

NIPPLE CARE—OBSTETRICIANS BEWARE

By

B. S. KARNAWAT AND K. B. LALL

SUMMARY

Antenatal visits provide a unique opportunity for the obstetricians to prepare the expectant mothers psychologically as well as physically to successfully breast feed their newborns. The present study revealed that out of 1270 mothers coming for prenatal checkup only 80 (6.3%) mothers received counsel regarding breast feeding and only 6 (0.5%) women got advice about nipple care, that too only when specific complaints were made. Postnatally 52 mothers had nursing difficulty because of various nipple problems (25 flat nipples, 22 sore nipples, 3 retracted nipples and 2 big nipples). Out of them, 42 mothers (80.8%) had attended A.N.C., 34 (73.9%) were primiparae and 29 (55.8%) mothers were forced to give totally or partially supplementary milk to their babies at about one week of age only. The consequences of such early weaning in our circumstances are almost invariably disastrous. Overcrowding at the antenatal clinics, lack of interest and effort by obstetricians and ignorance of the mothers—all may be responsible for this dismal picture.

Time and again, the importance of knowledge, attitude, concern and perseverance of medical and paramedical personnel in promoting correct breast feeding practices has been stressed upon (Karnawat *et al*, 1987). Apart from motivating the mothers for breast feeding during antenatal checkup, the obstetricians have the added responsibility to take care of the nipples and breasts so that the expectant mothers are physically prepared to suckle their offsprings (Helsing and King, 1984). One wonders whether obstetricians are able to do so

during their relatively busy and overcrowded antenatal clinics. And, how does it influence the lactation performance of the mothers? With these objectives the present study was undertaken.

Material and Methods

The current study was conducted on mothers who delivered at J.L.N. Medical College Hospital, Ajmer between July 1, 1986 to December 31, 1986. Those cases in which breast feeding was not possible, either because of systemic maternal illness, or still-birth, or early neonatal death, or separation of the baby from the mother in order to manage him in the neonatal intensive care unit, were excluded from the present study. Data was

From: Department of Pediatrics and Neonatology, J.L.N. Medical College and A.G. Hospitals, AJMER (Rajasthan).

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recorded on a prestructured proforma regarding demographic profile of the mothers, their obstetric history and antenatal check-up. For the purpose of this study, mothers who had consulted a qualified obstetrician at least once during the current pregnancy were considered to have received antenatal care. Details about antenatal checkup were noted which specially included whether advice regarding breast feeding and breast and nipple care was provided by the obstetricians.

All the mothers were encouraged and supported to initiate breast feeding as soon after the delivery as possible by providing rooming-in arrangement for the baby. In cases of persistent feeding difficulty or complaints by the mother, nipples and breasts were examined in the presence of a nurse and such cases were managed in consultation with the obstetrician. Lactation performance of such mothers was specifically followed until their discharge from the hospital.

Results

There were total 1694 live births at J.L.N. Medical College Hospital, Ajmer during the study period from July 1, 1986 to December 31, 1986. Out of these,

294 cases were not included in the study because of various reasons mentioned above. Out of remaining 1400 study cases, 453 (32.4%) mothers were primiparae while 947 (67.6%) were multiparae. Of these, 1270 (90.7%) mothers received antenatal care (A.N.C.). Average number of antenatal visits per case in A.N.C. group was 4.4 (range 1 to 7). Out of 1270 mothers coming for prenatal checkup only 80 (6.3%) received counsel regarding breast feeding and only 6 (0.5%) got advice about nipple care, that too when specific complaints about sore nipples were made. Otherwise, nipples and breasts were not routinely checked in any case.

Number and type of cases with nipple problems encountered during postnatal period and their relation to parity and antenatal checkup are given in the Table. Out of total 52 mothers with nipple problem, despite of all efforts to establish successful breast feeding, 3 mothers (5.8%) with truly inverted nipples were totally top feeding and 26 mothers (50%) with other nipple problems were giving supplementary milk to their babies at the time of discharge from the hospital (average hospital stay 7.3 days). Rest of the mothers restored successful breast feeding.

