Aim

- Nipple trauma should be recognised and managed appropriately to ensure maintenance of breastfeeding.

Key points

1. During breastfeeding nipple pain is not normal and indicates tissue damage is occurring.
2. Correct positioning and attachment minimises the risk of nipple trauma.
3. Any nipple trauma should be documented in the mother's clinical pathway.
4. There are many causes of nipple trauma, incorrect positioning and attachment is the most common cause. Other causative factors include high arched palate, ankyloglossia (tongue-tie) and dermatological conditions.
5. Nipple trauma increases pain and predisposes the mother to other complications.
6. If pain free attachment cannot be achieved prior to discharge, a follow up appointment at the Breastfeeding Centre is to be offered to the mother for assessment of the mother and baby once the nipples are healed.
7. Breast milk is a natural bacteriostatic lubricant. A little breast milk allowed to dry on the nipple can help prevent nipple soreness and promote rapid healing.¹
Tender nipples

- It is common to experience an increase in nipple sensitivity in the first few days postpartum.
- Nipple pain however, is not normal.
- If sucking is painful, the baby must be detached, by breaking suction before removing baby from the breast.
- If the nipple is misshapen, this indicates ineffective latch.
- Review positioning and reattach to achieve a deeper latch.
- The flow of milk can be stimulated by expressing a little before the baby is put to the breast.
- Check the baby’s orofacial features for a possible cause of the trauma. See CAHS Neonatology Postnatal Ward Clinical Guidelines: Tongue Tie (ankyloglossia) and QRG.
- Careful supervision at each feed is required with the mother who has a tender nipple. Commence MR 261.11 Nipple Pain / Trauma variance.

Damaged (grazed or cracked) nipples

- Commence the ‘MR 261.11 Nipple Pain / Trauma variance’.
- Mothers can continue to feed if attachment can be corrected and pain subsides.
- **If the mother is hepatitis C positive, she must express and discard the milk until the nipple is healed.** See also Department of Health WA consumer information [https://healthywa.wa.gov.au/Articles/F_I/Hepatitis-C-and-breastfeeding](https://healthywa.wa.gov.au/Articles/F_I/Hepatitis-C-and-breastfeeding) (external webpage) and ‘Hepatitis C and Breastfeeding’ information sheet
- If despite optimal positioning, it is still painful for the mother to feed, gently express using an electric pump and feed this milk to the baby. Gentle suction by electric breast pump on low pressure may be more comfortable than hand expressing.
- If expression is painful ensure the correct sized expressing shield is used, this is vital to ensure thorough breast drainage and avoid further trauma.
- Only the nipple should be drawn into the funnel of the shield.
• Generally the damaged nipple is rested until healed, then the baby should be reintroduced to the breast under supervision, checking the nipples before and after each feed.

• If the nipples are not healing with resting or appear to be inflamed and feel sore despite healing, a milk specimen and a nipple swab should be taken for MC&S as there may be infection present.

Discharge planning

• Complete the variance sheet MR 261.11 Nipple Pain / Trauma and give it to the mother.

• Arrange MGP or Visiting Midwifery Service follow up.

• Ensure a follow up appointment at the Breastfeeding Centre is offered to the mother.

References


Bibliography


Related policies, guidelines and procedures

CAHS

• Neonatology Postnatal Ward Clinical Guidelines:
  ➢ Tongue Tie (ankyloglossia) and QRG

### Useful resources and related forms

**Consumer information:**
- HealthyWA website: [Hepatitis C and breastfeeding](external website)
- CAHS ‘Hepatitis C and Breastfeeding’ information sheet

**Forms:**
MR 261.11 Nipple Pain / Trauma variance

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**NSQHS Standards (v2) applicable:**
- ☒ ☐: Clinical Governance
- ☐ ☐: Partnering with Consumers
- ☀ ☐: Preventing and Controlling Healthcare Associated Infection
- ☒ ☐: Medication Safety
- ☒ ☐: Comprehensive Care
- ☐ ☐: Communicating for Safety
- ☐ ☐: Blood Management
- ☐ ☐: Recognising and Responding to Acute Deterioration

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