



Lauren Maggi, July 18, 2023

Evaluation and management of Nipple Pain

Definition or Key Clinical Information: Nipple pain can be caused by a variety of reasons outlined below. A physical exam taking into account subjective and objective symptoms is needed to screen for diagnosis. Nipple pain occurs in around 76% of nursing parents and is one of the most common reasons for cessation of breast/chestfeeding (Douglas, 2022).

Assessment

Risk Factors

- The first week postpartum
- History of Raynauds Syndrome
- History of autoimmune disease
- History of nipple or breast trauma

(Douglas, 2022)

Subjective Symptoms

- Pain intensified with nursing
- Bleeding or discharge of the nipple
- Low-supply
- Discoloration of the nipple after feeding

(Douglas, 2022)

Objective Signs

- Blisters, bruises, erythema, oedema, cracks or fissures, ulcers and/or exudate
- Discoloration of the nipple after feeding

(Douglas, 2022)

Clinical Impressions

- Client has visible nipple damage, low milk transfer shown with a weighted feed.
- Client is complaining of nipple pain and is in discomfort while nursing.

Clinical Test Considerations

- PCR swab if Herpes Simplex Virus is suspected (Douglas, 2022)
- Infant evaluation for lip or tongue tie (Geddes et al., 2008)

Differential Diagnosis

- Herpes Simplex Virus (HSV)

- Vasospasms
 - Raynauds Syndrome
 - Autoimmune disease
 - Thrush
 - Secondary infection such as cellulitis
 - Tongue or lip tie in infant
- (Douglas, 2022)

Management plan

Therapeutic measures to consider within the CPM scope

- Nipple shield until alternative diagnosis or nipple heals
- Increase airflow to nipple with less clothing restriction, especially while sleeping
- Ibuprofen
- Hand expression until nipple is healed
- Topical anti-fungal if thrush is suspected

(Douglas, 2022)

Therapeutic measures commonly used by other practitioners

- Nifedipine if diagnosed with Raynauds Syndrome
- Topical and/or oral antibiotic for infection

Ongoing care Follow up in one week with instructions to contact provider if pain worsens. Referral to a pediatric dentist if parent is concerned about lip or tongue tie.

Indications for Consult, Collaboration, or Referral

- IBCLC for latch evaluation
- Pediatric dentist for evaluation of determining if a lip or tongue tie is present
- General practitioner for antibiotic if infection is indicated

Client and family education

- Handout on healing nipple trauma
- Handout on how to achieve a deep latch

References

- Douglas, P. (2022). Re-thinking lactation-related nipple pain and damage. *Women's Health, 18*, 174550572210878. Retrieved July 18, 2023, from <https://doi.org/10.1177/17455057221087865>
- Geddes, D. T., Langton, D. B., Gollow, I., Jacobs, L. A., Hartmann, P. E., & Simmer, K. (2008). Frenulotomy for breastfeeding infants with ankyloglossia: Effect on milk removal and sucking mechanism as imaged by ultrasound. *Pediatrics, 122*(1), e188–e194. Retrieved July 18, 2023, from <https://doi.org/10.1542/peds.2007-2553>