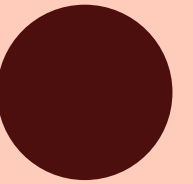




NIPPLE DAMAGE AND PAIN



Joke Muyldermans
vroedvrouw, lactatiekundige & BCLC
www.inteam-midwives.be/en/lectures/
info@jokemuyldermans.be

Department Pharmaceutical Sciences (FARM), Faculty of Medicine and Pharmacy, University of Brussel, Belgium

Flemish Organisation of Midwives (VBOU), Belgium

Midwifery Education, Department of Health, University College Brussels, Belgium

Midwifery practice InTeam, Belgium

Care 4 Education, www.care4education.be, Belgium

30.09.2024 - DACLC - COPENHAGEN





DISCLOSURE

Conflict of interest

No relevant financial relationships with companies of breastmilk products from producers that go against the WHO Code

- No contracts or sponsorship of companies
- IBCLC - International code of marketing of breast milk substitutes
- Names of products or brands are related to the discussed cases, without any other intention



2

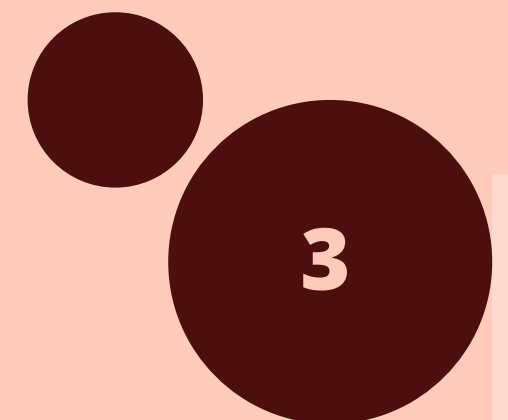


CONTENT .

Painful and damaged nipples



Introduction	4
Fysiology	9
Lactation problem	12
Nipple problems	13
Conclusion	36
References	38





INTRODUCTION

Who is in the room?



- IBCLC
- Lactation consultant
- Midwife
- Nurse
- Doctor
- student
- Breastfeeding support group
- Other?



INTRODUCTION

Breastfeeding figures Flandres (Belgium)

