

Ointments containing astringents or anesthetic agents are not recommended because they are potentially harmful to both mother and baby. Also, numbing the nipples may inhibit the let-down, or milk-ejection reflex. Some creams or ointments may irritate a sensitive mother's nipple, causing dermatitis, an inflammation of the skin.

Too much cream or ointment applied to the nipple may make it so slippery that latch-on is difficult for the baby. Repeated use of some creams and ointments may clog the pores of the nipple, the areola, and the Montgomery glands.

If a nipple cream or ointment needs to be removed before the baby nurses, the rubbing may further damage the nipple and contribute to soreness. If the mother wants to use a cream or ointment, suggest she choose Lansinoh Brand Lanolin for Breastfeeding Mothers® which can be safely left on the nipple for feedings.

In the past, some have recommended a drop or two of vitamin E oil squeezed from the capsules onto the nipples to help promote healing. Others have expressed concerns about the possibility of side effects if babies ingest too much vitamin E. In one study of full-term babies and their mothers, after the mothers applied liberal amounts of vitamin E on their nipples, their babies' blood levels of vitamin E rose, but not out of the normal range (Marx 1985). Another concern about vitamin E is possible skin reactions in the mother. Although vitamin E almost never produces allergic reactions when swallowed, vitamin E preparations used to treat burns have been found to produce contact dermatitis and hives in some individuals (Fisher 1986; Aeling 1973; Minkin 1973; Brodtkin 1965). A product less likely to cause skin reactions would be a better choice for use on the nipples.

Creams, ointments, lubricants, or moisturizers should never be used as a substitute for finding and correcting the cause of a mother's soreness.

An alternative to creams and ointments is the mother's own milk, which has antibacterial properties. One study (Akkuzu and Taskin 2000) found that the women who applied expressed milk to their nipples after feedings had a significantly shorter duration of cracked nipples than the mothers who dried their nipples after feedings. If the mother prefers this option, encourage her to express a few drops of her milk after the baby has finished nursing and rub it gently into the skin, allowing her nipples to air dry afterwards. In many cultures, skin irritations are commonly treated with human milk.

When choosing a product to use on her nipples, suggest the mother carefully read the label and choose one that either does not leave a harmful residue or is safe for human consumption, as her baby may ingest some of it when he nurses.

One such product is USP modified lanolin. However, there are many formulations of USP modified lanolin and some contain higher levels than others of pesticides, as well as the components identified as the cause of lanolin allergy: free lanolin alcohols and detergents. Lansinoh Brand Lanolin for Breastfeeding Mothers® is the purest brand of USP modified-lanolin available and it is the only brand endorsed and recommended by La Leche League International. It does not need to be removed before feeding, guarantees pesticide levels below one part per million, free lanolin alcohols at 1.5 percent or below, has no preservatives, and is the only lanolin to test for detergent levels, which are held below 0.05 percent. When USP modified lanolin is produced to these specifications, clinical studies conducted on lanolin-sensitive patients failed to elicit a single allergic response (Clark 1981).

If the mother wants to apply something to her nipple to speed healing, human milk expressed at the end of the feeding can be used.

If the mother wants to apply something to her nipple other than her milk, suggest she choose a product that is safe for the baby.

NIPPLE PROBLEMS