



Australian
Breastfeeding
Association

Supplementary information for *Breastfeeding ... naturally*

Nipple issues, engorgement and mastitis

You can avoid many common problems by learning as much as you can about breastfeeding before your baby is born. Sometimes though, even with the best care, things can go wrong. The sooner you ask for help, the quicker the problem can be solved. Start by reading this pdf and then calling the National Breastfeeding Helpline on 1800 686 268 for more help if you need it.

When mums have tender or painful nipples or breasts, weaning is often seen as a quick fix. They may be told to stop breastfeeding, when in most cases there is another answer. Many women who wean their babies feel sad later that they missed the chance to enjoy breastfeeding. With good information and support, most breastfeeding challenges can be overcome.

Sore nipples

The most common reason for sore and damaged nipples is that the baby does not attach well to the breast. Once they learn to attach correctly, sore nipples usually improve quickly.

It can take a little while to get used to how it feels to have a healthy newborn sucking at your breast. When you first start breastfeeding, your nipples may be sensitive or tender as your baby begins each breastfeed. Many women find that it hurts as the baby first attaches, but their soreness eases as the milk begins to flow. Most say their nipples feel better after the first week or so.¹ For some, however, the nipple soreness gets worse and lasts longer.

To avoid this, check your nipples for signs of damage at the end of each feed. Sometimes when your baby comes off the breast, the nipple may look flattened and white. Or you may see a line of swelling and redness across the nipple, or a small stripe of blood under the skin. This suggests that your baby's sucking is putting stress on your nipple because they are not attaching well. If this happens, ask for help straight away. A skilled midwife, lactation consultant or ABA breastfeeding counsellor can watch you feed and suggest ways to improve your baby's attachment.

If you have sore nipples:

- **Feed frequently.** Offer the breast as your baby is just waking. Don't wait for them to cry. If they are calm when they come to the breast, it will be easier to attach them and they will suck more gently. Also don't change their nappy as soon as they wake. Wait until halfway through the feed or when they are finished.
- **Take time to relax and get comfortable before a feed.** Try to trigger your let-down reflex before you put your baby to the breast. Breathe slowly and deeply and relax your whole body. Gently stroke your breast or express a little milk. If pain makes it hard to relax, ask your doctor about suitable pain relief.
- **Soften a very full breast** using reverse pressure softening.² See page 10. Another way is to hand express a little milk to soften the areola and get the milk flowing.
- **Make sure your baby attaches well.** Baby-led attachment may help.³ If you are attaching them, remember to move your baby to your breast rather than leaning forward to put your nipple into their mouth. Once they are attached well and the milk starts flowing, any pain usually disappears. If it doesn't, check their attachment. Without taking them off, gently move your baby so that their chin presses further into the breast. Hugging the lower half of your baby's body closer to yours can help them take a larger

mouthful of breast. If that doesn't help, insert a clean little finger into the corner of your baby's mouth. Break the suction and take them off the breast. Wait for your baby to open their mouth wide and then try again to attach them.

- **Think about your baby's position at the breast.** See if changing your feeding position makes a difference or use baby-led attachment for a few feeds. If you are sitting to feed, a pillow on your lap may help bring your baby level with your breasts. Do not raise your baby's body too high. Their nose should be level with your nipple, so that you are not lifting your breast towards them. While your baby is small, extra pillows may help support them. Your nipple will stay in their mouth more easily and they are less likely to pull back and stretch it.
- **Start the feed from the less sore side.** Switch to the sore side after your milk has let down. This should be less painful. Starting each feed on the same side for a few days should not be a problem if neither breast becomes overfull. You may need to vary the length of time your baby feeds from each side, or gently express if one side still feels full after a feed.
- **If you need to take your baby off your breast, break the suction first.** This will stop them pulling on and hurting your nipple. If they don't let go by themselves, insert your clean finger into the corner of their mouth, between their gums.
- **Take care of your nipples.** Avoid using rough towels or drying soaps on your nipples. Make sure your bras fit well and avoid breast pads that



hold moisture against the skin. If you need to use a nipple shield in the short term, seek help from an ABA breastfeeding counsellor or lactation consultant. If you have to express, make sure your breast pump fits well and is comfortable to use.

