

# Nipple Compression Pain

## Could I Have Nipple Compression Pain?

Women with nipple compression pain have a sharp nipple pain as the baby latches on. Then the pain decreases after a few minutes of nursing. Towards the end of the feeding, the pain can increase and feel like a bite with each suck.

## What is Nipple Compression?

Most mothers do not experience any problems or pain when they start nursing. For mothers who have more susceptible nipples or whose babies nurse in a particular way, there is pain for the first few weeks of breastfeeding due to the baby squeezing the nipple.

When babies latch onto the breast, they take the nipple deep into their mouths and hold it there with suction. When they suck, they raise and lower the tongue, squeezing the areola and nipple against the top of the mouth. For some mothers, this will cause the nipple to fold or tent. You can check for this by looking at the nipple after nursing. If the nipple is pointed or lipstick shaped instead of being shaped like a cylinder, your nipple is being significantly compressed. Touch the top of the fold. If it is tender, your pain is at least partly due to the baby folding your nipple.

## How Can I Fix It?

Ensure that baby takes as much of the breast into his/her mouth as possible. Some mothers have found that pointing the nipple towards the roof of the mouth can decrease pain.

Position changes: We recommend that you change your nursing position each feed. In that way, a different part of the nipple will be squeezed at each feed. Change between the cradle hold, which compresses the nipple in a north-south direction, and the football or lying-down position, which compresses the nipple in an east-west direction. Once baby comes off, have a look at the nipple crease. The crease should change direction with different positions.



If later in the feed you feel that the baby is biting you with each suck, you can also change positions during the feed. If the nipple has a line across it, massage out this line with your finger before re-latching the baby. If you change position during the feeding, make sure that the baby is healthy and gaining well as some babies who are not gaining well can be sleepy and might not be able to latch on again.

**Sandwich technique:** Babies will vary the amount of vacuum they apply to the areola and nipple based on how hard they need to suck to stay latched. The firmer the areola, the harder they suck. By squeezing the breast, the areola is made less firm. This is done by grabbing the breast with the index finger and thumb pads about an inch behind the edge of the areola and pressing firmly. Try and push the breast skin toward the nipple a little to try and further soften the areola. This is called the sandwich technique to remind you that the direction of the squeeze must make the breast fit more easily into the baby's mouth. Squeezing the wrong direction will make the pain worse. If you are using the proper technique, thumb is close to the nose.

Hold the breast in this position until the baby is settled in well. If you want to try letting go, do so very slowly. If the pain increases, you will need to hold on for longer, even through the whole feed.

The occasional mother will develop plugged ducts with this. After baby has fed, feel the breasts for any tender lumps. If there are any, you will need to push the milk out of the breasts using your fingers and some oil. Push towards the nipple, slowly and firmly. The oil will help you slide over the plugs.

You will not always need to hold your breast during feeding. Once you are not having any compression pain, you can stop using the sandwich technique.

Different mothers respond to different approaches. Don't be afraid to experiment and see which positions and latching techniques are best at decreasing pain.



### **Can it Cause any Other Problems?**

Yes. Some mothers don't just have itching and pain, they have actual damage along the line. These can be scabs, blisters, areas of dead skin, cracks or ulcers. If there is just a little damage, in addition to changing positions we cover the wound with modified lanolin (Pure-lan TM, Lansinoh TM). If the damage is deeper, we will add a non-stick dressing called Telfa TM. The wound might also be infected. For these mothers we add oral antibiotics such as cephalexin.

### **Will This Get Better?**

Yes, mothers with these types of problems do extremely well. We will work with you until you are pain and damage free.