Nipple Pain and Breastfeeding

Up to 90% of nursing mothers experience nipple pain in the postpartum period. A tugging and pulling sensation is normal. If there is pinching, sharp pain or more than "mild tenderness" in the first few days, it is likely the latch is not correct.

Manage nipple pain until a diagnosis and treatment plan are established.

- Ibuprofen 800mg every 8 hours
- After pumping or nursing, spread breast milk over the nipples and let them air dry.
- Hydrogel pads: Soothies (by Lansinoh) or ComfortGel (by Ameda) can relieve pain when placed on the nipples after nursing. Replace the pads at least every 3 days and clean them with soap and water after each use.
- Breast pads should NOT have a plastic lining (keeps moisture in). They can be disposable or washable.
- Pump in place of nursing until pain is under control.
- Use the correct flange size when pumping. The sides of the nipple should not rub on the inside of the barrel during suction.

Once a diagnosis is made, treatment may include the following:

<table>
<thead>
<tr>
<th>Creams/Ointments:</th>
<th>lanolin (preventive)</th>
<th>antifungal cream (for yeast)</th>
<th>Gentian Violet solution (for yeast and bacteria)</th>
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</thead>
<tbody>
<tr>
<td>(only as prescribed)</td>
<td>steroid (for eczema)</td>
<td>antibiotic cream (for bacteria)</td>
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**Triple Nipple Ointment** (for yeast, bacteria and eczema)

This “covers all the bases” as a first line treatment, as it helps nipples heal faster as the latch is corrected.

- Apply sparingly after nursing and do not wipe off even if baby goes right back to breast.
- When nipples feel better after 2-5 days, gradually decrease use.

Medications by mouth may be considered if topical treatments are not effective.

### Causes of nipple pain

| 1. A poor latch (most common cause) | 4. Yeast infection | 7. Psoriasis (rare) |
| 3. Nipple vasospasm / Raynaud’s | 6. Eczema | (Do not nurse on a nipple with herpes) |

Irritation of the nipples from a poor latch (most common)

- Most healthy term vigorous babies easily attach to a nipple which projects out from the breast and is not too large for the baby’s mouth. Under these circumstances, it usually doesn’t matter how Mom positions the baby at the breast - the baby will simply “go for it.” Ideally, however, the baby’s neck is extended, with plenty of space between baby’s chin and chest. The baby faces mother with the ear, shoulder and hip in alignment. She should not need to turn her neck to grasp the nipple.

  Ideally an elongated nipple will settle deep and at the roof of the mouth to stimulate the suck reflex and the baby’s lips are flanged outward (fish lips). The top lip settles close to the nipple and the lower lip is further away on the other side. This way, the tongue can stroke the breast tissue between the lower lip and the nipple, instead of stroking the nipple itself. If the tongue strokes the nipple, you might see a ridge across the top of the nipple or it will be flat on the side. Over time, pain and trauma will worsen.

- Severe soreness, blisters, cracks or bleeding should prompt a latch assessment.

    - If all of the above techniques seem to be in place but pain is persisting, ask someone to examine your baby for a short frenulum (tongue tie) which may be restricting the tongue from proper position on the breast tissue.
    
      - A frenotomy, or clipping the frenulum might help.

- Re-latch as needed until it doesn’t hurt.

  - “Break the seal” when unlatching. Stick your finger into the corner of baby’s mouth to break the suction.

  - Establish the “let down” before latching to the sore nipple. Massage the breast first or nurse first on the less sore side until milk lets down, and then switch.

  - Pump instead of nursing until the nipples heal if it is intolerable.
    
      - Pump to empty (but less than 15 minutes) every time your baby is fed pumped breast milk.

