

Why Do My Breasts Hurt?

Sore Nipples and Engorgement

While breastfeeding can be a big change for a new mother, it is not normal for breastfeeding to hurt. Any pain that is experienced during the initial stages of breastfeeding can usually be attributed to one of two problems - Sore Nipples or Engorgement. Both problems can be easily improved and should not be a reason to seek out other methods of feeding your baby.

Sore Nipples

Tender and sensitive nipples are common as you begin breastfeeding your new baby. However, very sore, cracked, blistered or bleeding nipples are not normal. Usually this problem is related to the way your baby attaches or "latches-on" to your breast. It is important that your baby get a big "mouthful" of your nipple and areola (darkened area of the nipple) when latching-on to your breast. Please refer to the Ameda Answer Sheet "How Do I Hold My Baby While Breastfeeding?" for further guidance.

Here are some helpful hints:

- ♥ Vary the position you hold your baby in at each feeding. Try the cradle or cross-cradle hold one time and football hold or side-lying the next.
- ♥ Stimulate your let-down reflex before breastfeeding your baby by massaging and stimulating your breasts and nipples. Breast massage during the feeding will also help the milk flow more quickly and easily.
- ♥ Start your baby on the least sore breast. Limit the time your baby feeds on the sorest nipple.
- ♥ Use a light application of purified lanolin on your nipples. A droplet of your own breast milk massaged into your nipple and areola works well too.
- ♥ Avoid use of soaps, alcohol or other drying agents on your nipples. Water is all that is needed to clean your breasts when bathing.
- ♥ If your breasts are very full and hard (engorged), hand express a little milk or use a breast pump before your baby breastfeeds. This will make your nipples easier to grasp for your baby. Refer to the reverse side of this sheet for details on how to treat engorgement.
- ♥ Breast shells may help your sore nipples during the healing process. Shells promote the circulation of air around your nipples and keep the pressure of the bra off your nipples. Wear shells between day feedings but not during the night. Don't confuse these with nipple shields, which are only recommended for special feeding situations.
- ♥ Do not allow breast pads to "stick" to your nipples. Removing them can further injure your nipples skin. If necessary, moisten the pads to help loosen them before removing.

- ♥ Release your baby's suction before removing him from your breast. Generally, your baby will spontaneously release from your breast when he is finished feeding. However, if he is improperly positioned or needs to be removed, break the suction by gently sliding your clean finger between his lips and gums until you feel the release.
- ♥ Hydrogel dressings may be helpful if you have broken skin on your nipples. They help promote the wound healing with moisture. Check with a Board Certified Lactation Consultant to determine if these dressings are appropriate for your situation.

These measures may help you improve and resolve uncomplicated soreness. There are circumstances where sore nipples indicate a more severe problem. Please seek help from your health care provider or a Board Certified Lactation Consultant if your nipple pain does not improve quickly.

Remember to look for these important signs of good latch-on:

- ♥ The angle of your baby's lips at your breast is greater than 140 degrees.
- ♥ Most of your areola is in your baby's mouth (1" - 1½" from the base of your nipple, a bit less towards the baby's upper lip, a bit more near the baby's lower lip).
- ♥ Both upper and lower lips are flanged (rolled out).
- ♥ You feel deep pulling sensation as your baby breastfeeds. It should not be a sharp pain or last more than 30 seconds during the latch-on.
- ♥ Listen for your baby to swallow every 3 to 5 sucks after your "let-down".



Engorgement

Sometime during the first week after delivery, your milk will “come in”. This means your milk volume increases from colostrum, or early milk, to mature milk. Your body may make more milk than your baby needs during these first few weeks, and it is easy for your breasts to become over full (engorged).

To prevent engorgement:

- ♥ Breastfeed frequently, about 8-12 times per 24 hour period.
- ♥ Make sure your baby latches-on well so he will empty your breasts effectively. Refer to the Ameda Answer Sheet “How Do I Hold My Baby While Breastfeeding?” for details.
- ♥ Do not skip feedings or substitute formula feedings during the first several weeks.

For moderate engorgement:

(Breasts feel as firm as the tip of your nose)

- ♥ Apply warmth or heat before feedings to soften your breasts and encourage the let-down reflex.
- ♥ Allow warm water to run over your breasts in the shower. This often feels good and encourages your breasts to begin leaking milk.
- ♥ Try gentle breast massage. Make circular motions in small areas with your finger tips moving your hand all around your breast, then lightly stroke from your outer breast inward toward your nipple.
- ♥ Manually express some milk. Place your hand in a “C” position on your breast, fingers under your breast and thumb on top. Position your fingers about 1” to 1½” from the base of your nipple. Gently push back towards your chest, then roll your fingers towards your nipple. Repeat several times, then rotate your hand around your breast to drain all areas.

Apply cold compresses after feedings to reduce any swelling and provide comfort. You can use soft gel-like ice packs or bags of frozen peas wrapped in a lightweight towel. Apply to your breast for 10 - 20 minutes.

For extreme engorgement:

(Breasts feel as hard as your forehead)

- ♥ Apply cold compresses to your breasts, no heat. This will help reduce swelling and slow the re-filling of the breasts while providing some comfort.
- ♥ You can use a breast pump for a few minutes to remove some milk from your breasts before feedings. This will help soften and shape your nipple to make it easier for your baby to latch-on.
- ♥ If your baby doesn't empty your breasts sufficiently during feedings or only feeds on one breast, you may need to use a breast pump after feedings for a day or two.



It is important to manage severe engorgement with adequate milk expression techniques to prevent a low milk supply later in your breastfeeding experience.

Another remedy that may provide relief for severe engorgement is to apply green cabbage leaves to your breasts between feedings. Although this may sound like an unusual treatment, many women have found it effective in relieving the pain and to reduce swelling. Place a chilled cabbage leaf in your bra for 15-30 minutes, 2-3 times per day or until your breasts begin to soften. Do not use this treatment more than 2-3 times per day as it can greatly reduce your milk supply. Do not use if you are allergic to cabbage, sulfa drugs or develop a skin rash.

It is important to treat engorgement before your breasts become very full and painful. This severe pressure and swelling can signal your milk producing cells to greatly reduce your milk supply.

If, despite using these methods, you cannot obtain relief, seek help from a Board Certified Lactation Consultant or other knowledgeable health care provider.

Please remember that this is general breastfeeding information only and does not replace the advice of your health care provider. If you have a problem that you are unable to resolve quickly, seek help immediately.

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References on File.

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