothers.

Breastfeeding hold information taken from "An Easy Guide to Breastfeeding" by U.S. DHHS Office on Women's Health.



### Side-Lying Position

This allows mothers to rest or sleep while baby nurses. Good for mothers who have had cesarean births. Lie on your side with baby facing you. Pull baby close and guide his/her mouth to your nipple.



Breastfeeding Welcome Here

For more information on breastfeeding, talk with your Nutritionist or Nurse and the Lactation Consultant at the hospital where you had your baby.