

GUIDANCE SHEET 5B (CHALLENGES): SORE, PAINFUL AND/OR CRACKED NIPPLES

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on management of sore, painful and/or cracked nipples is part of a series of guidance sheets designed to help you provide care remotely.

THE MOTHER HAS SORE, PAINFUL AND/OR CRACKED NIPPLES

- Sore, painful and/or cracked nipples are signs of ineffective positioning and attachment of the baby at the breast. Therefore, revisiting [positioning and attachment](#) are the top priorities.
- Other causes include restricted tongue movement in the baby (tongue tie) or infection of the breast, e.g. thrush.

PREPARING FOR THE CONVERSATION

- Plan a mutually agreed appointment with the mother and consider using video so that you can watch a feed and see the mother and baby
- Refer to [Guidance Sheet 1](#) before you start
- Be aware that parents may be feeling vulnerable and frightened because of Covid-19, so sensitivity and active listening are important
- Take the parent's worries seriously as they can often sense when something is wrong.

USEFUL RESOURCES

- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Unicef UK support for parents overcoming breastfeeding problems](#)
- Knitted breast and doll (if video call)

DURING THE CALL

Introduce yourself and confirm consent for the call

- Ask the mother to describe her feeding journey so far. If her breastfeeds are pain-free after about 15-20 seconds, reassure her that this can be normal but continuous pain is not
- Ask the mother if her nipples are red, sore, cracked or bleeding as this is usually a sign of ineffective attachment
- Carry out a full feeding assessment with the mother using the correct [breastfeeding assessment tool](#).
- If possible, watch a feed on video (her partner may be able to hold the camera).

Suggest strategies to help attach the baby at the breast and heal the wound, if appropriate

- Guide the mother to adjust her baby's position and ensure she is not holding the baby's head (see CHIN principles)
- Suggest massaging the breast gently and/or hand expressing a little milk to shorten the time between the baby latching on and the milk beginning to flow
- Suggest feeding from the least painful breast first
- If applicable, suggest using a different breastfeeding position (laid back, under arm or lying down)
- Discuss pain relief for symptoms and ensure the mother understands the importance of keeping milk flowing by breastfeeding/expressing as this will help prevent complications.

CHIN PRINCIPLES

- **C**lose: keep baby close so he can scoop the breast into his mouth
- **H**ead free: baby will tilt his head back to allow his chin to lead as he comes onto the breast
- **I**n line: align baby's head and body
- **N**ose to nipple: this is the starting point for effective attachment.

If nipples are cracked or bleeding

- After the feed, suggest expressing a little breastmilk onto the nipple and letting it dry to aid healing
- If the mother does not want to breastfeed on the sore/cracked nipple, support her to hand express from that breast to keep milk flowing and aid healing. Return to breastfeeding when she feels able.

- Cracked nipples may benefit from a moisturiser such as white soft paraffin or purified lanolin to prevent scabbing and enable [moist wound healing](#). There is no need to wash it off before feeding (*Note: moisturisers will not prevent sore/cracked nipples and should only be used to aid healing*)
- Plan a follow up call in 12-24 hours to assess if the strategies are working. If there is no improvement by the follow up call, refer to an infant feeding specialist as it may require an in-person consultation.

CLOSING THE CONVERSATION

- Ensure the mother knows she can carry on breastfeeding
- Ask the mother how she feels and if there is anything else she would like to know
- Offer to send her a summary of the conversation (including links to resources) and plan of care by email/text
- Inform her of what happens next
- Record the conversation and make a referral as appropriate in line with trust guidance.

IF THE MOTHER HAS COVID-19

1. Review with parents how to take precautions to limit the spread of [Covid-19](#) to the baby:
 - Wash hands thoroughly before and after contact with the baby
 - Routinely clean and disinfect any surfaces touched
 - Clean any infant feeding equipment, including breast pumps, in hot, soapy water and sterilise thoroughly before and after use
 - Practice respiratory hygiene, e.g. avoid coughing/sneezing on baby during feeding and wear a face mask or suitable alternative if available.
2. If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
3. If a baby is being bottle fed with formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use
4. If the mother is too unwell to breastfeed/express, she may be supported to when well enough. Consider using donor milk if available or applicable.