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Experience of breastfeeding mother's in treating cracked nipples

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Abstract

Background: Nipple trauma is one of the most common problems experienced by mothers during the early breastfeeding period and is a major cause of discomfort and pain during breastfeeding. This condition not only affects physical well-being but also influences maternal emotional status, self-confidence, and motivation to continue breastfeeding. If not managed appropriately, nipple trauma may lead to early cessation of breastfeeding and hinder the achievement of exclusive breastfeeding programs. Although various treatment methods have been recommended, mothers' choices and the effectiveness of these methods are strongly influenced by their experiences, perceptions, and the support they receive.

Purpose: To explore in depth breastfeeding mothers' experiences in managing nipple trauma, including their perceptions of its causes, selected care strategies, barriers encountered during the care process, and the role of social and professional support.

Method: A qualitative study with a descriptive phenomenological approach was conducted. Five breastfeeding mothers who experienced nipple trauma within the past year were recruited using purposive sampling. Data were collected through semi-structured in-depth interviews conducted between September and November 2025. Data analysis was performed using Colaizzi's method through systematic and detailed stages.

Results: Mothers perceived nipple trauma as a condition that caused both physical pain and emotional burden. The main contributing factors included improper latch-on technique, maternal fatigue, and changes in nipple skin condition. Mothers applied various care methods; however, they frequently faced limited and inconsistent information. Support from family members and health professionals played a crucial role in maintaining breastfeeding continuity.

Conclusion: Mothers' experiences in managing nipple trauma represent a complex process influenced by the interaction of physical, psychological, and social factors. Practical, evidence-based, and easily accessible breastfeeding education, along with early professional support, is essential to prevent nipple trauma and support the success of exclusive breastfeeding.

Keywords: Breastfeeding; Maternal Experience; Nipple Trauma; Qualitative Study.

INTRODUCTION

Breastfeeding is a biological process that provides optimal benefits for the health of both mother and baby. However, in practice, various challenges often arise and can hinder successful breastfeeding. One of the most frequently reported problems is sore nipples, which are wounds in the nipple area that

trigger pain during breastfeeding. This condition is generally associated with improper attachment techniques, inappropriate breastfeeding positions, and excess moisture in the breast area. The resulting pain and discomfort often lead mothers to reduce the frequency of breastfeeding or even stop

breastfeeding early, thus impacting the achievement of exclusive breastfeeding (Dewi, Nirwana, Setiyowati, & Mularsih, 2025). The prevalence of sore nipples is relatively high, especially in the first two weeks postpartum. Studies show that nipple trauma is experienced by more than 50% of mothers in the first week of breastfeeding and is a leading cause of premature cessation of breastfeeding (Amir, Crawford, Cullinane, & Grzeskowiak, 2024). In addition to causing pain, sore nipples can also reduce maternal satisfaction with breastfeeding and increase the risk of complications such as mastitis (World Health Organization, 1993). One of the main causes is the lack of areola entering the baby's mouth, thus increasing friction and trauma to the nipple tissue (Rohmah, Sulastri, & Syamsiah, 2024).

Many preventive measures have been implemented, including breastfeeding technique education for pregnant women in their third trimester. Research shows that this education can improve mothers' knowledge of proper breastfeeding techniques and reduce the risk of sore nipples (Lestari, Fatimah, Ayuningrum, Herawati, & Afifaturohmah, 2022). Various methods have also been used to treat sore nipples, ranging from expressed breast milk and lanolin ointment to traditional therapies such as coconut oil and betel leaves. However, the effectiveness of each method is greatly influenced by the breastfeeding mother's perception, experience, and access to information (Nuraini, 2021). A recent systematic review showed that peppermint water is more effective than breast milk in preventing cracked nipples, even better than lanolin or placebo (Kalhor, Yazdkhasti, Simbar, Hajian, Kiani, Khorsandi, & Jafari, 2025).