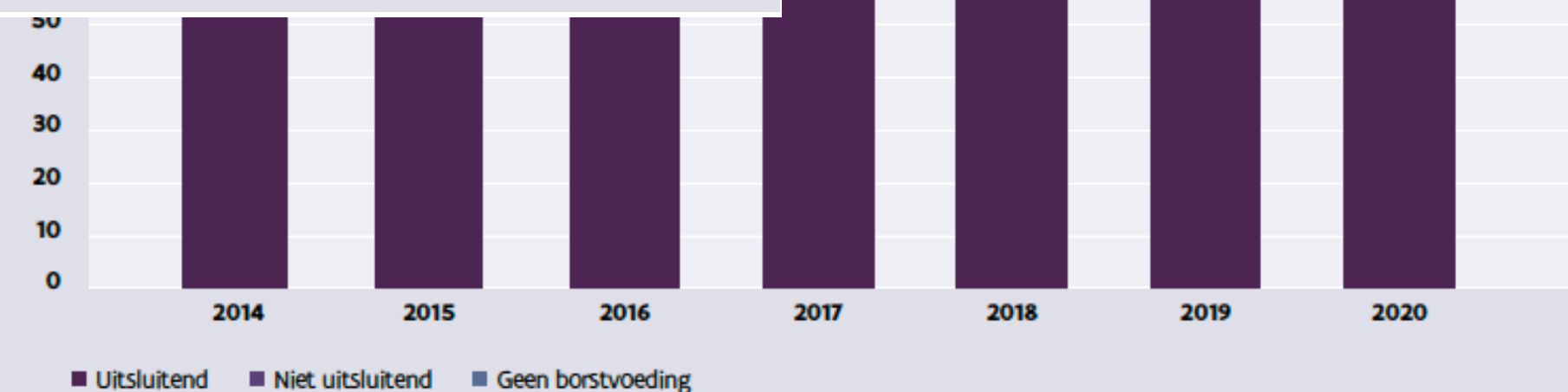
7.1 Borstvoeding bij kinderen op 24 uur

	2019				2020			
	Uitsluitend	Niet uitsluitend	Geen borstvoeding	Totaal	Uitsluitend	Niet uitsluitend	Geen borstvoeding	Totaal
Vlaams-Brabant	82,7	2,2	15,1	100,0	79,9	5,7	14,4	100,0
Antwerpen	81,0	2,0	17,0	100,0	79,5	3,9	16,6	100,0
Oost-Vlaanderen	77,6	2,1	20,3	100,0	77,5	3,9	18,6	100,0
Limburg	79,2	1,7	19,1	100,0	75,7	4,5	19,8	100,0
West-Vlaanderen	72,2	1,5	26,4	100,0	70,2	4,5	25,3	100,0
Vlaams Gewest	78,9	1,9	19,2	100,0	77,1	4,4	18,6	100,0