- **Smear some breastmilk over your nipples after each feed.** Express a few drops at the end of the feed and spread it over your nipple. Let it dry for a few minutes before doing up your bra. Research shows that breastmilk is at least as good as common nipple creams for soothing sore nipples and may even be better.¹
- **Use a warm-water compress** after a feed to soothe sore nipples.⁴ To do this, place a face washer in warm water, wring out and place over your nipple for a few minutes. Then pat dry.

Sore nipples can also happen as your baby grows older:

- Heavy breasts can make it hard for your baby to keep the nipple in their mouth. They may suck harder to avoid losing it or they may not stay attached well. You can tuck a rolled hand towel or face washer underneath your breast, to help support the weight.
- Heavy babies held loosely on the lap may drag on the nipples. As our babies grow bigger, we tend to take less care in getting them on and off the breast. Check your baby's positioning and attachment.
- Older babies may turn and twist at the breast without letting go, stretching the nipple. Feed somewhere quiet to avoid distractions.
- Babies who fall asleep at the breast sometimes bite down if they feel the nipple slipping out. You can gently insert a finger in the corner of their mouth, between the gums, to break the suction and slide your nipple out.
- Teething babies sometimes bite to relieve their sore gums. Give your baby something hard and cold to chew on before a feed. Some mums feel that changes to their babies' saliva during teething can irritate their nipples. Try rinsing the nipple area with a little water after each feed.

Other causes of sore nipples:

- **Dermatitis, eczema or other skin problems** may be a reaction to a nipple treatment or to soaps, shampoos, or traces of detergent or fabric softener in clothing. Stop using any products you think could be causing your sore

nipples. Wash bras and reusable breast pads with a product designed for sensitive skin and rinse well. If the soreness does not get better after a day or two, consult your doctor.

- **White spot.** A white spot about the size of a pin head or a little larger may appear on the nipple. It may also be called a blocked nipple pore, a bleb or a milk blister. Sometimes the pain makes it difficult to breastfeed. There is more information on white spot on page 8.
- **Hormones.** Hormone changes can cause nipple soreness. Many breastfeeding women say that their nipples are tender just before their period or around the time they ovulate. This usually only lasts for a day or so. If you become pregnant while you are breastfeeding, your nipples can be sore.
- **Infection.** If you get sore nipples when your baby is older and has learned to feed well, and you are not pregnant, there may be an infection. Seek advice from your doctor.
- **Nipple vasospasm** causes sharp pain, burning or stinging in the nipple. At the same time the nipple goes white, then changes from red to blue. It is often worse if the nipples are cold. Nipple vasospasm can occur when poor attachment or an infection causes stress or damage to the nipple. Keeping the breasts warm and using warm compresses after a feed can prevent or reduce the pain. If you suspect that you may have nipple vasospasm, seek medical advice, or contact an ABA breastfeeding counsellor, lactation consultant or child health nurse for further support and information.
- **Tongue-tie.** A baby with a tongue-tie can't draw the nipple far enough back in their mouth to attach well. The nipple gets squashed and damaged, causing pain.

Once you have removed the cause, sore and damaged nipples usually improve quickly.

It may take a few days for them to heal fully. If they don't, or if they keep hurting throughout the feed, check your baby's positioning again or look for another cause. It may be worth asking your doctor to check whether you have an infection on your nipples.

Cracked nipples

If sore nipples don't improve quickly, there may be cracks in the nipple skin. At times, you can see the crack on the nipple itself or where it joins the areola, but they are sometimes very fine and hard to see. Breastfeeding with a cracked nipple is often very painful.

If the crack opens up and bleeds during breastfeeds, you may see blood in your baby's vomit or poo. If you are expressing, your expressed breastmilk may look pink or have streaks of blood. This won't harm your baby. It is quite safe to keep breastfeeding or feeding them your expressed breastmilk while you fix the reason for your nipples cracking.

Cracked nipples are usually the result of incorrect positioning and attachment. Baby-led attachment may help. Other possible causes are:

- infection or dermatitis
- incorrect use of breast pumps
- tongue-tie.

If you are concerned, check with your doctor or a lactation consultant. It is important to treat the cause of the cracks as well as the cracks themselves, or they are likely to happen again. Once you have removed the cause, healing can begin.

First aid for cracked nipples

The ideas for sore nipples listed earlier are also useful for cracked nipples. There are also some extra things you can do:

- Try to find the cause.
- Keep the nipples clean and dry to help prevent infection.
- If it is too painful to feed from the sore nipple, stop feeding from that breast for 12 to 24 hours. This will rest the nipple and allow healing to begin. Express by hand or with a breast pump to maintain your milk supply. Feed the expressed breastmilk to your baby using a small cup.
- Take it slowly when you start to breastfeed again from the sore nipple.