Mothers' knowledge about treating sore nipples comes from various sources, including healthcare professionals, family members, and digital media. Unfortunately, not all of this information is based on scientific evidence or appropriate to the local cultural context. Mothers' perceptions of breastfeeding pain are strongly influenced by social support and their understanding of proper breastfeeding techniques (Bourdillon, McCausland, & Jones, 2020). A qualitative approach is needed to explore mothers' subjective experiences, as these dimensions cannot be fully captured through quantitative research (Creswell & Poth, 2018). Preliminary interviews in the

Cileunyi Kulon sub-district revealed a variety of strategies mothers use to treat sore nipples, ranging from breastfeeding technique education, the use of expressed breast milk, ointments, and traditional therapies such as warm betel leaf compresses. Some mothers choose to discontinue use of one breast to allow time for recovery. This variation in practices highlights the need for a deeper understanding of breastfeeding mothers' real-life experiences in managing sore nipples.

RESEARCH METHOD

This study employed a qualitative design with a descriptive phenomenological approach to explore in-depth the subjective experiences of breastfeeding mothers in caring for sore nipples. A descriptive phenomenological approach was chosen because it allows researchers to understand the meaning of everyday experiences as directly experienced by participants without excessive theoretical interpretation (Polit & Beck, 2021). The study has obtained ethical approval from the Health Research Ethics Committee (KEPK) of Bhakti Kencana University under number: 317/09.KEPK/UBK/XII/2025. Participant selection was carried out using purposive sampling, a technique for determining informants based on considerations of their characteristics that match the research objectives (Creswell & Poth, 2018). A total of five breastfeeding mothers participated. This number is considered adequate for a phenomenological study that emphasizes depth of information to achieve data saturation (Guest et al., 2020).

Inclusion criteria included: breastfeeding mothers who had experienced sore nipples in the past year, were direct breastfeeding mothers, were able to communicate verbally, and were willing to participate in the study by signing an informed consent. The study was conducted in the work area of the Independent Midwife Practice (BPM) in Cileunyi Kulon Village, Bandung Regency. Data collection took place from September to November 2025. Data Collection: Data were obtained through in-depth interviews using a semi-structured guide. Questions covered triggers for sore nipples, pain experiences, care strategies, barriers encountered, and support received. Interviews lasted 30–45 minutes and were

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audio-recorded with the participants' permission. The researcher also took field notes regarding non-verbal expressions, the interview situation, and the environmental context as supporting data. Analysis was conducted using the Colaizzi Method (1978), which consists of seven stages: reading the entire transcript repeatedly, identifying significant statements, formulating meanings, grouping meanings into themes, compiling a comprehensive description, developing the essential structure of the phenomenon, and conducting member checking to validate the results.

RESEARCH RESULTS

This study involved five breastfeeding mothers who had experienced sore nipples in the past year. Participants were aged 23–34 years, including one primiparous mother and four multiparous mothers. All participants were direct breast-feeders and resided within the Independent Midwife Practice (BPM) work area in Cileunyi Kulon Village. Interviews were conducted between September and November 2025, lasting 35–60 minutes per participant. Data were analyzed using the Colaizzi method. Data analysis was conducted using a thematic approach after transcription, coding, categorization, and theme identification. The analysis yielded five themes, each with subthemes, describing mothers' physical and emotional experiences and coping strategies for dealing with sore nipples. The following presents the research findings based on these themes.

Theme 1: Mothers' Understanding of the Causes of Sore Nipples Breastfeeding mothers understood that unstable breastfeeding positions, especially when tired or rushed, are a cause of sore nipples. Another factor identified by mothers was the sensitivity of nipple skin in the early postpartum period, making it more susceptible to irritation and injury. Overall, mothers recognized that the causes of sore nipples are multifactorial, encompassing mechanical (breastfeeding technique), physiological (skin sensitivity), and psychological (fatigue, stress) aspects. **Theme 2: Experience of Pain and Emotional Impact** Mothers perceived sore nipples as not only physically painful but also disruptive to emotional stability. All participants described the pain with intense words such as "stabbing," "throbbing," and "biting." The persistent pain caused mothers to

experience stress, guilt, and hesitation about continuing breastfeeding. The resulting emotional impact also affected the mother-infant relationship. Some mothers reduced the duration of breastfeeding or delayed breastfeeding sessions due to intense pain, leading to concerns that the baby was not getting enough milk..

