

## **New Treatments for Sore Nipples and Fast Recovery After Abscess Drainage**

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### **Wound treatment - How to treat sore nipples?**

A wound elsewhere in the body is usually caused by a single event, while the nipple undergoes frequent, ongoing mechanical pressure. This is a special challenge.

#### **What are the options for treating sore nipples?**

- **Pain control**
- **Drying/ airing out the nipples** - Drying the nipples delays healing
- **Applying breastmilk** - Breast milk contains antibacterial substances and growth factors that stimulate healing. However, breastmilk alone, with no means of maintaining a moist environment, may cause the breast pad to stick to the breast, causing trauma to the skin and delaying healing
- **Moist wound healing** – Is consistent with therapeutic approaches for wounds elsewhere on the body. Maintaining moisture facilitates the mechanism of secondary healing, which is also effective in reducing pain. Studies have shown that moisture retention accelerates healing and allows epithelization.

**Treatment – should not:**

- Be toxic
- Be bitter
- Have to be washed before breastfeeding
- Cause sensitivity or dermatitis
- Contain elements that are not recommended for oral exposure

**Treatment options for maintaining a moist environment**

A comparative meta-analysis study that examined the reported efficiency of commercial treatments did not find a clear preference for one of the treatments (Dennis, Jackson, & Watson, 2014).

Homemade treatments, some of which have been scientifically tested and compared, include organic edible oils, such as coconut oil, olive oil and mint (Walker M., 2013).

All the treatments examined, both commercial and homemade, were difficult to compare under appropriate research conditions.

Lactation consultants should be aware of the different treatment options and consider the advantages and disadvantages of each method while ensuring **proper use**.

- ✓ Wounds at the base of the nipple - Indicate a wrong position
- ✓ Wounds on the nipple itself – Indicate a shallow latch

**Above all, correct latch and positioning are most important in reducing pain and healing**

## **Abscess**

**Abscess** - Localized collection of pus that the body walls off.

**Incidence:** 2-11% of women who have mastitis (Amir, 2004).

**Abscess usually develops as a result of:**

- Inappropriate management of mastitis
- Lack or postponed treatment for mastitis
- Mastitis that does not react to treatment (rarely)

**Abscess diagnosis** - By clinical examination, U/S

**Treatment of abscess:**

- Drainage
- Antibiotics
- Rest

**Breastfeeding can continue even on the affected side, depending on where it was drained**

**Breastfeeding on the affected side will not prevent healing, and may have several advantages:**

- Prevent engorgement
- Prevent recurrent mastitis
- Prevent side preference by the baby

❖ A breast that has gone through an abscess is at risk of undergoing recurrent abscess

### **Support the mother**

- She is in pain
- She is worried about the baby
- She is desperate from breastfeeding

### **Reference List:**

1. Dennis, C. L., Jackson, K., & Watson, J. (2014). Interventions for treating painful nipples among breastfeeding women. *Cochrane Database of Systematic Reviews*, (12).
2. Amir, L. H., Forster, D., McLachlan, H., & Lumley, J. (2004). Incidence of breast abscess in lactating women: report from an Australian cohort. *BJOG: An International Journal of Obstetrics & Gynaecology*, 111(12), 1378-1381.
3. Walker, M. (2013). *Breastfeeding management for the clinician*. Jones & Bartlett Publishers.