Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

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SUMMARY	To provide support and advice for mothers experiencing nipple pain and damage in the post-partum setting, while ensuring the neonate receives adequate intake.
Key Words	Breastfeeding, nipple pain, damage, breastfed neonates, postpartum.

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Nipple Pain or Damage in the Postpartum Period

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Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to provide support and education to woman experiencing nipple pain and/or nipple damage in the postpartum period and to ensure the neonate has adequate intake.

2 RESPONSIBILITIES

2.1 Clinical Midwifery Consultant (CM/NC) - Lactation

Assess and manage persistent unresolved nipple pain. Assess and manage neonatal intake requirements. Implement and review a breastfeeding plan.

2.2 Staff (medical, midwifery, nursing, allied health)

Midwives and nurses trained in breastfeeding support are equipped with the knowledge, skills and resources to assist mothers dealing with nipple pain and damage in the postpartum hospital environment. Persistent issues can be referred to the CM/NC Lactation.

Medical and nursing staff not typically involved in breastfeeding care should refer mothers to midwives or the CMC Lactation or Breastfeeding Support Unit (BSU).

3 PROCEDURE

3.1 Clinical Practice points

- Complete initial Breastfeeding Assessment in the Maternal Clinical Pathway for Normal Vaginal Birth or Caesarean within 24 hours of birth
- Obtain verbal consent from woman to examine breasts and nipples
- Perform hand hygiene
- Assess skin integrity and pain in breasts and nipples before a feed
- Observe positioning and attachment of neonate at breast with the woman's consent
- Provide education on optimal positioning, attachment and hand expressing
- Observe nipple shape on detachment to assist with assessment and explain observations to woman

- Obtain consent to examine neonate with attention to oral cavity. Refer to Ankyloglossia policy if tongue-tie suspected
- Educate the woman on breastmilk expression, storage and supplementation methods for neonates when direct breastfeeding is not an option
- Provide fact sheets on breastmilk expression, storage and care of lactation equipment
- Encourage unrestricted skin to skin contact for mother/neonate dyad
- Demonstrate spoon, cup or finger feeding techniques as per policy
- Refer woman to 'Breastfeeding in the First Week' handout for an explanation of expected neonatal output to assess adequacy of intake
- Complete consent for formula supplementation and file in medical record if supplementation with formula is required or requested by woman
- Document observations and interventions in electronic medical record (EMR) for woman and neonate
- Collaborate on a feeding plan aligned with the woman's breastfeeding goals. Print, sign and place a copy in her notes
- Re-assess nipple pain and damage at subsequent breastfeeds and update feeding plan appropriately
- Discuss option to follow up at the BSU and provide a time to attend
- Outline post-discharge support including Midwifery in the Home based on the woman's model of care. Discuss resources like Child and Family Health, the 24-hour Australian Breastfeeding Association hotline, ABA breastfeeding community groups and BSU at RHW in the initial 3-4 weeks postpartum

3.2 Documentation

- Maternal Care Plan
- Neonatal Care Plan
- Electronic Medical Record

3.3 Education Notes

- The RHW is a Baby Friendly Health Initiative (BFHI) accredited facility and abides by the 10 Steps to Successful Breastfeeding. Staff who assist mothers to breastfeed are trained to support mothers who have sore/damaged nipples[1]
- Various maternal and neonatal factors contribute to nipple pain have been identified or theorised[2:]
  - Poor skin health e.g. eczema, thrush
  - Dietary deficiencies
  - Flat or retracted nipples
  - Use of nipple shields, especially if using the incorrect size or incorrectly fitted
  - Lack of nipple exposure to light and air
  - Breast engorgement
  - Nipple vasospasm
  - Incorrect positioning of neonate at the breast

  - Unrelieved negative pressure and breaking suction incorrectly
  - Incorrect sucking action
  - Mouth or palatal abnormalities
  - Local staphylococcus aureus infection
- Supporting correct positioning and attachment is crucial to prevent nipple trauma, minimise damage and optimise breastmilk transfer to the neonate[2]
- A common reason for the early cessation of breastfeeding is painful nipples. Timely support can help mothers continue to breastfeed[6]
- The Cochrane database review found that there was insufficient evidence to recommend any one treatment for nipple pain or trauma. This review found that, regardless of the treatment used, most women's pain reduced to mild levels by days 7-10 postpartum[7]
- If the baby is comfortably attached and feeding well, there should be no pressure on the nipple and direct feeding can continue. Resting and expressing is not without risk and should not be the first option[2]
- Expressed breastmilk can be applied to painful and damaged nipples due to its antibacterial and antiviral properties[1,2,6]
- Breastmilk is a natural agent that is biologically made for the body with no secondary effects. It is always readily available and can be used across all social and economic groups[2]
- Silverrettes or silver discs are designed to treat nipple fissures, with evidence supporting their effectiveness for this purpose. However, they lack evidence as a preventative measure against nipple damage. While they reduce friction from clothing, they inhibit air drying and keep nipples moist, warranting caution regarding their use[6]
- Hepatitis C is not transmitted through breastmilk. Women with hepatitis C are encouraged to breastfeed. However, as hepatitis C is spread by blood, if cracked or bleeding nipple/s occurs, breastfeeding from that breast should be temporarily suspended. Breastmilk expression should continue to promote milk supply but discard breastmilk until bleeding has ceased[4,5]
- The American Centre for Disease Control states that women with Hepatitis B experiencing cracked or bleeding nipples should express and discard their breastmilk until the bleeding stops. Lactation support is recommended during this time to help maintain breastmilk supply[5]

3.4 Related Policies/procedures

- NSW Health PD2023_025 Infection Prevention and Control in Healthcare Settings.
- NSW Health GL2023_021 Breastmilk: Safe Management
- Breastfeeding – Protection, Promotion and Support
- Breastfeeding – Delayed Onset Lactogenesis II, Early Intervention and Management
- Breastfeeding Support Unit (BSU)
- Supplementary Feeding of Breastfed Neonate in the Postpartum Period

3.5 References

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4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 1 - Clinical governance
- Standard 2 - Partnering with consumers
- Standard 3 - Preventing and controlling infections
- Standard 4 - Medication safety
- Standard 5 - Comprehensive care
- Standard 6 - Communicating for safety

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
08/03/2019	Version 1.0	Maternity Services LOPs Committee
14/4/2025	Version 2.0	Review of LOP and transition to new CBR template by Lactation Services
13/5/2025	Version 2,1	Transcribed to new template