

Minnesota Breastfeeding Coalition Workshop
October 22, 2015 | Essentia Health, Duluth

Postpartum Breastfeeding Challenges

Sore Nipples: Prevention, Assessment and Treatment
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Objectives

1. Select prevention strategies to avoid sore nipples all along a mother's breastfeeding journey
2. Identify potential elements of the mother/baby environment that could lead to nipple pain
3. Participate in dialogue around treatment options to resolve nipple pain and/or repair damaged nipples

OUTLINE

I. Nipple pain and the native environment of the breast to the newborn.

- Nipple pain is a key risk to the continuation of breastfeeding and causes considerable distress to new mothers
- The mother's breast is the native environment of the newborn baby, with skin to skin contact at birth initiating a cascade of primitive behaviors and reflexes that support the establishment of both breastfeeding and the mother-infant bond

II. Anatomy of the nipple - Classification - Length as a screening tool.

- Compression of the nipple occludes the ducts
- Nipples classified according to eversion with compression of the areola
 - Normal, flat, pseudo inverted, inverted

III. Preventive nipple care antenatal and during the early postpartum period

- Hoffman's exercises --- nipple rolling
- Breast shells
- Surgery effects on sensitivity, severing of central ducts
- Mechanical stretching by suction -- Niplette, Supple Cups
- Hand Expression --- for colostrum collection, postpartum moisturizing
- Warm water soaks until milk soaks - moist environment
- Wash daily with soap and water
- Breast Pump --- modified syringe
- Cold compresses
- Hydrogels
- Teacup hold
- Nipple shield

Positioning and Latch

IV. Assessment --- “Examine Mom, Examine Baby, Evaluate Nursing”

- Listen to the mother, ask questions to determine cause of pain
- Observe feeding - watch baby latch and nurse
- Nipple pain throughout the feeding --- latch and suck problem
- Pinched or distorted nipple with latch on, de-latching --- ongoing trauma
- Pain after feeding --- dysbiosis, bacterial infection
- Comfortable feeding, pain before or after --- chronic dysbiosis
- Nipple pale or purple after feeding --- vasospasm (5%) if heat helps immediately with pain, not infection. Pain is when looks normal
- Pump trauma also purple after

No standardized scale or mechanism to assess nipple wounds

- Fluid filled papillar bumps --- blister
- Slight depression --- Abrasion
- Widened crevices from pressure --- Fissure (65%)
- Wide and deep --- Ulcer

V. Dysbiosis and Biofilms

- Dysbiosis - out of balance microbiotic environment causing pain
- Saliva stimulates the biofilm
- Soap and water cleansing are needed to break down the biofilm
- Biofilms grow on pacifiers too

VI. Treatments for sore nipples

- Frequent feedings to reduce strong suck from hunger
- Warm water soak/ compress --- warm milk soak to soften nipple
- Initiate milk release to drop suction pressure with onset of swallowing
 - Therapeutic massage --- www.bfmedneo.com
 - Hand expression
- Sucking on mothers finger prior to latch: organize suck, drop jaw
- Ventral positioning to enhance gravity for jaw, unfolding from fetal lie
 - Laid back breastfeeding, tummy time
- Use of nipple shield

VII. Beyond Lactogenesis

- Pacifiers --- Growth Spurts --- Finding thumb --- Bottles --- Teething
- Solid Foods --- Distractions --- Pregnancy

Resources

Buck, Miranda, RN, BA, MPhil, IBCLC; Amir, Lisa H. MBBS, MMed, PhD, IBCLC, FABM, FICLA; Donath, Susan M. BSc, MEd, MA Topical Treatments Used by Breastfeeding Women to Treat Sore and Damaged Nipple. *Clinical Lactation*, 2015, 6(1).

Robertson, Barbara D. MA, IBCLC, RLC Revisiting Nipple and Breast Pain: A Conversation with Anne Eglash, MD *Clinical Lactation*, 2015 6(3).

Walker, Marsha Nipple Nuances: From Pain to Peppermint and What the Textbooks Don't Cover. GOLD Lactation Conference 4/11/2014.

Presenters

Anne M. Beckman BS, RN, IBCLC is an obstetrics nurse and International Board Certified Lactation Consultant. She is the Lactation Lead RN on the Birthplace at Mayo Clinic Health System in Red Wing. A founding member of the Goodhue Wabasha Pierce County Breastfeeding Coalition, she also works as a lactation consultant for the WIC Breastfeeding Peer Counselor Program for Goodhue County, and at the Lake City Area Baby Café.

Tammy Conn has worked for the WIC program since 1997 and is currently the WIC Breastfeeding Coordinator and WIC Certifier at Polk County Public Health. She has started four Breastfeeding Mother-to-Mother support groups and is currently facilitating one, which meets monthly. Tammy gathered stakeholders to form the Polk County Breastfeeding Coalition in 2013 and currently leads the monthly meetings. Since 2000, she has earned the certificates of CLC, CLS, CLE and in 2011, she became an IBCLC. She completed her BS degree in Food/Nutrition at North Dakota State University, Fargo, ND.

We have no conflicts of interest to declare