Collaborative Breastfeeding Care: Sore Nipples, Breast Pain & Tongue-Tie

May 25, 2017, Duluth, MN
- Pamela Heggie MD, IBCLC, FAAP, FABM
- Jane Johnson RN, IBCLC, ANLC
- Addie Licari, MD, FAAFP
- Heather Winesett, MD, FAAP, ABHM

Disclosure
- We have no financial or ethical conflicts to declare related to this educational activity

Topics for this session
- Sore nipples
- Breast pain
- Tongue-tie
- Case studies
- Collaborative team based care

Objectives
- Discuss the collaborative evaluation and management of sore nipples and breast pain
- Provide an overview of tongue-tie and tight frenulums in babies and review indications for frenotomy
- Discuss breastfeeding cases—including assessment, management and how a team approach can help

Breastfeeding Pain
- Often due to “cascade” of events
  - concurrent
  - sequential
- Nipple damage
- Dermatoses
  - Eczema, Psoriasis, Contact Dermatitis, Paget’s dx
- Infection
  - Bacterial, Candida, Viral
- Vasospasm/Raynaud’s syndrome
- Mechanical
  - High supply, plugged ducts, tight bra, pump
- High pain sensitivity/chronic pain syndromes
- PPD/anxiety

Breast Pain – Causes
- Mastitis
- Engorgement
- Plugged ducts
- Vasospasm
- High milk supply
- Nipple bleb
- Galactoceles
- PPD/anxiety
- Abscess
- Posture/positioning
- Pectoralis cramping
- Chronic Pain syndrome
Sore nipples: causes

- Poor latch
- LATCH, LATCH, LATCH
- Skin breakdown/cracks-staph colonization
- Engorgement
- Trauma from pumping
- Nipple Shields
- Vasospasm
- Blocked nipple pore (nipple bleb)
- Vasospasm (tongue-tie)
- Eczema or contact dermatitis
- Thrush, candida (rarer than previously thought)
- Oversupply/fast let down
- Short inverted nipples-ligament pain

Academy of Breastfeeding Medicine
Clinical Protocols

- Engorgement
- Mastitis
- Persistent pain with breastfeeding
- Supplementation
- Breastfeeding the Late pre-term infant
- Breastfeeding Friendly office
- Ankyloglossia
- Hypoglycemia
- ..... Many more

Case 1 – Sore Nipples and “BFW”

- Mother with sore nipples. G1P1 Vaginal delivery, baby is postdates - 41 wks and 8lb 7oz. Day 2 in hospital- mom says her nipples are sore, no cracks or bleeding
- Nurse says “latch looks good”. Mom given lanolin and hydrogels. Baby’s weight 5% below birth weight, Normal output-stools/wets. Nurse reports to MD during rounds - “BFW - “breastfeeding well”
- Home day 2. Seen in clinic on day 5 for newborn exam - mother still has sore nipples – she says “a little bit sore”

Case 1 – 5 day old baby – NB clinic visit

- 11% weight loss, 1 green-black stool since D/C, no stool in last 24 hrs, 3 wets/day “red spot” in diaper today- brought in diaper
- Alert vigorous baby
- MMM, jaundice to abdomen
- Normal tone, normal NB exam
- Bili today 15.1

How Do I Know My Baby Is Getting Enough?

- Count your baby’s diapers in the first week — FPs will help you know your baby is getting enough milk.
- By Day 3, your baby should have at least 4 yellow or clear and at least 5 diapers.
- Make a chart to keep track of your baby’s weight gain and any changes in weight from birth.
- Check your baby’s weight every 2-3 days.
- If your baby is losing weight, try feeding more often.
- If your baby is gaining too much weight, try feeding less often.
- If your baby is gaining weight consistently, try feeding more often.
- If your baby’s weight is not increasing enough, try feeding less often.
- If your baby’s weight is increasing too much, try feeding more often.

Collaborative Breastfeeding Care
Heggie, Johnson, Licari, Winesett
May 25 ’17
Case 1 – 5 day old NB clinic visit
- Watch baby breastfeed
- Examine baby and mother

You observe a feeding and notice that the baby has a very shallow latch, taking just the nipple into her mouth, mostly non-nutritive sucking, minimal swallowing heard.

- **Mother exam:** Both nipples have mild erythema, no cracks. Breasts are engorged, moderately tender with mild diffuse erythema.
- **Baby exam:** Mouth- strong suck, normal tongue movement- tongue tracks laterally, elevates well and extends past gum line and lower lip, no tethering, small thin flexible frenulum at base of tongue, upper lip without tethering and flanges well.

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**Case 1 – Plans for Mom and Baby**

**Mom:**
- help with comfortable latch
- tips about engorgement
- breastfeed often (8-10 x/24 hrs)
- express milk (by hand or pump)
- increase milk supply

**Baby:**
- needs more milk (EBM, donor milk, formula)
- spoon feeding or finger feeding
- avoid bottles
- feed frequently, wake q 2-3 hrs day, 3-4 hrs night

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**LATCH:**

“Good” (deep)

“Bad” (shallow)

- Takes areola into mouth, not just on nipple = more milk and comfort
- Nipple only = No milk, Ouch!

