Why does it hurt so much? Understanding women’s experience of breastfeeding-related pain

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Breastmilk makes the world healthier, smarter, and more equal: these are the conclusions of a new Lancet Series on breastfeeding. (Thelancet.com, 2016)
A randomized controlled trial evaluating lanolin for the treatment of nipple pain among breastfeeding women.
This study evaluated:

• The effect of lanolin on pain intensity
• The effect of lanolin on breastfeeding outcomes
• Women’s satisfaction
• The effect on women’s breastfeeding self-efficacy
Results

- No significant difference in pain intensity at 4 or 7 days PP
- No significant difference in breastfeeding outcomes
- No significant difference in pain quality at 4 or 7 days PP
- No significant difference in breastfeeding self-efficacy

Women who used lanolin were more satisfied than those who received standard care (p = 0.001).
Lanolin for the treatment of nipple pain in breastfeeding women: a randomized controlled trial

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Abstract

Nipple pain and damage are commonly experienced by breastfeeding women and are associated with negative breastfeeding outcomes. Health care providers often recommend the application of lanolin to treat painful damaged nipples, yet no randomized controlled trial has evaluated the effectiveness of lanolin on nipple pain and breastfeeding outcomes. The purpose of this study was to evaluate the effect of lanolin on nipple pain among breastfeeding women with damaged nipples. A randomized, single-blind, controlled trial was conducted at a tertiary care hospital in Hamilton, Ontario, Canada. Breastfeeding women (N=186) identified as having nipple pain/damage were randomized to apply lanolin (intervention group) or no treatment (control group, n=93). The primary outcome was nipple pain at 4 days post-randomization measured by the Numeric Rating Scale. Additional outcomes included nipple pain measured by the Short Form McGill Pain Questionnaires, breastfeeding duration/activity, breastfeeding self-efficacy, and maternal satisfaction with lanolin treatment versus usual care. The results revealed no significant group differences in mean pain scores at 4 days post-randomization. Women in both groups experienced clinically relevant decreases in nipple pain by 7 days post-randomization. Significantly, more women in the lanolin group reported that they were satisfied with treatment compared with those receiving usual care. No significant group differences were found for other secondary outcomes. While more women were satisfied using lanolin, its application to sore/damaged nipples was ineffective for reducing nipple pain or improving breastfeeding outcomes.

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Introduction

Although there are many factors that contribute to a woman’s decision to initiate and continue breastfeeding, evidence suggests that most women discontinues breastfeeding prematurely because of perceived difficulties rather than maternal choice (Dennis 2002). Nipple pain and damage is a common occurrence for breastfeeding women in the early postpartum period (Howat & Higgin 1995; Hewitt & Ellis 1987; Zimmer et al. 1990, Back, Amir, Cullumme & Donath 2014) and is often implicated in breastfeeding cessation (Redfern, 1990; Yeomung et al. 1980). The incidence of nipple pain is high, with reports of 95% of Canadian women (Hewitt & Ellis 1987), 75-79% of Australian women (Hend & Higgin 1995; Back, Amir, Cullumme & Donath, 2014), 62% of women from France (Darmangiat 2011) and 90-96% of US women (Zimmer & Pignone, 1992; Ziemie, Paunce, Shephrey & Cole, 1996) experiencing nipple pain in the early stages of breastfeeding.

Various interventions have been evaluated in the treatment of painful, damaged nipples including breastfeeding education (Clark 1985; Livingstone & Stringer 1990; Dannangrat, 2011; Erzill, Turner, Maloff, Ilan, Hringley & McIntrye, 2004), breast shell (Gosha & Tidy 1988), compression (Laszoneg 1997), ointments (including lanolin) (Clark 1985; Livingstone & Stringer 1990), Kraus et al. 2000; Ridsland 1985; Abou-Dakkar et al. 2011; Dennis et al. 2012), LID phototherapy (Chauve et al. 2012) and tea bags (Laszoneg 1997, Ridsland 1995). Among all of the
Without #breastfeeding support, world's mothers turning to formula with “catastrophic consequences” thelancet.com/pdfs/journals/... @lucymsullivan
Why does it hurt so much? Understanding women’s experience of breastfeeding-related pain
**GOAL**

To gain a more holistic understanding of how pain is experienced by breastfeeding women and how this pain has meaning for them in the context of motherhood, gender, and culture.

- Describe the experience of pain
- Understand how pain may intersect with breastfeeding decisions
- Explore the meaning of pain
Methods

**Design:**
Descriptive qualitative

**Data Collection:**
Semi-structured 60-90 min interviews

**Site:**
Middlesex London Health Unit (London, ON, Canada)
- Infant Growth & Development
- Breastfeeding Drop-in Clinics
Participants

14 English-speaking breastfeeding women

Experiencing breastfeeding pain or had experienced in past 2 months

25-36 years (M = 29.7)
Analysis

Employed a feminist, intersectional lens

Content analysis using Nvivo 11

Data collection/analysis occurred concurrently using constant comparison

Data (interview and field notes) transcribed verbatim and analyzed independently by 3 researchers to identify key themes/categories.
Results

3 Themes:

- Experience of pain
- Motherhood
- Measurement
Results

Enablers

Women’s Context
Thoughts & Feelings about Breastfeeding
Thoughts & Feelings about Breastfeeding-Related Pain

Barriers

Breastfeeding Outcomes

- Guilt
- Dissatisfaction
- Cessation

+ Pride
+ Success
+ Continued Breastfeeding
Women’s Context:
My mum always breastfed myself and all my siblings, and I was the oldest and grew up in a large family and it was just what you did. Yeah, it just seemed to be natural I guess.

Participant 17
Thoughts & Feelings about Breastfeeding:
I feel certainly the ... health benefits of [breastfeeding]. I saw that. I felt like there’s such a huge bond and connection with them ... was really important to me. ... So I kind of feel like we’re just really connected in mind and in body. Participant 16
Thoughts & Feelings about Breastfeeding-Related Pain: I felt like I was mad at him because I was just, like, you’re not latching properly and you’re hurting Mommy... I felt like a terrible mother for getting mad at him, because it’s not his fault, right? Participant 9

And I would get upset with myself and just question ... how long is it going to last, can I physically do this much longer? It was draining. Participant 13
Results

Barriers:

Fearful. You felt like you wanted to avoid feeding them. Participant 16

...Feeling a little bit inadequate that I wasn’t providing her what she needed. Participant 17
Results

Enablers:

[at the] breastfeeding clinic they were able to give me the techniques ... so that’s when I went back to the nipple shield temporarily, retrained him how latch properly and we slowly transitioned back off the nipple shield

Participant 9
Breastfeeding Outcomes:
So I felt very frustrated. And then once it was all over I felt excited, happy, relieved that I was able to get through it and stick through it and continue to breastfeed.
Participant 9

[I’m] happy. I’m stronger, I guess, than I thought I was before I started doing this.
Participant 13
Strengths & Limitations

✓ Consensus among researchers

✓ Depth of data

😊 Diversity

😊 Sample size
Conclusions & Implications

- Anticipatory Guidance
- Breastfeeding Culture
- "Good Mother"
- Accessing Support
Thank you!

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