7.1 Borstvoeding bij kinderen 24 uur na de geboorte - naargelang de provincie - Vlaams Gewest (percentage)

Bron: Mirage - registratiesysteem Kind en Gezin

Agentschap Opgroeien, 2020



7.2 Evolutie van het aandeel kinderen dat op dag 6 borstvoeding krijgt sinds 2014 - Vlaams Gewest (percentage)

Bron: Mirage - registratiesysteem Kind en Gezin



INTRODUCTION

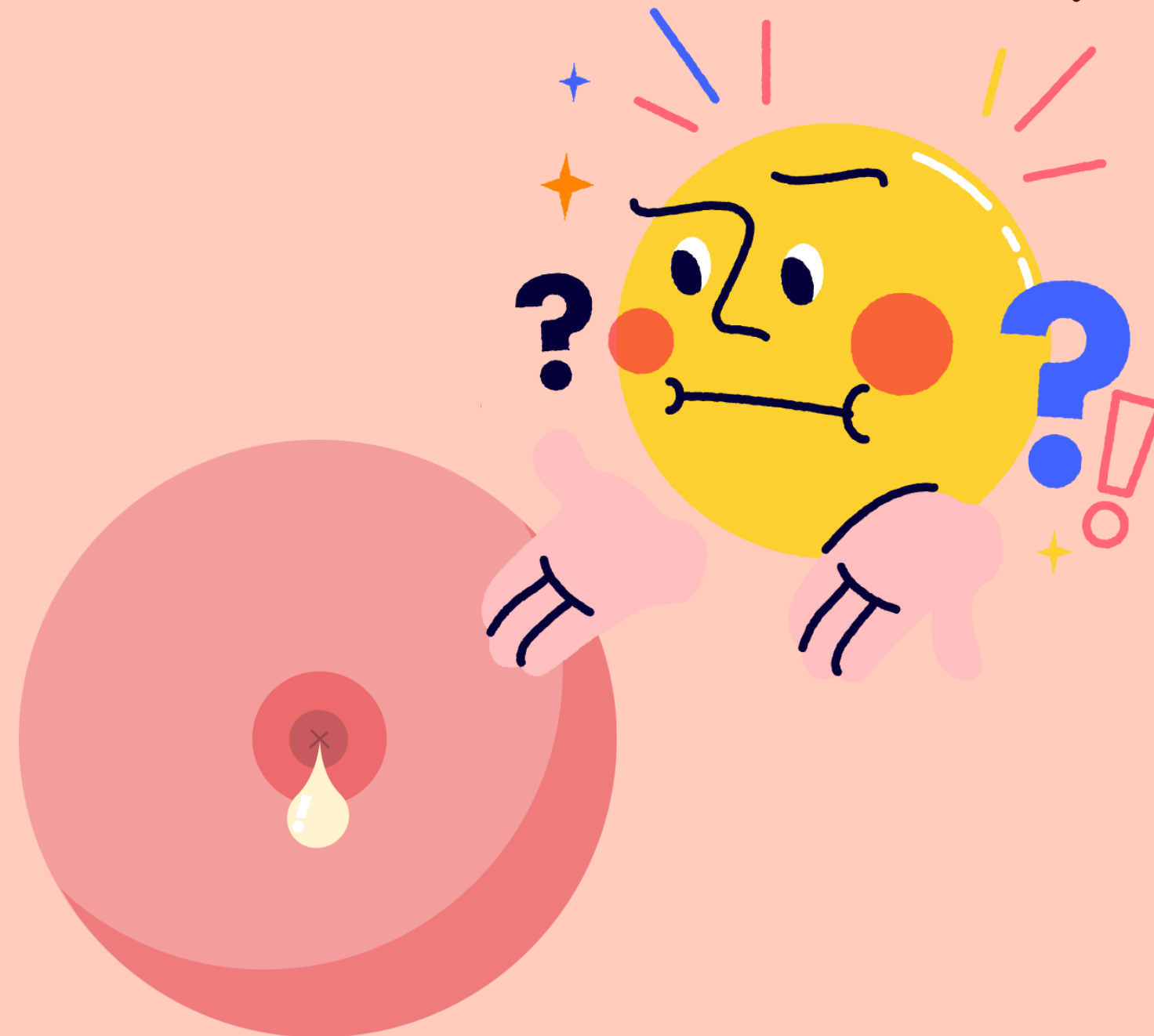
•

Causes of nipple problem

What is a possible cause of nipple problems?

Go to: [mentimeter.com](https://www.mentimeter.com)

Code: 2112 5318



6





INTRODUCTION

Nipple problems



GENERAL

- Very fast occurrence
- Breastfeeding doesn't hurt
 - ☐ Stretch pain
- Mechanical pain
 - ☐ Incorrect position
 - ☐ Incorrect latching
 - ☐ Inadequate sucking
 - ☐ Incorrect use of breastfeeding aids

OTHER CAUSES

- Infection
 - ☐ Candida Albicans
 - ☐ Bacterial
- Raynaud
- Milk blister
- Anatomical causes
 - ☐ Mother
 - ☐ Baby
- Dermatological conditions



INTRODUCTION •

Breastfeeding problems



Righard, 1998

- 94% incorrect position and latch
 - ☐ Poor or no breastfeeding policy
 - ☐ Healthcare provider
- Breastfeeding problems
 - ☐ Pain and suffering
 - ☐ insufficient milk production
 - ☐ insufficient weight gain
 - ☐ Loss of confidence
- Reason for early cessation of breastfeeding
 - ☐ Health problems for mother and baby



FYSIOLOGY

Positioning and latching

POSITIONING

- Belly to belly
- Neck and back in 1 line
- Nose at nipple
- Chin in the breast
- Nose looking away
- Support of neck and back
-

LATCHING

- Big mouth
- Lips crulled outside
- Nipple transition hard-soft palate
- ...



WHAT TO DO WITH YOUR HANDS?

- Hands-on ?
- Hands-off ?

ENOUGH?

Volk A., 2009

- Mammals
- Simple automatic proces
- Primates - learning proces
- New sucking technique



9



FYSIOLOGY

• Volk A., 2009

- Lactation was a critical and defining adaptation for mammals
- Most mammals
 - relatively straight-forward process
 - largely automatic
- Primates
 - require learning to be able to successfully nurse
- Humans
 - require more learning due to the novel sucking technique employed by human infants
 - social support