  - If using a nipple shield, make sure baby latches deeply and doesn’t slide on and off the shield.
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Plugged milk ducts: “milk blister” or “nipple bleb”
A very painful, small white “pimple” on the nipple, thought to be an overgrowth of skin cells or an accumulation of fatty substance which plugs the opening of the milk duct on the nipple. Milk backs up under pressure in the ducts connected to this blockage. The corresponding area of the breast may become firm and tender.
A chronically plugged duct can result in a galactocele, or a milk cyst.
When milk stagnates and is not regularly expressed, mastitis (inflammation of the breast) can develop.

Management: Remove the blockage by softening the bleb with warm compresses. Use a sterile needle to lift it up and open it.

Massage the breast to express the backed-up milk, which may squirt out under pressure.
Galactoceles are rare, but may need to be surgically removed.
Recurrent milk blisters may be lessened by decreasing the suction strength when pumping.

Nipple Vasospasm / Raynaud’s phenomenon of the nipple
Up to 20% of women of childbearing age are thought to experience Raynaud’s of the hands, which is vasospasm of the arterioles (tiny arteries) causing intermittent ischemia (loss of blood flow). When exposed to cold, their hands turn white or purple and burn and/or throb. The same thing can occur in the nipples.

Symptoms and Circumstances
The nipples blanch (turn white) and/or turn red or purple, in addition to intense throbbing pain.
Symptoms occur upon exposure to cold, such as when cold air contacts wet nipples when the baby unlatches, or even when a mother opens the refrigerator door or goes outside. Symptoms also occur when NOT breastfeeding.

Note: A poor latch may cause pain and a white ridge on the nipple, so differentiate this from Raynaud’s by above criteria.
Raynaud’s is often mistaken for persistent yeast infection and is diagnosed after failing multiple courses of antifungal meds.

Management
Keep breasts/nipples warm by wearing warm clothes, wool breast pads, nurse in warm environments such as under a blanket.
Avoid vasoconstrictive drugs such as caffeine and nicotine (blood flow can decrease by up to 40% after 2 cigarettes)

Nifedipine is a safe and effective medication that can significantly improve symptoms of Raynaud’s because it dilates the blood vessels and increases blood flow to the affected areas.
Dosing: 5 mg (3 times daily)

30-mg slow-release tablet daily
Take for 2 weeks. Sometimes a 2nd or 3rd course is needed, and some may need therapy until nursing is stopped.
Side Effects: Headache, dizziness, hypotension, flushing, tachycardia

FYI: Nifedipine is a calcium channel blocker which inhibits the uptake of calcium by vascular smooth muscle cells and is commonly used to treat hypertension, angina, and some arrhythmias. It is approved by the American Academy of Pediatrics for use in nursing mothers. 90% of a dose is unavailable for transfer through breast milk because of binding to plasma proteins, and less than 5% of the maternal dose is transferred to breast milk.

Other treatment options, not adequately proven to be effective:
Biofeedback, supplementation with calcium, magnesium or B6, and use of evening primrose oil and fish oil.

Eczema (Dermatitis)
An underlying skin condition makes mothers prone to outbreaks of eczema on the nipples during breastfeeding.

There are 3 types of eczema (dermatitis), but the only real differences are the causes of the outbreak.

1. Atopic dermatitis
“Sensitive skin” and a history of eczema outbreaks on other parts of the body from unknown causes. They also have allergies to pollens, animals, dust, etc.

2. Irritant contact dermatitis
Caused by an irritating agent such as detergent, soap, chlorine, clothing bleach, topical antibiotics or other topical agents.

3. Allergic contact dermatitis
Caused by allergens in creams or ointments applied to the nipples, such as lanolin, aloe vera, chamomile, vitamins A and E, and fragrances. (delayed hypersensitivity reaction).

Symptoms: itchy, painful and/or burning lesions. A red rash can suddenly appear with later oozing, crusting and erosion.
Over time, the rash can be “chronic,” appearing red, dry and scaly.
The skin becomes fragile and when it breaks open, yeast and bacteria can enter and cause a secondary infection.

Treatment: Steroid creams, as recommended by the health care provider.

Triple Nipple Ointment (SEE INFO UNDER YEAST / BACTERIA TREATMENTS)