



CLINICAL PRACTICE GUIDELINE

Nipple Trauma

This document should be read in conjunction with the [Disclaimer](#)

Aim

Nipple trauma should be recognised and managed appropriately to ensure maintenance of breastfeeding.

Key Points

1. Correct positioning and attachment minimises the risk of nipple trauma.
2. Any nipple trauma shall be recorded on variance sheet 'MR 261.11 Nipple Pain / Trauma'.
3. If pain free attachment cannot be achieved prior to discharge, a follow up appointment at the Breastfeeding Centre must be offered to the mother for assessment of the mother and baby once the nipples are healed.
4. During breastfeeding nipple pain is not normal and indicates tissue damage is occurring.
5. Other causative factors for nipple trauma include high arched palate, ankyloglossia, torticollis and tight temporomandibular joint^{1,2,3}.
6. Breast milk is a natural bacteriostatic lubricant. A little breast milk allowed to dry on the nipple can help prevent nipple soreness and promote rapid healing.⁴

Tender Nipples

- It is common to experience an increase in nipple sensitivity in the first few days postpartum.
- If sucking is painful, the baby must be detached, by breaking suction before removing baby from the breast.
- If the nipple is misshapen, this indicates ineffective latch
- Review positioning and reattach to achieve a deeper latch
- The flow of milk can be stimulated by expressing a little before the baby is put to the breast.
- Check the baby's orofacial features for a possible cause of the trauma.¹ See [Clinical Guideline Tongue Tie \(ankyloglossia\)](#).
- Careful supervision at each feed is required with the mother who has a tender nipple. Record on MR 261.11 Nipple Pain / Trauma sheet.

Damaged (Grazed or Cracked) Nipples

- Commence the variance sheet 'MR 261.11 Nipple Pain / Trauma'.
- Mothers can continue to feed if attachment can be corrected and pain subsides.
- **If the mother is hepatitis C positive, she must express and discard the milk until the nipple is healed. See [Hepatitis C and Breastfeeding information sheet](#)**
- If despite optimal positioning, it is still painful for the mother to feed, gently express using an electric pump and feed this milk to the baby. Gentle suction by electric breast pump on low pressure is often more comfortable than hand expressing.
- If expression is painful ensure the correct sized expressing shield is used.
- Generally the damaged nipple is rested until healed, then the baby should be reintroduced to the breast under supervision, checking the nipples before and after each feed.
- If the nipples are not healing with resting or appear to be inflamed and feel sore despite healing a milk specimen and a swab should be taken for MC&S as there may be infection present.⁵

Discharge Planning

- As per MR 261.11
- Complete the variance sheet and give to the mother.
- Ensure a follow up appointment the Breastfeeding Centre is given to the mother if required

References

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4. Dennis, C. L., Jackson, K. , Watson, L. Interventions for treating painful nipples among breastfeeding women. Cochrane Systematic Review, 2014
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