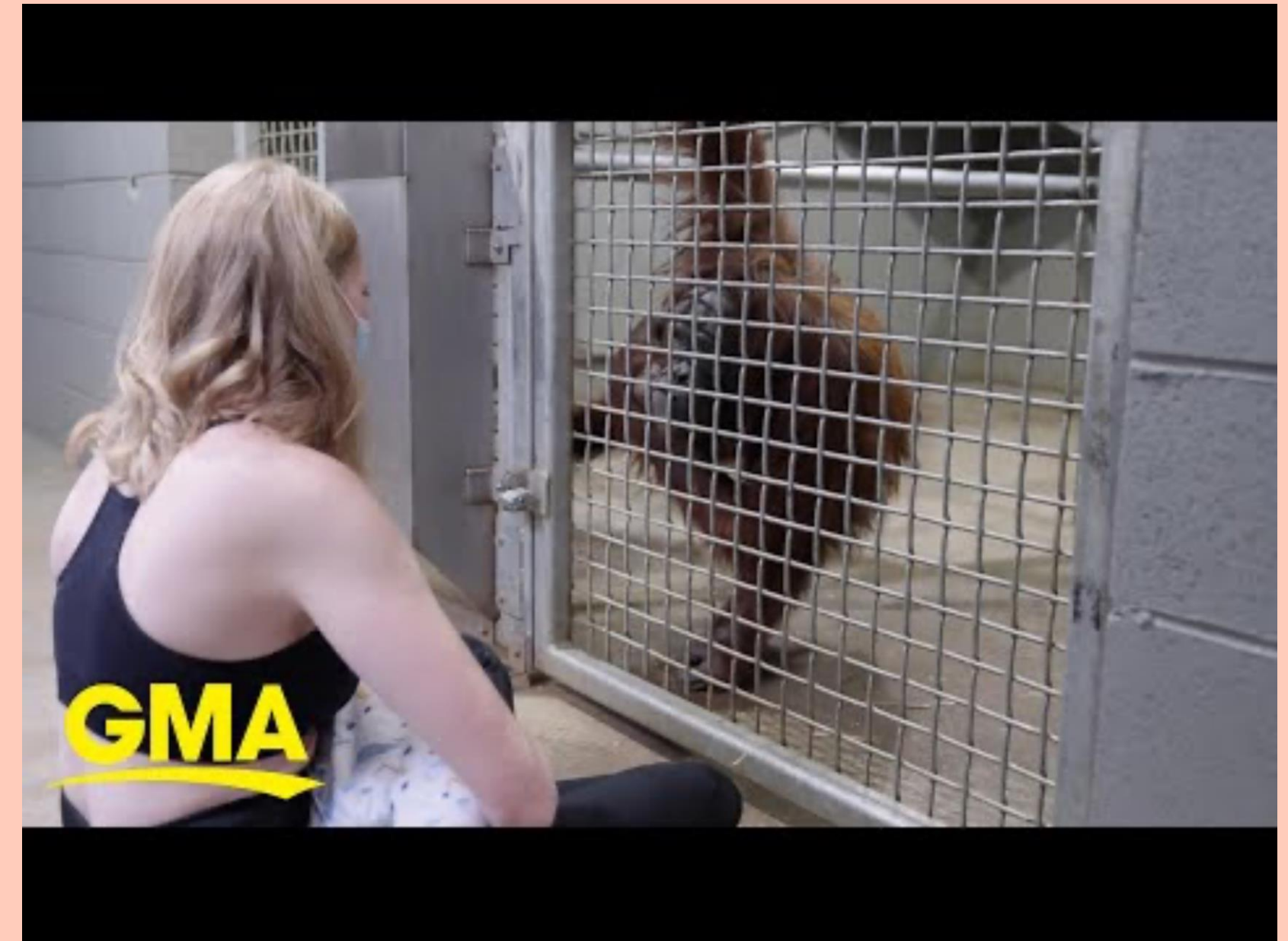
10



FYSIOLOGY

• Volk A., 2009

- Breastfeeding crucial for survival in the evolutionary past
 - Why is the absolutely vital skill of breastfeeding so challenging for human mothers to learn?
 - extremely altricial infants,
 - challenges due to relatively large breasts
 - the (until now) continued presence of learning opportunities in the environment of evolutionary adaptation
- Healthcare providers and organizations
 - Predictable groups of breastfeeding women: supporting, helping, teaching each other
 - replaced the need for innate knowledge
- Putting the responsibility on mothers
 - she knows what to do
 - no success





LACTATION PROBLEM

A problem that interfering with milk production or breastfeeding



NIPPLE PROBLEMS

- Trauma
- Vasospasme
- Milk bleb / blister
- Nipple infection



BREAST PROBLEMS

- Mastitis
- Surgery
- Engorgement



MILK SUPPLY

- To high
- To low



USE OF MEDICATION



NIPPLE PROBLEM - TRAUMA

*Compare breastfeeding
with wearing shoes*





NIPPLE PROBLEM - TRAUMA

Causes

- Wrong position
- Wrong latch
- Inadequate sucking
- Anatomy
- Wrong use of breastfeeding aids





NIPPLE PROBLEM - TRAUMA

Inadequate sucking

CAUSES

- Medication
- Birth trauma or fast birth
- Oxygen deficiency
- Orale aspiration / intubation
- Neurological problems or facial abnormalities (Anatomy)
- Separation of mother and baby
- Going against innate reflexes
- Oral infection
- Use of pacifier or bottle
- Baby's temperament

IMPACT

- Not alway painful / damaged nipples
- Weight gain baby?
- Referral multidisciplinary approach