Give short feeds and offer the less sore side first. Take special care with positioning and attachment. After feeds, check your nipple for further damage or for healing. It is normal for scabs to become white and moist during a feed.

- See your doctor if you need pain relief or suspect a medical cause.
- Short term use of a nipple shield helps some mums. If you think you want to try this, seek expert help from an ABA breastfeeding counsellor or a lactation consultant. Nipple shields should fit well. There should be space inside the cone part of the shield that your nipple will fill when your baby sucks.
- Contact an ABA breastfeeding counsellor, your child health nurse, midwife or lactation consultant for further help. See your doctor if healing is slow.



Nipple infection

Like any part of the body, nipples can sometimes become infected. Many bacteria, viruses and fungi are found on the skin of healthy people. They don't usually cause issues, but they can sometimes cause nipple infections. This is more likely if the nipple skin is broken.

Signs of nipple infection can include redness, shiny areas, or flaking. Sometimes there are no outward signs, but the nipples are extremely sensitive (especially to light touch) or painful. Itching, shooting or burning pain, and/or deep pain or throbbing within the breast may occur with a nipple infection. It often begins during the breastfeed and continues for some time afterwards.

If you are worried you may have an infection, see your doctor for diagnosis and treatment.⁵ Your doctor will also check for other conditions, such as dermatitis and eczema, which may have similar symptoms.

Breastfeeding can usually continue while a nipple infection is treated. However, if you are diagnosed with a Herpes infection you should avoid feeding your

baby on the affected breast (or feeding them expressed breastmilk from that breast) until the blisters/sores have healed.⁵ Herpes can be very serious for a young baby.

White spot

If you feel sharp pain during a feed, take a close look at your nipple afterwards. A white spot is about the size of a pinhead or a little larger. It may be white, light yellow or pink in colour. The skin around the white spot may be red and inflamed. It occurs when the nipple opening becomes swollen and closes. This stops the milk flowing.



A white spot can appear at any stage of breastfeeding and may come and go. It may also be combined with localised breast inflammation and mastitis. A white spot usually feels sore throughout a feed and it can make it hard to breastfeed.

If you see a white spot on your nipple but it is not causing any pain or issues with breastfeeding, you do not need to do anything to treat it. It may just go away in time.

If your baby is breastfeeding well, they may clear a white spot during a feed. Sometimes soaking your nipple in warm water or putting a food-safe oil (such as coconut or olive oil) on it will soften the white spot and help the milk to flow again. Gently wipe the oil away before you breastfeed your baby.

There is more information about white spot at breastfeeding.asn.au >Resources >White spot

Engorgement

Very full, heavy breasts are common in the first days after a baby is born. The breasts can feel full and become larger as the milk supply rapidly increases.

For some mums, this early increase in milk, as well as other fluids in the breast,

can cause the breasts to become inflamed and feel hard, swollen and tender. The milk will not flow well. The nipples may be stretched and flattened and it can be hard for the baby to attach to the breast. This is known as engorgement.

Engorgement is less likely to happen if you keep your baby close, day and night, and breastfeed them often.

If you need to express, only express as much breastmilk as your baby needs. This will help your supply to match their needs.

Preventing engorgement

- **Breastfeed your baby frequently.** Feeding often is the best way to stop your breasts from getting engorged. It also eases any engorgement that does happen. Many babies feed at least 3-hourly (including during the night).⁶ Don't make your baby wait for a breastfeed, or feed to a schedule. Pick them up and feed them as soon as you see them stirring. If you notice your breasts starting to become tight, you can offer them a feed sooner. Wake your baby for a feed if your breasts start to feel full and uncomfortable.
- **Let your baby set the length of each feed.** Don't cut short their sucking time.
- **Avoid giving other fluids.** Your baby doesn't need top-ups of formula or water unless advised by a doctor for a medical reason.

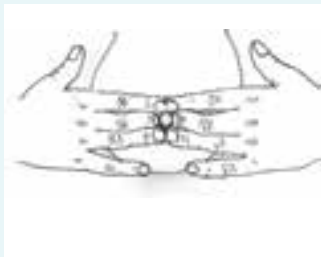
Managing engorgement

If your breasts do become engorged, reducing the swelling will help your baby to attach and encourage the milk to flow.