Theme 3: Sore Nipple Treatment Strategies When dealing with sore nipples, mothers use various treatment strategies chosen based on personal experience, family advice, or recommendations from healthcare professionals. Most mothers begin with self-care by applying expressed breast milk, allowing the nipples to dry naturally, and avoiding rubbing the sore area. Some mothers try coconut oil and lanolin as alternative treatments. This is driven by the belief that natural ingredients are safer and more readily available. Mothers only seek professional help when the pain and sore nipples become unbearable. After receiving latching correction from a midwife, most mothers experience significant improvement.

Theme 4: Information Barriers and Care Challenges The lack of lactation counselors in health facilities also makes it difficult for mothers to obtain accurate guidance. As a result, many mothers rely on the internet or peer groups, which don't always provide accurate information. Furthermore, myth-based advice such as the use of betel leaves or coconut oil is still common. This challenge leaves mothers confused and often leads to switching treatment methods without clear guidance. **Theme 5: The Role of Social Support and Health Professionals** Social support has been shown to be an important factor in maintaining mothers' motivation to continue breastfeeding. Husbands play a role in providing emotional support and helping with household chores so mothers can rest. Family support, especially from their birth mother or in-laws, also provides emotional support, although it doesn't always provide accurate information. Health professionals play a crucial role in providing proper education on breastfeeding techniques and treating sore nipples. Mothers feel more confident after receiving direct guidance from midwives or lactation counselors.

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DISCUSSION

This discussion comprehensively describes the experiences of breastfeeding mothers in treating sore nipples. The main focus of the discussion includes the causes of sore nipples, the meaning of pain for mothers, management strategies, barriers to the treatment process, and the influence of social support and healthcare providers on breastfeeding continuity. The results of this study illustrate that mothers' experiences with sore nipples are significantly influenced by their physical and emotional well-being, as well as the quality of support they receive. Sore nipples not only emerge as a technical problem in breastfeeding, but also develop into an experience that impacts breastfeeding comfort, confidence, and continuity. These findings align with global evidence that nipple trauma is a major cause of declining exclusive breastfeeding practices (McClellan, Kent, & Geddes, 2020).

Mothers' Understanding of the Causes of Sore Nipples In this study, most mothers attributed sore nipples to improper positioning and latch-on. Mothers described how the painful sensation occurred when the baby only suckled the tip of the nipple without fully engaging the areola. This finding is consistent with the WHO (2020) report, which emphasized that incorrect breastfeeding technique is a major cause of nipple trauma in the early weeks. In addition to technical factors, mothers also mentioned physiological changes in the nipple skin and physical conditions such as fatigue. This condition was previously explained by other studies that found that postpartum fatigue affects the mother's ability to achieve optimal attachment, increasing the risk of irritation and microtrauma (Douglas, Perrella, & Geddes, 2022). Local research also showed similar findings, finding that mothers who lack understanding of breastfeeding techniques are 2–3 times more likely to experience sore nipples. Thus, the causes of sore nipples are multifactorial, encompassing interacting technical, biological, and psychological aspects. This emphasizes the importance of comprehensive and ongoing education for mothers from pregnancy (Rizqiyah, Lestari, & Handayani, 2022).

Pain Experience and Its Impact on Mothers' Emotions Mothers describe the pain from sore nipples as "stabbing," "throbbing," or even "biting," especially at the beginning of breastfeeding sessions. This

experience not only disrupts comfort but also impacts emotional stability. Mothers feel anxious, afraid to breastfeed, and even doubt whether their babies are getting enough breast milk. These findings align with research by Ambarwati and Sari (2021), which reported that nipple pain is significantly correlated with increased postpartum stress. Globally, breastfeeding pain has also been shown to be a predictor of premature cessation of exclusive breastfeeding (Douglas et al., 2022). From a psychological perspective, feelings of guilt and fear that the baby is not getting enough nutrition are common among mothers. This aligns with the findings of Geddes and colleagues that chronic pain during breastfeeding can disrupt mother-infant bonding and decrease breastfeeding motivation. Thus, treating sore nipples not only focuses on physical healing, but also managing the emotional aspects so that mothers remain confident (McClellan et al., 2020).

