

● Consultants corner: when cracked nipples get complicated!

Julie B. gave birth on October 23, 2009 to a healthy little boy named Arsène. He does not have a tongue-tie or any other oral anatomical problem. The mother's nipples are "very small and tucked in".

From the first feeds the mother was sore. A friend who breastfeeds her child looked at the positioning and the latch seemed perfect. When the milk came in, the breast was harder to latch on to. Steps are taken to make the nipple pop out. The adhesions which prevent it from protruding are starting to break thanks to the negative pressure exerted by the baby when nursing. Unfortunately the skin between the nipple and the areola is also giving way, at first the crack is on 30% of the diameter. The sores occasionally bleed during feedings.

The mother meets with Emilie Hoizey, a leader from the local association, on October 30th, 2009. **Particular attention is given to the positioning the baby for a feed and the latch.** The mother uses **mother's milk compresses**, which she covers in cling film, and changes after each feed.¹

Three days later, because of a plugged duct, Arsène nurses more often on the left breast which leads to a crack perpendicular to the first one which makes the situation worse! The crack now runs almost completely around the junction between the areola and the breast, but the nipples are protruding!

Arsène is 6 weeks old when she meets Charlotte Bodeven, Lactation Consultant IBCLC, during a meeting of the local association. Charlotte immediately suspects a **secondary infection**. The very next day, Julie B. sees the doctor that the consultant refers mother to: Dr Alain Boutry, a general practitioner in Buc (78). He asks for skin and milk samples and tests that will confirm his suspicions. A staphylococcus aureus is responsible for the secondary infection and the deepening of the sores. **A treatment plan is put in place.** The treatment has the desired effect. After 10 days the sores have completely healed. Julie B. was able to celebrate the holidays serenely!

Julie B.'s treatment

1. Bacterial and fungal test of the breasts and milk.
2. BETADINE SCRUB '4 %
Clean the area morning and night with a solution made of 1part betadine, 2 parts water for 3 to 4 days.
3. FUCIDINE 2 % CREAM 15 G TUBE
Apply a thin coat of cream after each feeding, clean off the breast before feeding, continue for 7 days.
4. BRISTOPEN 500 MG CAPSULES 12
2 capsules morning and night for 6 days.

¹ In a personal communication on 7/7/2009, Véronique Darmangeat, Lactation Consultant IBCLC, www.allaiteraparis.fr, explains this method but states that "if it hurts, immediately remove the compress, in all likelihood there is a secondary bacterial infection or thrush". She certainly was right!

Approximately 3 weeks after the birth, this mother had taken a course of antibiotics because she had suffered a severe tear in the perineum that was not healing. Unfortunately, the germs present on the nipples were not affected by the prescribed antibiotic. (Oxacilline). The nipples were unable to benefit from it! In the past, it was in this way that one of the LC's clients saw, to her great surprise, her cracked nipples heal after she had her wisdom teeth pulled for which she had been prescribed antibiotics.

This type of situation, where a mother hangs on, and persists with breastfeeding arouses multiple reactions from her family circle and from the medical professionals that treat her. Julie B was willing to share her experience from this period. It will help us to better understand these mothers that stick it out in the face of adversity.

References from *Breastfeeding Management for the Clinician. Using the Evidence*. With permission from the author Marsha Walker. **See bacterial infections p. 372**