NIPPLE PROBLEM - TRAUMA

Anatomy

ANATOMY

- High palate
 - ☐ Inherited
 - ☐ Thumb sucking in uterus
 - ☐ Nipple turned against palate
- Restricted ie's
 - ☐ Tongue
 - ☐ Buccale tie's
 - ☐ Lip
- Cleft lip / cleft palate
- Nipple fysiology
 - ☐ Large nipple
 - ☐ inverted nipple
 - ☐



20



NIPPLE PROBLEM - TRAUMA

Prevention

PRENATAL

- Evaluation of nipple
- Preparation

POSTNATAL

- Evaluation of oral cavity
- Evaluation of frenula
- Evaluation of position, latch, sucking
- Evaluation of nipple after feeding
- Avoid humid environments
- Air-dry



NIPPLE PROBLEM - TRAUMA

Treatment



- Non pharmacological

- Pharmacological for pain

- Wound treatment



23



NIPPLE PROBLEM

- TRAUMA

Treatment



NON PHARMACOLOGICAL

- Prevention !
- Anamnese
- Observation
- Air-dry
- Mother milk

PAIN TREATMENT

- Paracetamol 500mg - 1000mg (max 3-4 times /day)
- Ibuprofen 400 mg (max 3-4 times/day)
- Diclofenac 50mg (2 times/day)

WOUND TREATMENT

- Irritated nipple
 - ☐ Lanoline, Multi-Mam (plant based)...
 - ☐ no hard evidence
 - ☐ not harmful
- Hydrogels
- Treatment
 - ☐ Jelonet (white paraffin)
 - ☐ Mepilex (silicone based foam)
 - ☐ silicone based cream

24



LACTATION PROBLEM

A problem that interfering with milk production or breastfeeding



NIPPLE PROBLEMS

- Trauma
- Vasospasme
- Milk bleb / blister
- Nipple infection



BREAST PROBLEMS

- Mastitis
- Surgery
- Engorgement



MILK SUPPLY

- To high
- To low



USE OF MEDICATION

NIPPLE PROBLEM - VASOSPASME

FENOMEEN VAN RAYNAUD

- Insufficient blood circulation
- White - blue - red discoloration
- Pain in the breast
- underlying problem - syndrome



DIAGNOSE

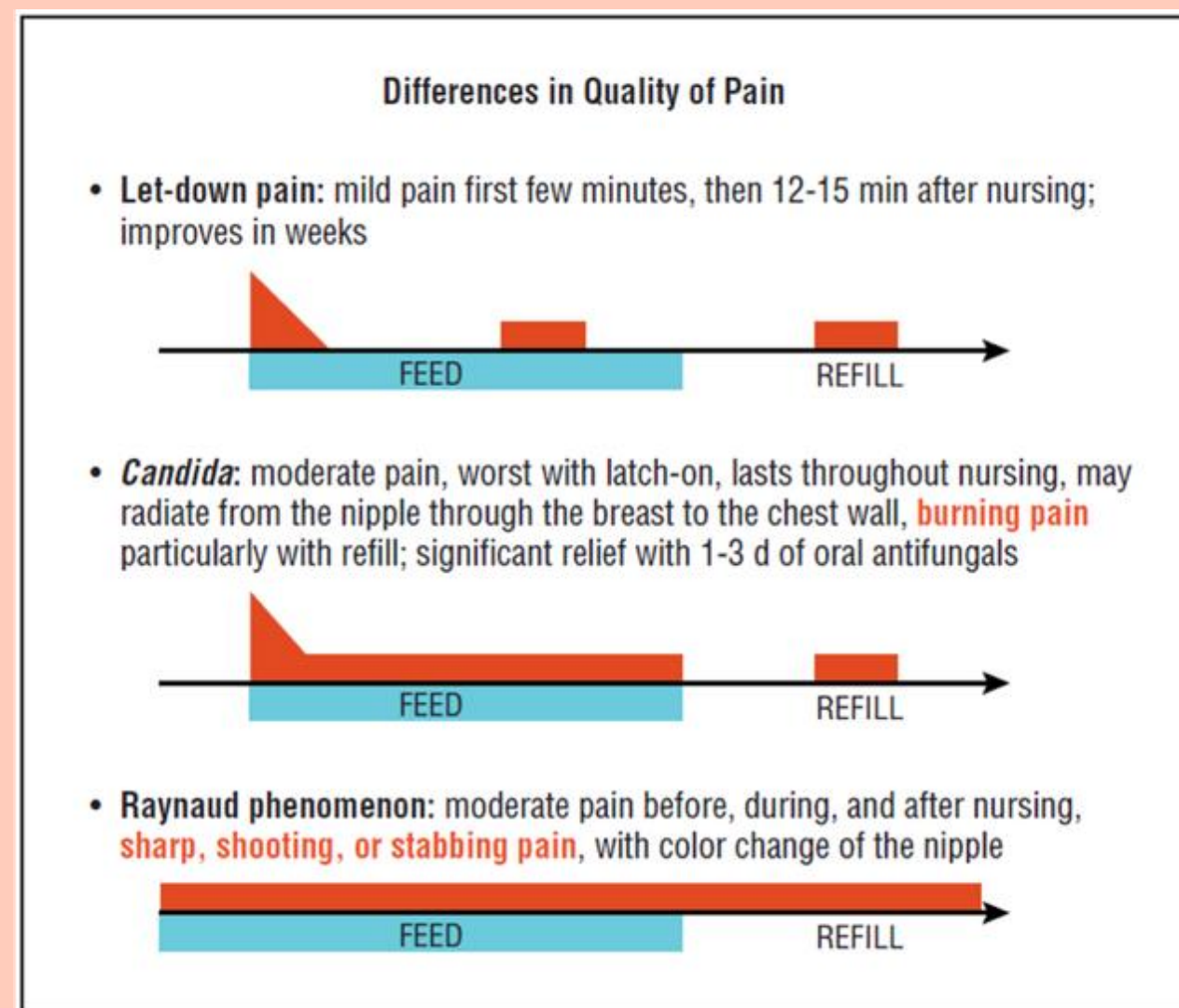
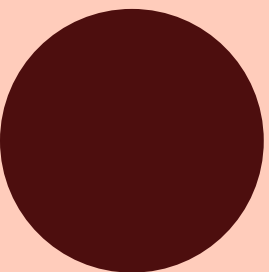


