than discontinuing the cream, the mother may need to ask her doctor about the possibility of substituting another brand of nystatin cream.

Sore nipples sometimes occur in the mother of an older baby or toddler. Ask the mother if she has any idea why she may be sore. It could be that her child has begun nursing in unusual positions that stretch her nipple. If the mother thinks this may be the cause, suggest she encourage her child to find nursing positions that are more comfortable for her.

 Occasionally, an older baby or toddler will go through a period when he suddenly nurses much more often than usual, which may contribute to nipple soreness. There may be many possible causes for increased nursing: illness, a major transition, such as moving, or the beginning of a new stage of development, such as walking. If increased nursing seems to be the cause of the mother’s soreness, review with her the basics of good latch-on and positioning. No matter what the baby’s age, good latch-on and positioning will contribute to more comfortable breastfeeding. Also see the previous point on eczema if a mother of an older baby or toddler suddenly develops sore nipples. It may be a reaction to food particles left in the child’s mouth when he nurses.

Whenever the mother of an older baby suddenly develops sore nipples, be sure to discuss the possibility of thrush. (See the section, “Thrush,” later in this chapter.)

**TREATMENT OF SORE, CRACKED, OR BLEEDING NIPPLES**

Breastfeeding is not supposed to hurt. If the mother has sore, cracked, or bleeding nipples, the first step is to find the cause.

Go through the above section and help the mother determine the cause of her soreness, beginning with positioning and latch-on, which is the most common cause of nipple problems, especially in the first weeks of nursing.

Once the cause has been found, if possible, help the mother correct the problem to stop the trauma to her nipples. Some minor adjustment of positioning and latch-on may be all that is needed or the mother may need to work with her baby if an improper suck is the cause. For thrush or other skin problems, the mother will need to consider other treatments and contact her (and/or her baby’s) health care provider. If pregnancy is causing the mother’s soreness, explain that there are no easy solutions and discuss the management suggestions in the previous section.

Most cases of sore, cracked, or bleeding nipples are due to poor positioning or latch-on. Assure the mother that if the baby is latched-on well—so that the nipple goes deeply into the baby’s mouth—this will protect the nipple from further damage. Then discuss the following comfort measures that will encourage healing. Suggest the mother:

- Hand-express some milk before a feeding to stimulate the let-down reflex before putting the baby to breast, or if just one nipple is sore, begin to nurse on the least sore side until the let-down occurs, then switch the baby gently to the affected breast, paying careful attention to good positioning and latch-on;
- Talk to her doctor about taking an analgesic that is compatible with breastfeeding.

Mothers of older babies and toddlers sometimes develop sore nipples due to increased nursing or unusual nursing positions that stretch the nipple.