



## **Sore nipples and positioning and attachment at the breast**

There can be lots of reasons for nipples to be sore or damaged during breastfeeding including:

- Issues with positioning and attachment
- Tongue-tie
- Palate shape
- Bacterial or fungal infection
- Jaw tension or neck strain in the baby related to birthing.
- Raynaud's phenomenon
- Skin conditions
- Skin allergies
- Psychological issues

During our consultation we will explore all these possibilities but by far the most common cause of nipple pain and damage relates to issues with positioning and attachment. Even where other factors, such as an infection or tongue-tie are present, improving positioning and attachment can reduce nipple pain and damage so this is the place we always start.

There are lots of different positions and latching techniques that be tried:

- Laid back positions.
- Koala hold (sometimes also called the saddle hold)
- Cradle hold
- Cross cradle hold
- Side lying
- Underarm (rugby) hold

This video [Positions for Breastfeeding - Global Health Media Project](#) shows different positions and the key principles of positioning which are:

- Hold baby in close.
- Support baby securely with her head and body in a line
- Allow her head to tilt back.
- Wait for the wide gape and move baby onto the breast.

**Issues with positioning and attachment can also contribute to slow weight gain, wind and reflux so improving positioning and attachment is not only relevant in addressing nipple pain and damage. It is also a key factor in other breastfeeding difficulties.**



## **Laid back positioning.**

This position is often the most comfortable. A study by [Milinco, et al \(2018\)](#) showed that these positions can reduce the numbers of mothers experiencing nipple pain and damage by 58%. In these positions you recline back to an angle of between 15-65 degrees and baby lays on his tummy on your body. This has a calming effect on baby and provides positional stability so he can focus on feeding. In this position feeding reflexes are triggered in the baby and he will latch himself to the breast. These positions also slow down flow allowing baby to manage flow better.

These positions eliminate muscle fatigue and strain in you as baby's weight is supported by your body, rather than in your arms. Babies fed in this position are more relaxed and this means the jaw is more relaxed so latch will be deeper and more comfortable.

The links below show you how to do laid back positions:

[Natural Breastfeeding - Love to Love Breastfeeding](#)

[Biological Nurturing sample scenario](#)

[Attaching Your Baby at the Breast - Global Health Media Project](#)

## **Koala Hold**

This position can be helpful in managing painful, damage nipples as again it allows baby to self-attach and provides good stability. It can also help with flow regulation. Some babies, especially in the early days when supply is increasing or where mum has an abundant supply, will gulp and choke and will clamp down on the nipple in an attempt to slow the flow down. In this position the baby is upright with her head tilted well back, opening up the throat for ease of swallowing and will reduce stress in thew baby and tension in the jaw. This is a particularly good position for babies with wind and reflux as upright positions will assist with baby bringing wind up and keeping milk down.

The video here shows the Koala hold [Improving Latch By Improving Positioning: Koala Position \(Part 5 of 7\) - YouTube](#)

## **Cradle hold/ cross cradle hold**

These holds are commonly taught and useful for public breastfeeding but often work better once you and your baby have had some practice on the laid-back positions. However, for some babies who are struggling to latch due to physical issues such as tongue-tie the cross-cradle hold can be really helpful as you can give baby some assistance. Points to remember are to have baby tucked in close against your body. Make sure she is lying on her side facing you, so her neck is straight and not twisted. Ensure baby's head is laid across your forearm and not trapped in the crook of your elbow as this will prevent her from tilting her head



back. Ensure baby's chin is pushed well into the breast once latch by tucking her in to you and moving her round slightly towards her feet.

## **Under arm (rugby hold)**

This position can be helpful if you have large breasts, have had a section or are feeding twins or tandem feeding.

## **Side lying**

This is a really good position for getting some rest whilst feeding and is a safe positioning to use if you are bed sharing or at risk of falling asleep whilst feeding. It provides good stability and relaxation for the baby. Makes sure that baby is on his side facing the breast and move baby down towards your knees, so his nose is opposite the nipple and he has to tilt his head back and look slightly up towards the nipple to ensure he gets a good latch.

This link has information and images on the cradle/cross cradle, underarm and side lying holds [Positioning | La Leche League International \(lila.org\)](#)

## **Latching techniques**

**Breast shaping/sandwich or burger hold** – This is a really helpful technique for babies who do not open their mouths wide or struggle to maintain the latch and keep slipping off.

See link [Breast Shaping | Mammae - Carol Smyth IBCLC](#)

**Exaggerate latch/flipple/nipple flick technique** – This technique is helpful on achieving a deep latch. and works well for babies with a high arched palate (often associated with a tongue-tie).

See link [How to get a better latch! The exaggerated latch or "flipple" breastfeeding technique... | The Milk Meg](#)

These techniques can be combined and used together.