Figure 2. Differences in the quality of pain described in patients with milk let-down pain vs *Candida* mastitis vs Raynaud phenomenon of the nipple.



NIPPLE PROBLEM - VASOSPASME



NON PHARMACOLOGICAL ADVICE

- Warmth
- Limit caffeine and nicotine use
- Stop vasoconstrictive medication (pseudo-efedrine)
- address underlying cause if secondary

PHARMACOLOGICAL ADVICE

- Vasospasme
 - ☐ Nifedipine 10-20mg - 2 weeks to start
 - ☐ Vitamine B6 (4 days 200 mg, then 50 mg/day)
 - ☐ Calcium 1g
 - ☐ Magnesium 2g
- Pain
 - ☐ Paracetamol 1g (3 times/day) or 500mg (6 times/day)
 - ☐ Ibuprofen 400mg (3 times/day)



LACTATION PROBLEM

A problem that interfering with milk production or breastfeeding



NIPPLE PROBLEMS

- Trauma
- Vasospasme
- Milk bleb / blister
- Nipple infection



BREAST PROBLEMS

- Mastitis
- Surgery
- Engorgement



MILK SUPPLY

- To high
- To low



USE OF MEDICATION



NIPPLE PROBLEM - MILK BLEB

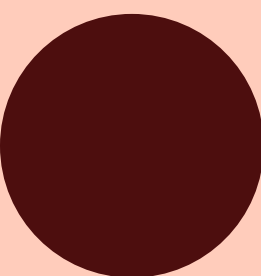
Blister or bleb?

- Synonym?
- Same treatment?



NIPPLE PROBLEM - MILK BLISTER

What?



SIGNE

- Fluid, blood or milk under the skin
- Getting bigger after feeding or pumping
- Painfull
 - ☐ Severe pain first seconds after latching
 - ☐ Burning / stabbing pain in nipple
 - ☐ Sometimes ebbs away during feeding

CAUSE

- Mechanical cause
- Vacuum
- Nipple Shield
- Compensation
 - ☐ Smaller latch
 - ☐ Friction
 - ☐ Shewing sucking

