Sore Nipples Case Study
(20 minutes – 4 minutes per page)

Birth

- 29 year G1P0
- Unremarkable pregnancy,
- Labour started spontaneously at 41 weeks gestation,
- Mother received nitrous oxide, epidural, oxytocin
- Healthy baby boy born during a spontaneous vaginal delivery after 15 hours of labor, including 2 hours in the 2nd (pushing) stage.
- History and physical of mother unremarkable, baby has caput succedaneum (serosanguinous fluid in the extra-periosteal space of the head) Mom's breasts are average size, soft. Areolar tissue is pliable. Nipples are evert, left slightly shorter than the right.
- Baby placed skin-to-skin for 20 minutes, did not breastfeed during that time.

What's your best guess as to breastfeeding challenges that may result from this birth?

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What's your best guess as to breastfeeding challenges that may result from this birth?

- Epidural anaesthesia has been found to significantly predict breastfeeding cessation (in Baby Friendly as well as non Baby Friendly Hospitals, and in mothers who breastfed previously).
- Not enough time skin-to-skin to show behavioral feeding sequence
- Caput increase risk of jaundice. Sleepy babies do not feed well.
- Caput increase risk of poor latching due to sore head. Baby may also have soft tissue injury related to the birth of the facial musculature.

Sore Nipples Case Study
0-24 hours

- Baby was awake for the first 2 hours and then has been getting more and more sleepy.
- Baby started waking around 20 hours of age, wanting to breastfeed more often
- 12 hours old, not latching to left breast.
- Mom needs lots of help to latch baby on
- Mother complaining of nipple soreness.
- Friends have told Mother "breastfeeding is supposed to hurt".
- Baby fed 5 times in the first 24 hours)
- Baby sleepy on the breast 15-20 minutes. Stay latched for a few sucks and then come off and this was repeated throughout the feeding
- Baby is calm after feeding.
- Baby has lost 4.3% of birth weight at 24 hours
- Latch-R score L-1, A-1, T-2, C-1, H-0, R-1 (see separate pages describing Latch-R)
- Lots of visitors have held baby.
- Baby voided once and stooled tarry meconium, 2 times.

What changes would you make to the feeding plan?

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What changes would you make to the feeding plan?

- Increase skin-to-skin. Discuss safety re STS positioning
- Instruct re hunger signs so that baby comes to the breast during signs of early hunger, and increases time at breast
- Observe and teach re positioning and latch to improve effectiveness of milk transfer
- Assess baby's suck to ensure good tongue movement. Baby's tongue is bunching and he is gumming. Tongue walking was taught to parents
- Instruct re breast compressions to increase milk availability
- Review normal breastfeeding frequency and behaviour in the first few hours and days.
- Instruct re hand expression with every breastfeed attempt. Any EBM should be collected and given to the baby with a teaspoon (expect to see drops – 5 mL for tiny tummy)
- Use modified lanolin for nipple soreness and drops of breast milk.

Sore Nipples Case Study
24-48 hours

- Baby latching better on the right breast, but poor on the left
- Baby's suck is improving with tongue walking but still gums initially
- Mother has sore nipples both sides, and her left nipple is compressed after breastfeeding. Trauma visible in the form of a red line on the tip of the nipple
- 1 meconium poop, 2 wet diapers
- Sleepy baby needs to be woken for 2-hour feedings during the day.
- Baby waking more over night, fussy and wants to nurse frequently but falls asleep at the breast after a few sucks- a few minutes
- Baby cluster fed for 2 hours overnight, back and forth, from one breast to the next
- Baby has lost 7.4% of birth weight at 48 hours of age
- Latch-R score L-1, A-1, T-2, C-1, H-1, R-1 (see separate pages describing Latch-R)
- Mom is exhausted
- Dad is present and willing to help

What changes would you make to the feeding plan?

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- Mom is exhausted
- Dad is present and willing to help

What changes would you make to the feeding plan?

