



Frederick A. Lauppe Jr., M.D.
Sandra A. Hollenberg, M.D.
Pramila Agrawal, M.D.
Carrie Knoll, M.D.
James Warren, M.D.

Appointments (909) 629-5067 • Bookkeeping (909) 620-1935 • Fax (909) 865-7688

Breastfeeding Techniques That Work

Yes, we now believe nipple soreness can be prevented. Research shows that limiting baby's feeding time as you begin breastfeeding also doesn't prevent nipple soreness and may even delay it. What causes soreness? Over the years it has been noticed that mothers who had sore nipples hold their babies and their breasts differently than woman who do not get sore nipples. The following will explain this in detail so you can do it too.

The milk is made in the lobules (alveoli) or structures like "bunches of grapes", deep in the breast. Each "grape" is a milk-making factory. When the milk is "let-down", it travels out of the "grape" (lobule) and down the stem (or ducts) and collects in the pools (or sinuses) under the darker area (or areola) behind the nipple. The baby's gums press only on the nipple since this would cause pain and result in less milk for the baby. If baby's mouth is opened wide and baby is pulled close to mother's body, his gums will be placed behind the nipple properly.

When the breast is properly in the baby's mouth, the gums compress the Areola Behind the nipple, which has stretched to the back of the mouth. This pressing of the Gums moves the milk toward the nipple as the back of the tongue moves the nipple up against the roof of the mouth to press the milk out further. The front part of the tongue goes forward over the lower gums toward the lips, cups at the tip and moves backward like a wave. This action helps to massage more milk out of the breast, holds the breast in the mouth, and lengthens the breast and nipple deeply to the back of the mouth. The lips slightly press on the breast to hold it. Notice that the nipple is not in a position to be hurt by the gums.

The baby uses his whole mouth differently when he sucks a bottle. The gums don't have to compress the nipple much because the milk pours out of the large holes. The action of gravity, due to the bottle being held upward and the cheek suction, further assists the flow. The back of the tongue can't push up on the stiffer bottle nipple as it does the breast. The front part of the tongue doesn't need to move out and in to milk the bottle but instead usually thrusts upward toward the upper gum. The lips are relaxed and not needed to hold the bottle because it is held for the baby. Learning to suck two different ways is confusing. The baby may begin to prefer the bottle because he doesn't have to work as hard. Giving the bottle nipple may result in baby refusing the breast. The following instructions will teach you how to hold baby when nursing.

Lay the baby in your arms so that baby's body lies entirely on his side. Baby's face, chest, belly, and knees should all be facing you. Baby's head should be at the bend of your arm by your elbow and baby's lower or pinned arm should be around your waist. Hold on to baby's bottom or upper leg with the hand that holds the baby. See how baby's mouth is right near the areola for him to find.

Hold your breast so the fingers are not touching the Areola where you want the baby's mouth to go. Slide all your fingers under the breast to lift and support it for your baby. Using only the thumb on top works best because if all the fingers are well under the breast, they give the best support and have the best chance of staying off the areola.

Move your breast around so the nipple lightly tickles the baby's lower lip. The nipple should barely touch the lip and not "mash" the lip or the baby won't recognize the signal to open his mouth. Be careful not to touch the upper lip. Be patient and tickle for a long time and he will open his mouth.

After a few seconds or minutes of lower lip tickling, the baby will open wide. Wait and keep tickling until the mouth does open very wide. Otherwise, when you pull baby close the gums won't go past the nipple and press behind it. A wide mouth, as in a yawn, is more the response you need. Crying with the mouth wide open may not always result in suckling unless the lower lip is tickled first. Center the nipple quickly.

Pull the baby close to you so that the tip of his nose eventually touches your breast. Make sure baby's bottom is pulled in just as close so his knees touch your abdomen, this will help keep the airway clear. If the baby is truly on his side with his knees touching your abdomen, he will be able to breath out of his nose no matter how close he is.

If it looks like baby's nose is blocked, pull baby's bottom toward you, or lift up with the fingers supporting the breast. See how he can breathe down the sides of his nose? Try not to press down with your down with your thumb to clear the airway since this may pop the nipple out of the mouth.