Treatment Strategies and Treatment Method Selection The mothers in this study tried various treatment methods, ranging from applying breast milk and using lanolin to natural ingredients such as coconut oil. This practice aligns with previous findings that breast milk has antibacterial properties and accelerates the healing of superficial wounds (Jackson & Dennis, 2017). Some mothers choose to use natural oils, which aligns with other research showing that peppermint water is effective in preventing nipple thrush (Massahi, Kiani, Sharafi, Omer, Ebrahimzadeh, Jaafari, & Parnoon, 2023). Other research also supports evidence that breast milk compresses are a safe, inexpensive, and easy-to-implement treatment. However, inconsistent information often presents a barrier. Mothers report receiving a wide range of advice from family, the internet, and healthcare professionals, but not all of it is relevant or evidence-based (Sharma and Smith (2020). These findings align with strong evidence that professional interventions improve breastfeeding success (Wouk, Tully, & Labbok, 2017).

Information Barriers and Challenges in Care This study shows that information barriers are a central aspect of mothers' experiences. Many mothers receive advice, such as compresses with betel leaves or certain oils, that are not medically recommended. This situation aligns with WHO (2020) findings that

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one of the biggest challenges in breastfeeding practices is the many myths that persist in society. Limited access to trained lactation counselors is also a barrier. Many mothers rely more on online information, although not all platforms provide evidence-based materials. This reinforces the findings of that misinformation about breastfeeding techniques is a major factor in triggering nipple trauma and other breastfeeding difficulties (Douglas et al., 2022). These findings indicate that standardized, evidence-based, and easy-to-understand education is urgently needed to improve mothers' ability to properly care for sore nipples from the outset.

The Role of Social Support and Health Workers Social support from family, especially husbands, has emerged as an important protective factor for successful breastfeeding. Mothers who receive emotional support are more able to cope with pain and are less likely to decide to stop breastfeeding. These findings align with previous research that found that partner support prolongs breastfeeding duration and reduces the risk of premature cessation (Wouk et al., 2017). In the Indonesian context, extended family support also plays a role, although it sometimes includes traditional information that is not always accurate (Kurniasari, 2024). Therefore, the role of health workers is crucial in providing clear, practical, and evidence-based guidance. Lactation counselors and midwives play a crucial role in helping mothers improve breastfeeding techniques, understand wound care, and maintain breastfeeding motivation. Emphasizes that quality lactation counseling is a key component of a successful exclusive breastfeeding program (World Health Organization, 2009).

CONCLUSION

This study shows that mothers' experiences with sore nipples are multidimensional, influenced by physical factors such as poor attachment techniques and changes in nipple skin, as well as psychological and social factors such as fatigue, anxiety, and environmental support. The resulting pain not only disrupts comfort but also has the potential to reduce breastfeeding continuity and mother-infant bonding. The various care strategies mothers use are often confused by inconsistent information and limited access to trained healthcare professionals. Support

from husbands, families, and healthcare professionals has proven crucial in helping mothers persist with breastfeeding. These findings emphasize the need for a holistic approach to managing sore nipples through practical, evidence-based lactation education delivered from pregnancy through breastfeeding, thereby increasing the effectiveness of care and the success of exclusive breastfeeding in the community.

SUGGESTION

Future research is recommended to involve more participants from diverse backgrounds to gain a broader picture of mothers' experiences. A mixed methods approach could be considered to strengthen the findings, particularly by adding quantitative data on pain levels or breastfeeding success. Further in-depth studies of psychological factors and social support are also needed to understand the dynamics of breastfeeding motivation. Furthermore, intervention studies such as technology-based education or lactation counseling programs could help identify the most effective methods for preventing sore nipples.

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