- Encourage skin-to-skin
- Watch that mother is responding to early hunger signs so that baby comes to the breast during signs of early hunger, and increases time at breast
- Observe and reinforce positioning and latch to improve effectiveness of milk transfer
- Continue with tongue walking
- Change position on the left side, perhaps baby has some discomfort
- Teach Dad how to assist Mom with positioning baby and improving latch as needed
- Continue with hand expression and feed baby colostrum in a spoon, expect to see increasing milk volumes.
- If supplementation is required: 10 - 15 mL for tiny and growing tummy
- Continue with drops of milk and lanolin to nipples
- Education should include night time behaviour

Sore Nipples Case Study
48-72 hours

- Baby still struggling with latch on the left breast, shallow but improving
- Baby is no longer biting with tongue walking
- Mother has sore nipples both sides, and her left nipple is cracked and bleeding
- Breasts are becoming fuller
- 3 wet diapers, and 2 transitional stools
- Moderately jaundiced, slightly lethargic,
- Baby needs lots of stimulation to stay awake to breastfeed
- Baby breastfeeding every 2.5-3 hours during the day, cried and fed frequently the night before.
- Mother is very tired.
- Mom slept with baby in skin to skin for 2 hours between a feeding while Dad watched to make sure they both were pink and breathing.
- Baby has lost 8.5% of birth weight at 72 hours of age
- Latch-R score L-2, A-2, T-2, C-1, H-2, R-2 (see separate pages describing Latch-R)

Discharge? Or Keep for an Extra Day to do Light Therapy?

Does a Discharge on Friday make a difference to your recommendation?

What changes would you make to the discharge feeding plan?

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48-72 hours

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- Latch-R score L-2, A-2, T-2, C-1, H-2, R-2 (see separate pages describing Latch-R)

Discharge? Or Keep for an Extra Day to do Light Therapy?

Does a Discharge on Friday make a difference to your recommendation?

What changes would you make to the discharge feeding plan?

- Encourage skin-to-skin
- Emphasize nursing during the early hunger signs
- Ensure baby is waking and feeding at least 8 times every 24 hours
- Ensure latch is comfortable. Mom recognises that she is afraid to latch on the left side and might be pulling back/away at the last second
- If the breast if filling, perhaps that might be the cause of the shallow latch on the left side. Mom could hand express to soften prior to the feeding.
- Watch and listen for swallowing: teach parents how to recognize nutritive suckling
- Offer both breasts with every feeding, use breast compressions to increase milk transfer, and soften mom's breasts
- EBM drops and consider medication for sore nipple – Viaderm
- Teaching re co-sleeping etc. (See Care Map)

Sore Nipples Case Study
Day 4

- Community Health Contact (A.M. phone call, P.M. visit)
- Baby boy over 72 hours old, latch on the left breast has improved
- Physical exam of mother and baby unremarkable
- Mother's right nipple is healthy, non-tender, left nipple may be a little improved,
- Milk supply has increased, with no engorgement
- Mom reports both breasts are softer after feedings
- Audible swallows throughout the feedings
- 4 wet Diapers, 4 green/yellow poops in the last 24 hours.
- Moderately jaundiced, baby breastfeeding every 1.5-3 hours during the day, more frequently over night, fed four times the night before. Mother has not had much time to rest.
- Baby has is at 8% of birth weight
- Latch-R score L-2, A-2, T-2, C-1, H-2, R-2 (see separate pages describing Latch-R)
- Mom and Dad are doing skin to skin several times a day

What changes would you make to the at-home feeding plan?

Sore Nipples Case Study
Day 4

- Community Health Contact (A.M. phone call, P.M. visit)
- Baby boy over 72 hours old, latch on the left breast has improved
- Physical exam of mother and baby unremarkable
- Mother's right nipple is healthy, non-tender, left nipple may be a little improved,
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- Latch-R score L-2, A-2, T-2, C-1, H-2, R-2 (see separate pages describing Latch-R)
- Mom and Dad are doing skin to skin several times a day

What changes would you make to the at-home feeding plan?

- Encourage skin-to-skin
- Emphasize nursing during the early hunger signs
- Make appointment with mother weigh baby in two days
- Continue EBM and lanolin/medication for sore nipple – Viaderm
- Teaching re ongoing breastfeeding expectations and care

The rest of the story – 120 hours (or Day 5)

Baby gained two ounces. Mom's crack is slowly healing. Mom is still tired and is being encouraged to sleep when baby sleeps. Mild jaundice, phototherapy was not required

Sore Nipples Case Study
Additional questions:

1. What if the mother and baby had developed a fever? Is an antibiotic for mother or baby a contraindication to breastfeeding?

2. What if the mother had been unable to express enough colostrum to wake and feed the baby? How much formula would you give at 12, 24 and 48 hours?

3. What if an examination of baby at 12 hours found an tongue tie? What would you recommend? If you recommend a clip, who would do it?

4. Why is this mother more at risk for mastitis?

5. What if the mother was uncertain about exclusive breastfeeding? What would you tell her?