30



NIPPLE PROBLEM - MILK BLEB

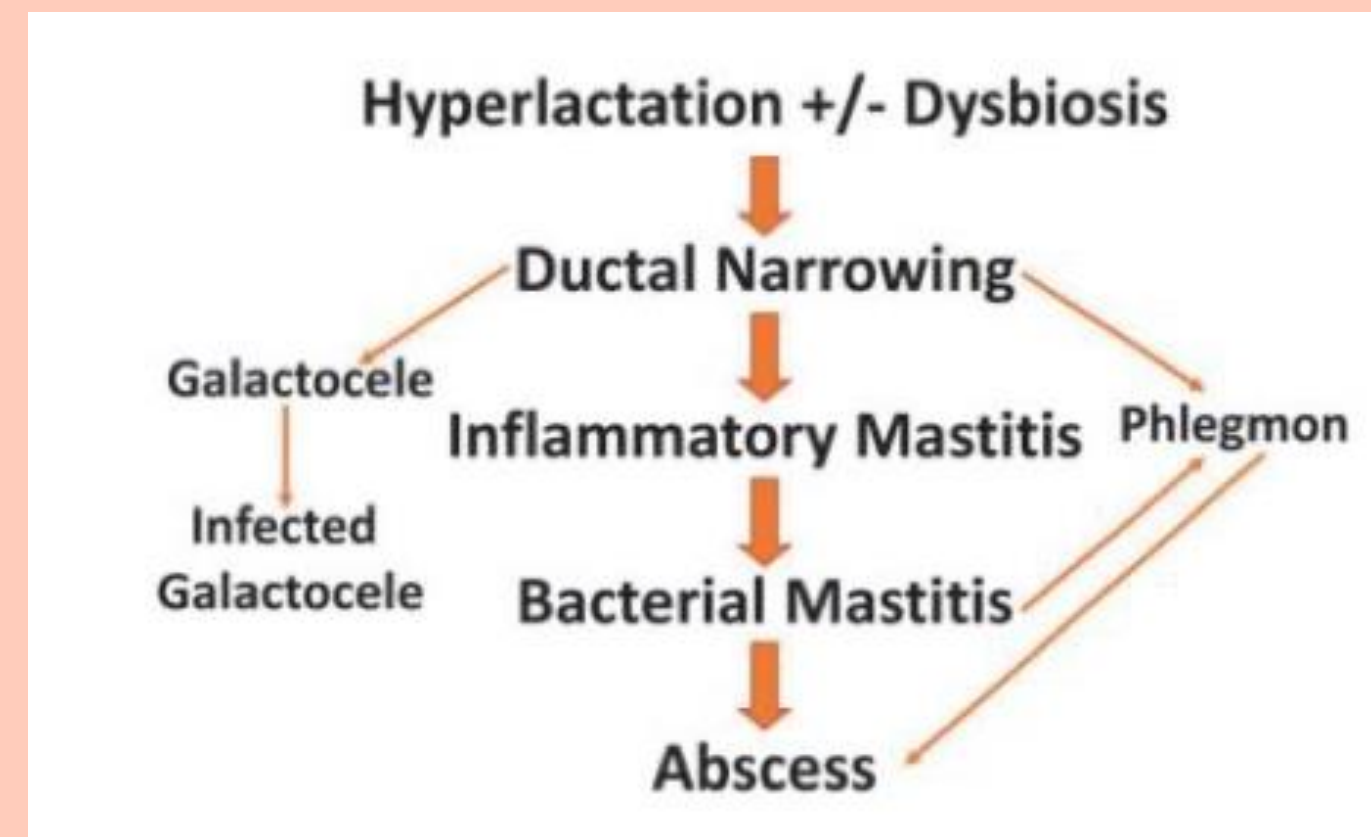
What?

SIGNES

- White or yellow point on the nipple
- Not always painful during feeding
- Sometimes pain in the breast
- Doesn't change in size during feeding
- No palpable fluid

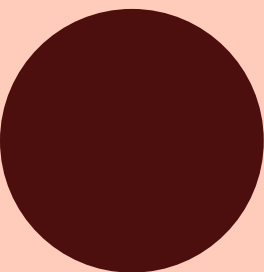
CAUSE

- Problem in the breast - dysbiose
- Ductal inflammation and Narrowing
- Bacterial overgrowth
- Blocked milk duct
- Epithelial cell reaction