- **Take your bra off completely before starting to breastfeed.** Babies feed better if they can get to the breast easily and have lots of skin-to-skin contact. If your breasts are very full, feeding without a bra may be more comfortable. When wearing a bra, make sure it supports your breasts and is not too tight. You shouldn't see marks from seams or edges.
- **Help the milk to flow.** Put something warm on your breast for a few minutes before feeds or gently stroke your breast towards the nipple. These can help your milk let down.

- **Express a little before feeds** if your baby has trouble attaching and staying on. If your breasts are too full and tight, your nipple may not stand out well. Hand expressing will soften the area around the nipple. This may make it easier for your baby to attach.
- **Reverse pressure softening²** can also be used before you feed or express, to soften engorged breasts. It works best when you are lying on your back.

When the breast tissue around your nipple and areola is softer, your baby can draw your nipple well into their mouth. This will make breastfeeding more comfortable. Reverse pressure softening may also trigger your let-down reflex and help your milk flow.



2-handed, 1-step method

With fingernails short and fingertips curved, push in with each one touching the side of the nipple. Hold for 1 to 3 minutes or more.



2-handed, 2-step method

Use two or three straight fingers on each side, first knuckles touching the nipple. Push in and hold for 1 to 3 minutes or more. Repeat above and below the nipple.



1-handed, 'flower hold'

With fingernails short and fingers curved, push in around the nipple in a circle. Hold for 1 to 3 minutes or more. A hand mirror may help you see your areola more easily.

Based on work by K. Jean Cotterman RNC IBCLC, illustrations by Kyle Cotterman

- **Use cool packs after a feed** to reduce the inflammation.
- **If needed, hand express** for comfort after feeds.
- **Common anti-inflammatory or pain relief medications can be helpful.** Talk to your midwife or doctor about your options.

Very full breasts after the early weeks

In the first weeks after your baby's birth your supply will adjust to match their needs. How long this takes varies. If your breasts still feel very full after 6 to 8 weeks, you may have an oversupply.

You can also get symptoms similar to engorgement when your baby is older, if one or both breasts become very full. This may happen if:

- your baby starts going longer between feeds or feeds for less time
- your baby sleeps through the night
- you need to be away from your baby at a feed time and don't express
- they are sick and not feeding as often or as well as usual
- you wean quickly.

Breastfeeding your baby is the best way to relieve this fullness. If you can't do this, express your milk by hand or with a breast pump. Some of the tips for managing engorgement may also be helpful.

If you are trying to wean your baby, remember that taking milk from the breast causes more milk to be made. Therefore, express only enough for comfort. If you express more than that, your breasts will just keep on making milk. You can avoid over-full breasts during weaning if you cut down the number of breastfeeds slowly.

Localised breast inflammation

The ducts (which carry milk from the glands in the breast to the nipple) or the tissue around them can become inflamed. If this happens, you may notice a lumpy or swollen area on your breast, or it may feel sore or look red. You may feel pain when your milk lets down and it may not flow well.

A part of the breast can become inflamed for many reasons and at any time during breastfeeding. This can happen:

- when a baby is not removing milk well
- when a mum is making more breastmilk than her baby needs,
- when going too long between breastfeeds
- if feeds are rushed
- if there is pressure on the breast from tight clothing.

Start treatment straight away to keep the milk flowing and reduce the inflammation. It is then less likely to progress to mastitis.

Treating localised breast inflammation

- **Continue to breastfeed your baby as often as they need.** Make sure to position and attach them well. If your baby is not breastfeeding well, you may also need to express.
- **Start each feed on alternate breasts.** This ensures the other breast doesn't become too full.
- **Make your breasts more comfortable.** Loosen your bra or better still, take it off during feeds (or even between feeds if it helps).
- **Encourage your let-down reflex.** Apply warmth to the affected breast just before a feed. You could use a face washer wrung out in very warm water or a heat pack. Take care not to burn yourself. Gently stroking the breast towards the nipple can also trigger your let-down reflex.
- **Hand express** after a feed if your breast still feels very full.
- **Use cool packs** between feeds to relieve pain and reduce inflammation.
- **Rest as much as possible.** Continue to eat well and drink to your thirst.

It can take a few days for the inflammation to go away. Be gentle with your breast and continue these steps until it feels better. If your breast becomes sore, red or painful again, give some more thought to the way you are breastfeeding or expressing. A chat with an ABA breastfeeding counsellor or lactation consultant may help you to work out if you need to make any changes.

