

# Tips for Sore/Cracked Nipples

Nipples can become sore and cracked due to many reasons such as a shallow latch, tongue-tie or other anatomical variations, thrush, a bite, milk blister, etc. Keep in mind that one of the most important factors in healing is to correct the source of the problem.

Continue to work on correct latch and positioning, thrush treatment, etc. as you treat the symptoms, and talk to a board certified lactation consultant (IBCLC).

## *During the nursing session*

- Breastfeed from the uninjured (or less injured) side first. Baby will tend to nurse more gently on the second side offered.
- Experiment with different breastfeeding positions to determine which is most comfortable.
- If breastfeeding is too painful, it is very important to express milk from the injured side to reduce the risk of mastitis and to maintain supply. Pump on a low setting.

## *Salt water rinse after nursing*

This special type of salt water, called normal saline, has the same salt concentration as tears and should not be painful to use.

### **To make your own normal saline solution:**

Mix 1/2 teaspoon of salt in one cup (8 oz) of warm water. Make a fresh supply each day to avoid bacterial contamination.

- After breastfeeding, soak nipple(s) in a small bowl of warm saline solution for a minute or so—long enough for the saline to get onto all areas of the nipple. Avoid prolonged soaking (more than 5-10 minutes) that “super” hydrates the skin, as this can promote cracking and delay healing.
- Pat dry very gently with a soft paper towel. Viva paper towels are the softest.
- If baby objects to the taste of the residual salt from the saline rinse, rinse directly before. Pat dry gently.

### *After the salt water rinse*

- Apply expressed breastmilk to the nipples to promote healing—this can be done in addition to other treatments.
- To promote “moist wound healing” (this refers to maintaining the internal moisture of the skin, not keeping the exterior of the skin wet) apply a medical grade lanolin ointment (e.g., Lansinoh, Purelan) or a hydrogel dressing (e.g., ComfortGel, Soothies).
- If you have thrush, follow the saline soak with an antifungal ointment or other thrush treatment.
- If needed, apply Dr. Jack Newman’s All Purpose Nipple Ointment (APNO; an antibiotic/anti-inflammatory/anti-yeast combo) sparingly after each feeding. A breastfeeding specialist can prescribe this. It is not necessary to wash small amounts of APNO ointment from the nipple prior to nursing, even if baby nurses again within minutes. If too much ointment was used and there is an obvious amount remaining when baby is ready to nurse again, gently wipe the excess off with a damp cloth.

### *Between nursings*

- Keep nipples exposed to air when possible. When wearing a bra, use fresh disposable pads (change when damp). Some mothers use breast shells to protect the nipple from the dampness and friction of the bra.
- Ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) is compatible with breastfeeding.
- Once a day, use a non-antibacterial, non-perfumed soap to gently clean the wounded area, then rinse well under running water. Using soap on the nipple area is not recommended unless the skin is broken.
- Contact your health care provider if you notice: Fever, inflammation/redness, swelling, oozing, pus, or other signs of infection. It is possible to have multiple infections (both fungal and bacterial).

(Adapted Reference: [kellymom.com](http://kellymom.com))