NIPPLE PROBLEM - MILK BLISTER *Treatment*



TREATMENT

- Best possible latch
- No pain? No treatment
- Evacuation of blister
 - ☐ Disruption of microbiome according to ABM #36
- Opening?
 - ☐ Consult woman
 - ☐ Hygienic measures
 - ☐ Sterile needle, smallest gauge
 - ☐ Compress 5x5
 - ☐ After a feeding
 - ☐ Pierce 2x, let woman apply pressure herself
 - ☐ Moist wound healing

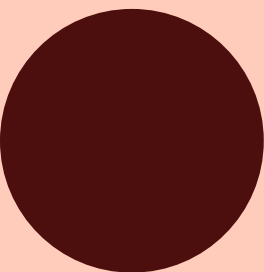
AVOID



- Soak in olive oil, vinegar or saline solution
- Pricking open several times
- Rubbing



NIPPLE PROBLEM - MILK BLEB *Treatment*



TREATMENT

- NSAID
 - ☐ Ibuprofen 400mg (3 times/day)
 - ☐ 600mg? 800mg?
- Topical corticosteroids ointment
- Treat the cause
 - ☐ Dysbiose
- Recurrent?
 - ☐ Lecithine 3600mg - 4800mg/day
 - ☐ ABM protocol: 5g - 10g/day

AVOID



- Opening -> dysbiosis, ductal stricture
- Extra pumping / feeding to get obstruction out
- Evacuation of biofilm may give relief
 - ☐ more risk of symptoms returning or worsening



LACTATION PROBLEM

A problem that interfering with milk production or breastfeeding



NIPPLE PROBLEMS

- Trauma
- Vasospasme
- Milk blister / bleb
- Nipple infection



BREAST PROBLEMS

- Mastitis
- Surgery
- Engorgement



MILK SUPPLY

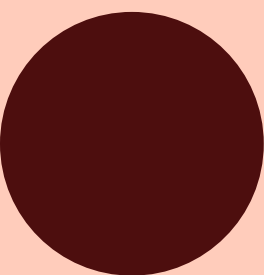
- Too high
- Too low



USE OF MEDICATION



NIPPLE PROBLEM - INFECTION



CANDIDA ALBICANS (later today)

VIRAL INFECTION

PARASITIC INFECTION

BACTERIAL INFECTION

- Causes
 - ☐ Dysbiose
 - ☐ Cracked nipple
 - ☐ Hygiene
 - ☐ Use of breastfeeding aids
- Treatment
 - ☐ Anti-bacterial ointment (Mupirocine - Fucidine)
 - ☐ All Purpose Nipple Ointment ?
 - Mupirocin 2%, Betamethasone 0,1%, Miconazol 2%, purified lanoline

35



CONCLUSION .

Nipple problems



PREVENTION

- Invest
 - ☐ Prenatal
 - ☐ Perinatal
 - ☐ Postnatal
- Inform and learn parents
- Hands-off investment

NIPPLE PROBLEM

- Inform
- Observe
- Trace the cause
- Address the cause
- No standard treatment without cause detection



**There's a solution to every
problem. I just have to find the
right solution to fix this problem.**

Brock Lesnar

quoteancy



- <https://www.opgroeien.be/kennis/cijfers-en-onderzoek/borst-en-flesvoeding#toc-registratie-voeding-op-3-en-12-maanden>
- Volk, A. A. (2009). Human breastfeeding is not automatic: Why that's so and what it means for human evolution. *Journal of Social, Evolutionary, and Cultural Psychology*, 3(4), 305–314. <https://doi.org/10.1037/h0099314>
- Righard, L. (1998). Are breastfeeding problems related to incorrect breastfeeding technique and the use of pacifiers and bottles? *Birth*. Mar;25(1):40-4
- Riordan (2015) - Breastfeeding and human lactation - Fifth Edition
- Spencer J. Common problems of breastfeeding and weaning. UpToDate, laatst geupdated: juni 2018, bezocht: juni 2019
- Tommelein, E. & Muyldermans, J (2019). *Borstvoeding. Een praktische gids voor de zorgverlener*. UitgeverijLannoo
- Dennis CL. et al. Interventions for treating painful nipples among breastfeeding women (Review). *Cochrane Database Syst Rev*. 2014 Dec 15;(12):CD007366.



REFERENCES



THANKYOU

Let's read the nipple

www.inteam-vroedvrouwenpraktijk.be
info@jokemuyldermans.be

