

Do you have sore or cracked nipples?

Breastfeeding shouldn't hurt!

Breastfeeding should be an enjoyable experience for both you and your baby. One of the ways of knowing that breastfeeding is going well is that when your baby latches on to your breast, you feel just a drawing sensation and when he comes off, your nipple looks the same shape as before the feed (although it may look a little more elongated). See over for a checklist about latching on which you may have discussed with your peer supporter.

So why do I have sore or cracked nipples?

It may be that your baby is not latched on as deeply as he could be. A bigger mouthful of breast would put your nipple much further back in his mouth towards the back of his throat. This means that your nipple won't get friction from his tongue action so will stay the same shape.

However if you notice that breastfeeds are painful or that your nipple looks a funny shape after a feed eg squashed or with a flattened side, your baby may have been not taking a big enough mouthful.

What can make it better?

Spending the next few feeds encouraging your baby to take a deeper mouthful (see over).

For sore nipples (ie not cracked) - expressing a few drops of breastmilk onto your nipple and rubbing it in will encourage healing. Air drying is not recommended nowadays.

For cracked nipples (ie the skin is broken/blisters/scabs) - after rubbing in a few drops of expressed breastmilk and letting it dry, latest research suggests that you use an ointment that will give you moist wound healing (Vaseline, pure lanolin). Nipple creams will not do this. For more information on this see www.breastfeedingnetwork.org.uk (moist wound healing article).

Will using nipple shields help?

Please see the relevant information sheet.

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How quickly will my nipples heal?

Your nipple damage will heal very quickly when your baby latches on more deeply. Whilst damaged nipples are healing, for some mothers latching on may still feel painful (but that the pain should not last longer than about 10 seconds into the feed) however for many, there is instant relief when their baby latches on more deeply.

Should I rest my nipples?

Some mothers find that they prefer to "rest" their nipples from breastfeeding their baby and prefer to express their breastmilk to give to their baby (see information on cup feeding in the Information Files at your group). When you are ready, you can put your baby back to your breast. As it is important that you hand express to keep up your milk supply, please see the relevant information sheet.

But don't your nipples have to toughen up?

Some mothers find that latching on can be uncomfortable in the early days, but this latching on pain should not continue into the feed. Your nipples will very quickly get used to your baby latching on. More than a few seconds pain at the beginning of a feed may be a sign that your baby could be encouraged to latch on more deeply.

Does a bit of pain really matter? I can put up with it

GBSN can't answer that question for you. We can only say that research tells us that the more milk your baby takes, the more you will make. If your baby is not latched on as deeply as he could be, he may not take as much milk as he could so therefore your breasts potentially may not be getting the signals to make as much milk as he will need. This will lead to longer feeds and he might be unsettled and hungry. There is more information in the Information Files at your group on making more milk for your baby. See also the relevant information sheet.

Latching your baby on

We'll talk here about several different ways that many mothers find helpful. The principles are the same. The target is for you and your baby to find what suits you.

Where your baby lies (sometimes called positioning)

Find a way that you both like - as long as your baby is close and facing you, is supported by you in whatever way you are both comfortable. Having your baby's head and neck in a straight line makes it easier for your baby to latch on. He might also find it easier if his chin is not too close to his chest - a rule of thumb is to try to avoid any positions that you, as an adult, would find it difficult to drink from a glass.

How your baby latches on (sometimes called attachment)

Your baby needs to take a big mouthful of breast (your nipple is only one third of what is in his mouth). His chin will be into your breast and his nose will be out of your breast. He'll look as though he has big full cheeks and you'll see his lower jaw working. You probably won't be able to see his lips but his lower lip will be rolled back and there will be a wide angle between his lips.

What do you expect?

You feel a drawing sensation within your breast

You see that your baby's chin is indenting your breast and his nose is out
When you look at your baby's mouth on your nipple, he looks to be off-centre. You'll see more of the darker area around his top lip than his lower lip (see the centre page photo in "Off to the Best Start" leaflet, DH)

You see that your baby starts off suckling with quick little sucks to get your milk flowing, then settles into deeper rhythmic sucks with pauses every now and again

Your baby starts to relax, his fingers unfurl and sometimes his toes wriggle with pleasure

You may feel "letdowns" (tingling or warm sensations in your breast) as your milk comes through

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Your baby's suckling rhythm

You'll notice that after those quick little sucks your baby settles into a slower deeper rhythm using his lower jaw. You'll see him "suck, swallow, suck, swallow" and every now and again he'll pause before starting again. As you breast becomes softer, the milk is even more creamy so he has to change his suckling pattern to cope. He'll go "suck, suck, suck, suck, swallow" using a lighter, more fluttery suck - he's now on pudding. If you leave him there until he brings himself off then he'll get lots of breastmilk.

What you can see when things are not quite right

Your baby's nose is tucked into your breast

His lips look pursed

No change in his suckling pattern

He has hollow cheeks when he is sucking

Your baby doesn't relax and instead is fractious and uptight

Your nipple looks squashed at the end of a feed

What you can feel when things are not quite right

PAIN

You are not enjoying breastfeeding

How can you help your baby?

Hold your baby in such a way that he can make his way to your breast. The rest is up to him. Think of it this way - mothers don't breastfeed, babies do the breastfeeding! It can help a lot of babies if you line him up with his nose against your nipple.

So how does he do it?

Your baby needs to use the reflexes that he was born with - rooting, gaping and so on. He has to open his mouth wide - now he's off centre to your nipple. It looks a long way from there and the temptation can be to help him but he can tilt his head back and stretch to reach. His chin will come into your breast first, then his lower jaw will scoop up most of the breast, that is what rolls his lower lip back, then he'll put his top lip over your nipple. It will look off-centre (or asymmetrical as its called in some books). Allow him to do this by staying out of his way. For instance as he needs to be able to tilt his head back, try to leave his head free to move rather than restricting it.

This is a basic information sheet although GBSN hopes that it answers some of your questions. If you have further questions you may like to phone a Breastfeeding Counsellor. A list of their phone numbers may be found in the pink leaflet that you brought home from hospital "where to find support when breastfeeding". National Breastfeeding Helpline numbers are on the website. For convenience your baby may be referred to as "he". Written by Elizabeth Mayo, 2009.

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My baby won't/can't open his mouth - what can I do?

You'll see when he cries just how wide he can open his mouth. However you may find that if you wait until he is crying to feed him, you both get tense. On the other hand, if you watch him to see when he gives you feeding cues as he's coming out of a sleep (sniffing, licking his lips, moving his tongue around - long before he starts to actually cry), gently sliding him to your breast (without disturbing him to change his nappy) is when you may get the widest open mouth. This is because that "quiet alert state" as he rouses is when his suck and swallow is most co-ordinated.

Another good way that many mothers love and find very gentle is to snuggle down with your baby. Skin to skin is great if you can do this otherwise just take off as many clothes as possible. Then find a comfy position for both of you and give him time to see what happens. Your baby may relax and settle into a deep sleep. You wait about an hour or so when he'll start to rouse and then use his instincts to find his own way to your breast. This can be very relaxing for both of you and you don't have to worry about how you're holding your baby because often they prefer not to be held at all.

You may like to have a look at www.biologicalnurturing.com or borrow the Mandy and Matt video which is held by some groups which looks at co-bathing.

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