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**Positioning helps with sore nipples**

- Football Hold
- Cross Cradle Hold

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**Laid back Position**

Helps with latching
Nipple “sandwich” U and C holds help with deep latching

Engorgement Tips

- Reassure that it only lasts 24-48 hrs
- “Good” to have increasing milk supply- say “mature milk” NOT “milk coming in”
- BF often-wake baby q 2-3 hrs day, q 3-4 hrs night to nurse
- Massage breasts and use warm compress before nursing
- Hand massage during breastfeeding to help milk to flow well
- Cold pack over clothing after nursing
- Cabbage leaf compresses – after nursing (directly on breasts)
- Soften areola with fingers if hard for baby to latch
  - “reverse pressure softening” technique
- Hand express or pump-if needed-only express small amount to relieve pressure, not to empty

Helping Milk to Flow

HAND EXPRESSION for spoon feeding

HAND EXPRESSION for spoon feeding

Fingerfeeding

Case 2 – Sore nipples

- G3P3 mom with sore nipples, baby 5 days old, full term, yellow stools, output normal per BF log, 5 % wt loss.
- Mother exam: both nipples with erythema, cracked and scabbled at tip, areola mildly swollen, breasts engorged and moderately tender, mild diffuse erythema, no mass.
- Baby exam: strong but “chompy” suck, thick tight frenulum attached to tip of tongue, with restricted tongue movement- poor lateral tracking, unable to extend tongue past gum line or lower lip, minimal tongue elevation.
- Breastfeeding observation: Baby has deep latch, mom with good positioning, swallows heard and also intermittent clicking. Mom reports pain during feeding.
Sore Nipples

- “Normal” nipple soreness is very minimal and ok only if:
  - Nipple “tugging” brief (<30 sec) with latch-on then resolves
  - No pain throughout feeding or in between feeds
  - No skin damage
- Some women are told “the latch looks ok” … but they are in pain and curling their toes
- It doesn’t matter how it “looks” … if mom is uncomfortable it’s a problem and baby not getting much milk…set up for low milk supply
- Nipple pain is not normal!! (esp if nipple cracks, pain all the time during or between feedings)
- Pain is a sign to do something different: change latch, position … get help!
- Many women stop breastfeeding because of nipple soreness
- Help improve sore nipples right away!

Sore cracked nipple

“Plastic Wrap Treatment”

- MD writes Rx for 2% mupirocin ointment for mother
- Sig: Apply thin layer to nipples after every feeding or pumping, no need to wash off before next feeding – 2 weeks
- Place large square piece of Plastic Wrap (any brand) on the nipple and areola over the ointment
- Moist wound healing
- Heating pad

Ankyloglossia – Tongue-tie

- Type 1: classic heart shaped tongue, frenulum to tip
- Type 2: frenulum attaches 2-4 mm behind tongue tip

Type 1 - Ankyloglossia

Sore cracked nipple
Ankyloglossia - Tongue-tie

Type 3 - frenulum attaches mid-tongue
Type 4 - frenulum at base of tongue - shiny and thick

Tongue-tie Assessment

• Finger exam of mouth, tongue and sucking - check for frenulum and insertion, thickness, elasticity

• Look at tongue function - lateral tracking, extension, cupping, elevation
• Watch breastfeeding, is mom comfortable?
• Examine mother's nipples - sore, cracks, creased?

Indications for Frenotomy

• Breastfeeding problems ***
  – Sore nipples, poor latch, reduced milk transfer, clicking, low suction, slides off breast, chomps on nipple, low milk supply, weight loss...
• Speech articulation - often not affected, frenulum stretches
• Dental problems - after teeth erupt...do it later
• Social - cosmetic, “forked tongue”, no ice cream licking - still consider later

Frenotomy Procedure Options

Present options to family - benefits, risks, outcome

No Frenotomy

• Observe, support breastfeeding, help with deeper comfortable latch, positioning

Frenotomy

• Scissors – Peds, FP, ENT
• Laser – many dentists, ENTs
• Benefits: latch, milk transfer, mom less sore
• Risks: bleeding, infection, mild pain (use sucrose)
• Outcome: often helps, not always

Video of Frenotomy procedure on YouTube

http://www.youtube.com/watch?v=XN-vVYd1m-o

Iris scissors and tongue elevator

Frenotomy: Before and After

http://med.stanford.edu/newborns/professional-education/frenotomy.html
Case 3 - Breast & Nipple pain

• 1 mo BF baby, Mother calls clinic with concerns:
  – “shooting pain in my breasts”
  – “left nipple is sore”
• Nipples are turning purple- sometimes white after breastfeeding or pumping. Then “shooting pains” occur going from nipple into breast- “entire breast is throbbing sometimes”
• Occurs after nursing, pumping or in between feedings. Mother reports no fever, no breast redness, or lumps in breasts but does have a white spot on the left nipple that is very painful with latch- but gets better during the feeding
• No cracked nipples now – but did have sore cracked nipples in first week- started in hospital – then better with coconut oil and now cracks have healed

Case 3 – more hx

• Mother is pumping 4x/day and is saving all the milk in the freezer for when she goes back to work at 3 mo postpartum.
• Pumping volume – gets more milk from left side 4-5 oz on left and 1-2 oz on right after BF
• Baby is only nursing- no bottles. Mom wants to start bottles soon, getting ready for going back to work.

