Nipple Pain: Some Sources and Solutions. Check those that *might* apply.

Most Common

Mother

- ☐ Positioning problem
  Nipple pinched or misshapen when baby comes off, or nipple tip damaged
- ☐ Bruising, usually of areola
- ☐ Engorgement prevents baby from latching deeply
- ☐ Thrush – pink, itching, burning, sliver of glass in nipple, shooting breast pain
- ☐ Bacterial/viral infection
  Bacterial (Staph aureus, etc) – nipple may not heal completely; areola may feel bruised, as if baby is biting; cracks, oozing, or pus may be present; thrush treatment doesn't work
- ☐ Nipple vasospasms (nipple tip turns white, as if the blood has been squeezed out)
- ☐ Oversupply – baby gulps, splutters, backs off breast, pinching or clamping to control flow
- ☐ Plugged duct – feels like a hard area in breast, nipple may be tender
- ☐ Bleb (white spot on nipple like milk trapped under skin)
- ☐ Inflammation – irritated nipple that doesn't respond to specific treatments
- ☐ Poorly-fitting pump flange (try larger size especially if nipple is nickel-diameter or larger)

Baby

- ☐ Positioning problem (odd tongue placement in a well-positioned baby)
- ☐ Thrush (baby may fuss, pull away from breast, have shallow latch; tongue may be whitish)
- ☐ Frenulum – tongue or, rarely, lip.
- ☐ Unusual palate, e.g. high and narrow (often a symptom of tongue-tie)
- ☐ Short jaw or short tongue
- ☐ Clamping, biting, clenching, or strong sucking, perhaps from muscle tone variations

The great majority of the time, soreness is caused by one of the above

Less Common

Mother

- ☐ Dermatitis from creams, meds, bra pads, chlorine… (avoid irritant. Experiment on one side?)
- ☐ Nipple too big for newborn's mouth to reach the milk (grow the baby ☺)
- ☐ "Adhesed" nipple that tears open in places with suction or nursing (allow them to heal "open")
- ☐ Viral (Herpes, etc) – blister or sore on areola (treat underlying infection)
- ☐ Pregnancy or ovulation (extremely unlikely in early months)
- ☐ Referred pain (from back, for instance)
- ☐ Psychological issues (sexual abuse, etc)
- ☐ Scar tissue or damage from radiation treatments
- ☐ Nerve damage from trauma
- ☐ Fibromyalgia

Baby

- ☐ Bottle – Occasionally, introducing a bottle may cause clamping, chewing, or biting at breast
- ☐ Allergies – may cause baby to want to scratch his palate w/ his tongue or come off breast frequently
- ☐ Tongue games – baby makes odd popping sounds, for instance

This is a work in progress. I believe other sources of pain are extremely unusual. But you may have several of the above, interacting. Or you may fix one and discover another. Still, the list is not long, there are solutions to every one of these, and you'll find you can cross almost all of them off before you even start.

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Sources of nipple pain, some solutions

Positioning problem - Correct positioning. Most common problems are infant too far to the side (instead, lower lip should be as far as possible from nipple, head slightly extended) and too far away (cheek should usually be against breast, hiding mouth). Nipple should not be deformed when released from baby's mouth, though infant problem may cause this even with good position.

Engorgement - Reverse Pressure Softening, frequent nursing, cold therapy, cabbage

Thrush - be sure to treat both mother and baby

Gentian violet – once a day for 3-4 days, perhaps repeating after a day or two of rest

Lotrimin AF – also use something on baby

Diflucan – 2 weeks minimum, 100-200 mg/day (200-400 mg loading dose).

Bacterial (Staph aureus, etc)

Topical antibiotic, saline, daily soap & water in early stages; systemic treatment as needed

Nipple vasospasms

Warmth, calcium (2000 mg/day) and magnesium (1000 mg/day)

Nifedipine (30 mg/day)

Oversupply

Use 1 breast/feed, or 1 breast for up to 6 hrs, possibly longer (express for comfort as supply adjusts). Sage (the herb) used as tea once or twice a day if needed.

Plugged duct/bleb

Frequent expression, perhaps on elbows and knees, gentle massage, lancing with needle, ultrasound, warm moist compress, APNO – the list of treatments is long because so little is known. See Breastfeeding Answer Book for thoughts on prevention.

Odd tongue placement - Suck training

Frenulum - Clipping, possibly followed by suck training

Narrow or "bubble" palate (often related to tight frenulum. Check *very* carefully; may be subtle)

Asymmetrical latch or side-lying position, frenotomy

Short jaw or tongue – nursing with head extension, deep jaw placement, time

Clamping - Time, therapy, help from a breastfeeding specialist

Persistent nipple soreness for whatever reason - All-Purpose Nipple Ointment

Resources:

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