

Breastfeeding and Medication



What do mothers want healthcare professionals to know about nipple pain during lactation?

In June 2020, a topic was raised on the facebook page Breastfeeding and Medication (<https://www.facebook.com/breastfeedingandmedication.>) It asked three questions:

1. What would you like your health care professionals to know about breast pain during lactation?
2. How does nipple pain make you feel emotionally?
3. Does it affect the rest of your family too?

In the following 24 hours it was seen by 6373 people reached and elicited 34 comments.

What would you like your health care professionals to know about breast pain during lactation?

Several themes emerged particularly focussing on the need for training of all professionals. This is exemplified by the following comments from the mothers:

"That it isn't normal, but to give mums hope it can be improved upon or alternative management until cause is corrected, but often more complex than just a bit of cream"

"that pain isn't normal, and I don't particularly care that "it looks fine" or that baby is putting on weight fine"

"Understanding that formula isn't the solution and that some of us want to work at it. That it happens and telling you maybe you should bottle feed doesn't help. It makes you feel like you're failing. You just told me; you can never keep it up...just watch me!"

"I had very bad mastitis when I had my first baby which was missed by my health visitor as I didn't have any redness at the time. She said if it didn't feel like "razor blades" then it wasn't mastitis and didn't advise me to see the GP! I have a high pain threshold, so I didn't think it

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was that bad! I think health professionals need to know about all symptoms not just fever and redness and not assume it's "normal" to experience pain when breastfeeding"

"That it's OK as a professional to say you don't know and you don't have an answer, and it's OK to point people to someone else that might have an answer. In particular, if you are a health professional and a mother asks you "do you think the latching is good?", it is OK to say "latching/breastfeeding is not my area of expertise, but you can ask to see this other person or attend this group"

There was also another theme that pain during breastfeeding can occur because of other conditions. Those mentioned most often were Raynaud's syndrome and thrush both of which, for these respondents were either not recognised or poorly treated. A recurring point was that thrush is often over diagnosed.

"Pain can happen/only start after baby turns one. Not to be told it is thrush constantly when it isn't and not to be told now is the time to stop and being questioned about it. Every professional turned me away or just gave me another number, take the time to see your mums not diagnose on what it sounds like it could be"

"I have breastfed for 2 years and counting, and the first 2 months were total agony, and I cried every feed. Every support person bar one said feeding 'shouldn't hurt' and I or baby must be doing something wrong. A lactation consultant eventually diagnosed me with Raynaud's Syndrome of the nipples, and it went away when the weather got warmer."

"I had a huge "that's an actual thing?!!" moment when I came across somebody mentioning Raynaud's online whilst pregnant with my first; when I told the consultants about it at my next appointment, explained that tiny temperature changes could trigger it, and it felt like somebody was holding a lit cigarette lighter against me for 30 minutes at a time, etc, they prescribed it. My GPs hadn't heard of it and didn't know it was a thing. It took me about a week with my first to work out that it had gotten worse, and I needed to increase from 10mg daily to 20mg when my milk came in, and that's why breastfeeding was torturous. (Didn't help that I listened to people telling me how long she "should" feed for, they didn't mention cluster feeding, etc... We were both pretty miserable for a few days until the penny dropped, I upped the meds, and stopped listening to bad advice.)"

"That it's not always bloody thrush!!!!"

Diagnosis of tongue tie being delayed was also mentioned by several respondents.

"Tongue tie is painful for mums I thought waiting 3 days was too long I feel for those mums who have to wait weeks. There should be a properly trained midwife on every shift at hospital so it can be dealt with straight away."

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"I'd like caregivers to appreciate just how much tongue tie can hurt. I'd give birth a thousand times over rather than go through that again, cabbage leaves don't cut it I needed some proper pain medication!"

The comment that seemed to epitomise many of the comments that are made on the page refers to the lack of breastfeeding education in many undergraduate training programmes which are often only rectified by an interested mentor or personal experience. For the first time the British Pharmacological Association are including questions on medication in lactation in their box set training (<https://community.bps.ac.uk/>). This has yet to be addressed for several of the other professional training programmes at undergraduate level.

"I mean, just some education on breastfeeding would be a massive improvement from the current status quo"

"Breastfeeding and breast pain /conditions should be included in nurse training in particular advanced nurse practitioner training. I had absolutely no training on breast care let alone breastfeeding during my courses."

How does nipple pain make you feel emotionally?

There were 16 comment on how mothers felt emotionally when dealing with nipple pain. It is clear the distress caused was difficult for many. Several spoke of feeling angry and frustrated that they hadn't been able to achieve pain free breastfeeding:

"Like 'I was doing it wrong' or being a 'failure'. Emotionally low"

"Irritable/frustrated/angry/anxious"

"Frustrated but determined to push through as friends told me it will pass"

"Conflicted, sad, powerless, frightened"

A further theme was dreading the pain of the next feed but feeling that they had to do it anyway. These are women determined to follow their chosen method of feeding whatever the cost to themselves because it was optimal for their precious babies. Antenatally, we stress the benefits of breastfeeding for mother and baby but once the baby is born too often the support is lacking to facilitate it. The emotion behind these comments should not be ignored. These are women trying to do the best for their babies yet too often we don't make that an easy journey. How many of these would be highlighted as having possible post-natal depression?

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“Pretty awful. Dreading feeding your precious darling baby can become not wanting to pick them up or hold them - because if you do, they will want to nurse”

“Cross! Want to respond to feeding cues but dread every feed. Love your baby hate that it’s so difficult”

“Useless, heartbroken, like I was doing something wrong. I never hated my baby, but I did start to hate having to feed her, I'd cry a lot. Emotionally very down at those times”

“Emotionally you anticipate every feed, wondering what you are doing wrong, and how much it will hurt this time. you feel a difficulty bonding when this should be the most natural thing in the world. Something you just want to love doing. this isn't just around the pain, but I feel I had an element of PND around feeding, and with my second pregnancy I cried every time feeding was discussed. not because I didn't want to do it but at the trauma”

“Useless as couldn't solve the problem, got no help, left me upset and really down could not stop crying”

Does nipple pain during lactation affect the rest of your family too?

There were eleven responses to the affect on the rest of the family. Most referred to the effect on the partner. The common theme in many was that they feel helpless.

“My partner wanted to help and suggested bottle feeding, but that's not what I wanted. It's difficult to support somebody when they can't really help”

“My husband struggled hugely with how it affected me”

“When your baby and wife are both sobbing hysterically and there's nothing you can do about it, it's going to impact you too”

“They feel sad, angry, powerless, more likely to resent breastfeeding”

“Helpless, because they can only watch you suffer”

The effect on the rest of the family, including the baby and older children was also mentioned.

“It completely affects the whole family as my partner and older daughter watch me in pain”

It's also very difficult to get anything else done when you're constantly breastfeeding in pain.”

“Family affected by snappy, emotional mum”

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“Baby can feel the tension, older siblings can see the tears, daddy feels helpless that there is no way of physically helping mom out of the pain”

“Other members of the family get short shrift when they mention “I think she's hungry”. YES, I KNOW! But I can't handle feeding right now.”

Discussion

Experiencing pain when breastfeeding is acknowledged as common. It is the cause of many women not achieving their breastfeeding goals. The comments made by the respondents to this very small survey demonstrate clearly that healthcare professionals need to understand how to listen, what to look for when a mother describes pain and if breastfeeding isn't a skill set you possess to know who to refer to. Nationally we need more, rapidly available, skilled breastfeeding advocates and supporters using evidence-based information. This needs investment – in time, training and financial input but will give our precious babies the best start for the future.

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