Mastitis

Mastitis can develop if localised breast inflammation is not treated straight away. It is a more severe form of inflammation of the breast. If a mum has mastitis, she will usually have a sore, firm or red area on the breast as well as fever, chills and other flu-like symptoms. There may or may not be an infection present.

What causes mastitis?

The causes of mastitis are not well understood. However, a number of factors make it more likely to occur. These include:⁷⁻¹¹

- localised breast inflammation that is not treated quickly
- a baby who is not positioned and attached well
- missing feeds, infrequent feeds, scheduling feeds or restricting the length of feeds
- sore or damaged nipples (usually because of poor attachment)
- making more milk than your baby needs
- rapid weaning
- any injury to a breast, or previous breast surgery
- a mum who is sick, very tired or stressed
- pressure on the breast, most often from a poorly fitting bra, tight clothing or, for some, simply wearing a bra to bed. Car seatbelts or sleeping on your tummy may also cause problems.



Prevention is better than cure

As with most breastfeeding problems, prevention is better than cure. Get to know your breasts so you can spot early signs of inflammation before it progresses to mastitis.

- Make sure your baby is well positioned at every breastfeed so they can remove milk well.
- Don't restrict the number or length of breastfeeds.
- Only express after a feed if your baby hasn't fed well and your breasts still feel very full.
- Check your breasts each day for signs of lumps, redness or nipple damage. Follow the tips for localised breast inflammation on page 12 as soon as you notice any changes.
- Get as much rest as you can, particularly in the first 3 months after your baby's birth.

If you do have mastitis, the first rule is: *Keep breastfeeding*. Your sore breast will not become overfull and you will keep up your supply. Even when an infection is present, it is safe to continue breastfeeding your baby.¹¹ Your breastmilk has immune factors that protect them. Your pain will get worse if you stop breastfeeding.

Start treatment as soon as you notice any signs or symptoms of mastitis. Early treatment will help you to feel less unwell and get better faster. To reduce the inflammation in your breast and keep the milk moving:

- **Continue to breastfeed your baby.** Letting the milk bank up in your breast will make the condition much worse. Feed your baby as often as they need. Begin each feed on alternate breasts. Make sure your baby is positioned and attached well so they can remove milk easily. If your baby is not breastfeeding well, you may need to express too.
- **Help the milk to flow.** If the flow from your sore breast is slower, your baby may fuss. Using warmth on the sore breast for a few minutes before you feed can feel good and helps the milk flow. You can also gently stroke the breast towards the nipple before a feed. Loosen your bra or take it off and hold your baby skin-to-skin. If the sore breast is so painful that it affects your let-down, start with the other breast and swap sides as soon as your milk begins to flow. If your breast still feels full after a feed, hand express until it feels more comfortable.

- **Treat inflammation.** Cold reduces pain and swelling. Use covered cool packs on the affected breast between feeds. You can soak and freeze breast pads or nappies to make your own cool packs. Common anti-inflammatory or pain relief medications can also help. Ask your doctor or pharmacist about the best option.
- **Rest and recover.** If you can, rest in bed with your baby close to you so you don't have to get up often. Have everything you might need at hand, including water, healthy snacks and nappies. If you have older children as well, it may be easier to stay close to where they are, but lie down as much as you can, or rest with your feet up.
- **Seek medical help.** If you try all these strategies for 12 to 24 hours and you do not improve, see your doctor. You should also see your doctor if you are feeling very unwell, even if it has only been a few hours. If you need antibiotics, there are options that are safe when breastfeeding. Your doctor may also suggest a painkiller to help with the pain and also reduce the inflammation.

Breast abscess

A breast abscess is a build-up of pus in the breast. This can happen when a breast infection is not treated well. It can also happen when a mum weans suddenly when she has breast inflammation or mastitis.

If you have mastitis that is not getting better, it is vital to see your doctor. A breast abscess is often very painful. If you have a breast abscess, you will need to have the infected fluid drained. Your doctor is likely to also recommend antibiotics and rest.

This does not mean the end of breastfeeding. While you are treated by your doctors (you may need to see a specialist), it's important that you continue to breastfeed from the affected breast. If the abscess is so close to the nipple that your baby can't attach on that side, you will need to express your milk. Ask your doctor how best to manage any leakage of milk from your wound when your milk lets down.

If you need to take antibiotics, finish the full course to make sure the abscess heals fully.

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