

Treatment Tips: Nipple Cracks or Abrasions

The following suggestions can be helpful if the skin of the nipple is broken, cracked or abraded due to improper latch, thrush, a bite, or other problem.

One of the most important factors in healing is to correct the *source* of the problem.

As you use the following tips to treat the symptoms, continue to work on correcting the cause of the problem. Contact your board certified lactation consultant (IBCLC) and/or La Leche League Leader if your symptoms are not improving.

During each breastfeeding session

- Breastfeed from the uninjured (or less injured) side first. Baby will generally nurse more gently on the second side offered.
- The initial latch-on tends to hurt the worst--a brief application of ice right before latching can help to numb the nipple.
- Experiment with different breastfeeding positions to determine which is most comfortable.
- If breastfeeding is too painful, it is very important to express milk from the injured side to reduce the risk of mastitis and to maintain supply. If pumping is too painful, try hand expression.

After breastfeeding

Salt water rinse

This special type of salt water, called *normal saline*, has the same salt concentration as tears and should not be painful to use.

To make your own normal saline solution:

Mix 1/2 teaspoon of salt in one cup (8 oz) of warm water. Make a fresh supply each day to avoid bacterial contamination. You may also buy individual-use packets of sterile saline solution.

- After breastfeeding, soak nipple(s) in a small bowl of warm saline solution for a minute or so--long enough for the saline to get onto all areas of the nipple. Alternately, put the saline solution into a squeeze bottle and squirt it on gently; use plenty of saline, making sure to get it on all areas of broken skin.
- Avoid prolonged soaking (more than 5-10 minutes) that "super" hydrates the skin, as this can promote cracking and delay healing.
- Pat dry very gently with a soft paper towel.
- If baby objects to the taste of the residual salt from the saline rinse, rinse directly before nursing by dipping nipple(s) into a bowl of plain water. Pat dry gently.

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After the salt water rinse

- Apply expressed breastmilk to the nipples to promote healing--this can be done in addition to other treatments.
- To promote "moist wound healing" (this refers to maintaining the *internal* moisture of the skin, *not* keeping the exterior of the skin wet) apply a medical grade lanolin ointment (e.g., Lansinoh, Purelan), soft paraffin/vaseline or a hydrogel dressing (e.g., ComfortGel, Soothies).
- If you have thrush, follow the saline soak with an antifungal ointment or other thrush treatment.
- If needed, apply an antibiotic ointment (e.g. Bactroban/mupirocin, Polysporin) or Dr. Jack Newman's All Purpose Nipple Ointment (APNO; an antibiotic/anti-inflammatory/anti-yeast combo) sparingly after each feeding.
- It is not necessary to wash small amounts of antibiotic or APNO ointment from the nipple prior to nursing, even if baby nurses again within minutes. If too much ointment was used and there is an obvious amount remaining when baby is ready to nurse again, gently wipe the excess off with a damp cloth.

Between breastfeeding sessions

- Keep nipples exposed to air when possible. When wearing a bra, use fresh disposable pads (change when damp). Some mothers use breast shells to protect the nipple from the dampness and friction of the bra.
- If there is a specific injury (a bite, for example), cold compresses may help: use an ice pack over a layer of cloth; 20 minutes on, 20 minutes off; repeat as needed.
- Ibuprofen (Advil, Motrin) and acetaminophen (Tylenol) are compatible with breastfeeding.
- Once a day, use a non-antibacterial, non-perfumed soap to gently clean the wounded area, then rinse well under running water. Using soap on the nipple area is *not* recommended unless the skin is broken.

Contact your health care provider if you notice:

Fever, inflammation/redness, swelling, oozing, pus, or other signs of infection. It is possible to have multiple infections (both fungal and bacterial).

If the nipple is obviously infected, then talk to your health care provider about the possibility of using an oral (systemic) antibiotic. One study indicated that topical antibiotics and good breastfeeding techniques might not be sufficient if infection is present.