



Nipple pain and trauma

Patient information

Babies usually breastfeed eight to 12 times in 24 hours. Although some nipple sensitivity is common for the first few days of breastfeeding, nipple pain and discomfort are not normal.

Nipple pain is the most common reason for stopping breastfeeding earlier than you had planned.

Seeking early support and treatment for nipple pain is important to promote continued and effective breastfeeding.

What causes sore nipples

There are many causes of nipple pain and trauma. Incorrect, poor or shallow attachment are the most common.

Other causes include:

- Using the breast pump incorrectly or incorrect flange cup size
- Oral anatomy issues for the baby
- Skin conditions and infections.

Preventing sore nipples

Have your baby skin to skin as much as possible in the first few days to promote instinctual baby-led attachment and optimise your baby's early cues to feed.

You may wish to hand express to start your colostrum/milk flowing before offering the breast.

When offering the breast, ask your midwife for help with positioning and attachment.

If your breasts are engorged, it is helpful to gently hand express to soften the nipple/areola area before the breastfeed to assist your baby to attach.

If you are having difficulty attaching your baby to the breast, express your breast milk to protect your supply, and give it to your baby. Try again at the next breastfeed with support from your midwife or a lactation consultant.

Tender nipples

Offer the more comfortable nipple first.

If your nipple is uncomfortable, gently break the suction by inserting a clean finger into the side of your baby's mouth and bring your baby away from the breast, and try again.

Nipple trauma

You may continue to breastfeed if the pain improves with correcting position and attachment.

If it is still painful to breastfeed, rest and express until your nipples are healed and comfortable.

You will need to express both breasts at each feed to allow the nipples to heal, stimulate milk production and have expressed breastmilk to give your baby.

You may need to use comfort measures, such as ointments or protective cups, to aid healing. Speak to your midwife or healthcare professional for advice.

Scan the QR code for resources on hand expressing.



When your nipples are healed and comfortable, your baby can be reintroduced to the breast with guidance from your midwife or a lactation consultant.

A poorly fitting breast flange used for expressing can damage the nipple and areola skin. Ask for help fitting the correct flange size and avoid high suction when expressing.

If your nipples are not healing with resting and gentle expression, seek assistance from a lactation consultant or your GP. A nipple swab and breastmilk sample should be taken to determine if there is an infection.

Other conditions

If your baby is well positioned and attachment is good, but your nipples remain sore or damaged, you will need further investigation by your midwife, lactation consultant or health professional to see if there is another condition causing the issue. This could include eczema or dermatitis, white spot or vasospasm.

Support and follow-up

For individual lactation support, contact the Breastfeeding Centre of WA, based at King Edward Memorial Hospital, on (08) 6458 1844, or visit the [website](#).

Scan the QR code for resources on breastfeeding.



More information

For more information, contact the Australian Breastfeeding Association Breastfeeding Helpline on 1800 686 268 or visit their website www.breastfeeding.asn.au



The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.



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