Case 3 – Mother Exam

Mother Exam:
• Nipples - everted and intact -no cracks or abrasions, left nipple with 1 mm white glistening nodule at lateral edge of nipple at 3 o’clock, mildly tender, no erythema of nipple or areola, not shiny, no satellite lesions.
• Breasts - full breasts but not engorged, non-tender, no masses, no erythema

Case 3 – Baby Exam

Baby Exam:
• Excellent growth 54%ile- following WHO curve
• Normal oral mucosa- no white patches. Skin with scattered erythematous papules and pustules on cheeks, no diaper rash.
• Strong suck, normal tongue tracking, frenulum is attached to the base of tongue, very thin and elastic, tongue not tethered. No heart shape, baby can elevate tongue to hard palate and extends tongue beyond gingival ridge and lower lip.
• Upper lip not tethered, normal upper lip frenulum insertion to superior gingiva. Lip flanges well

Case 3 – Breastfeeding

Breastfeeding observation in clinic exam room:
• mother latches baby well- with deep latch in cross cradle position, baby has rhythmic suck and swallowing, mother has pain with latch and during feeding-on left side
• after nursing – both nipples blanch white and nipples have linear crease at tips –left more than right. Mother reports nipple pain and breast pain in both breasts after feeding, more intense on left side.

Case 3 – What’s going on?

• Mother with painful breasts, blanching & creased nipples after feeding, nipple bleb
• High milk supply
• History of cracked nipples first week, now resolved
• Baby-normal exam, no tongue-tie or thrush
**Case 3 – Vasospasm Management**

- Adjust position to reduce fast flow
  - laid back position, football hold with baby upright and mom reclining
- Start with less painful side first
- Heating pad on low (or hand warmer, rice sock) placed over clothing on breasts right after pumping or nursing
- Keep nipples moist and warm and no air drying, protect from friction, light touch
- Nifedipine 30mg QD x 2 weeks, if not improving
- Consider larger pumping flange- (if rubbing)
- Pump one side at time and cover other breast with heating pad
- Mindfulness, meditation, other calming strategies
- Ibuprofen/Acetaminophen
- Give home course for pain
  - will resolve...not lasting entire breastfeeding journey
- Close f/u support for mom

**Case 3 – Nipple Bleb Management**

- Betamethasone ointment 0.2% on bleb (thin layer)
- Olive oil on cotton ball on nipple and cover with plastic wrap
- Warm compresses or soak in bowl of warm water before nursing or pumping
- Hand expression/massage
- No needle un-roofing, can make it worse
- Lecithin 1200 mg 3x/day – helps prevent recurrent nipple blebs
- Ibuprofen 6-800 mg 3 times a day for 1-2 weeks

**Case 4 – Breast pain**

- 34 yo G1P1 calls clinic- right breast hurts, has “red spot”
- fever (101) today and “achy everywhere”
- 4 mo baby, growing well
- Mom back to work x 1 wk, pumping twice at work – gets 5 oz each side
- Has large freezer stash of milk
- Baby sleeping 7 hours
  - What is going on?
  - How to manage? Collaborative care...

**Case 4 – Mastitis Management**

- Frequent breastfeeding, start on affected side
- Frequent breast drainage- pump, hand express
- Warm first then cold compress after nursing
- Non-infectious vs infectious ( **Staph, Strep, E.Coli)
- Dicloxicillin- 500 mg Q10, cephalexin 500mg TID – 14 d
- Consider milk culture if not better in 48 hrs, ?MRSA
- Pain control- ibuprofen, maternal self care-rest!
- Probiotics, fluids
- “Yeast mastitis”- big controversy- trial of diflucan ONLY if unresolved breast pain AND
  - mom with candida rash, baby with thrush on exam
  - first address vasospasm, oversupply, initial trial antibiotics+/–
- Babies can still drink the breastmilk
- Close f/u- if recurrent, mass- needs U/S, etc

**Candida rash and Thrush in baby**
Lactation Consultant Referral

- Slow weight gain
- Low maternal milk supply – perceived or actual
- Breast concerns – nipple damage, mastitis, thrush, plugs, vasospasm, pain with breastfeeding (incl. neck, shoulder, breast)
- Complex breastfeeding issues- mother or baby with medical issues
- Latch problems, inverted nipples, nipple shield concerns
- Ankyloglossia, breastfeeding evaluation
- Breast reduction, hypoplasia, abnormal breast appearance
- Maternal medication question & lactation management
- Baby with special needs including premature and early term infants
- Pumping issues – back to work, pain with pumping
- Twin, triplets, or more