TABLE I
Nipple Problems in Relation to Parity and Antenatal Check-up (A.N.C.)

Problems Related to Nipple	Primiparae (453)		Multiparae (947)		Total (1400) %
	A.N.C. (419) %	No. A.N.C. (34) %	A.N.C. (851) %	No. A.N.C. (96) %	
	Flat/Short nipple	20 (4.8)	2 (5.9)	2 (0.8)	
Sore nipple	11 (2.6)	1 (2.9)	6 (0.7)	4 (4.2)	22 (1.6)
Retracted nipple	2 (0.5)	1 (2.9)	—	—	3 (0.2)
Big nipple	1 (0.2)	—	—	1 (1.0)	2 (0.1)
Total	34 (8.1)	4 (11.8)	8 (0.9)	6 (6.2)	52 (3.7)

Discussion

It has been observed that if the health personnel are highly motivated to promote breast feeding, their attitudes have a favourable influence on the incidence and duration of breast feeding (Bathija and Anand, 1987). Though an overwhelming majority of doctors including obstetricians in general are in favour of human milk to feed the newborn, but majority of them hardly put their knowledge into action as evidenced by the findings of present study which showed that only 6.3% mothers received counsel regarding breast feeding during antenatal period. Corroborating with these observations, Anand from Bombay reported that only one mother out of 100 in 1982 was given prenatal advice on breast feeding compared to 5 in 1986 (Anand, 1987). Present study revealed that nipple care was given antenatally only to 0.5% mothers.

Successful nursing is mainly dependent on the mechanical ability of the infant to suck the mother's nipple against his hard palate. Any anatomic abnormality of the nipples should be detected and corrected during antenatal period specially in primiparae. Our study shows that 20 out of 25 mothers with short or flat nipples and 2 out of 3 mothers with retracted nipples were primiparae who had attended antenatal clinic. It was in this group that even vigorous efforts to make them protractile in postnatal period proved futile. In fact, it has been observed that about one woman in every five may have pseudo-inverted nipples which retract on stimulation between thumb and forefinger (Llewellyn-Jones, 1983) which could be easily managed by doing specific exercises during the last trimester to break the adhesions at the nipple base. Likewise, truly inverted nipples can be managed

by doing 'pulling exercises' as well as by using nipple shells from the seventh month of pregnancy onwards (Helsing and King, 1984).

Maximum protractility of the nipples assures successful nursing as well as a minimum of sore, painful nipples. Current study revealed that 22 mothers (17 of them had attended A.N.C.) had nursing difficulty due to sore nipples. All of them were using soap during antenatal period. Karnawat *et al* reported that 11.8% and 7% respondents preferred cleaning the breasts with soap and water, and anti-septic lotions (like Savlon), respectively (Karnawat *et al* 1987). Newton found that aetiology of sore, cracked nipples could be traced to the use of soap when bathing (Newton, 1952). Again prevention of sore nipples is easier than cure. Therefore, the mother should be instructed not to use harmful, toughening or abrasive agents on her nipples (Helsing and King, 1984).

Apart from taking care of the nipples, the obstetricians should also avail the opportunity to teach the techniques of breast massage and manual expression to the mother prenatally (Still, 1961). Milk production and milk 'let down' appear to enhance following birth. Psychologically the mother becomes adept at 'handling her breasts' so that aversions are overcome as familiarity is achieved. Though others have reported that antenatal 'preparation' of breasts does not significantly improve lactation performance (Brown and Hurloch, 1975).

The present study revealed that out of total 52 mothers with nipple problems despite all efforts to establish successful breast feeding, 29 mothers (55.8%) were forced to give partially or totally top milk to their babies at the age of about one week only. How unfortunate and painful

it is to witness that the mother is willing to suckle and the newborn baby is much eager to suck but the connecting channels—the nipples are not adequate enough. Hence it is imperative that examination of the breasts and nipples and their preparation, if required, and counsel regarding breast feeding should be a routine part of antenatal care, specially in primiparae and previous failed lactators. This would help prevent problems of breast engorgement, cracked and inverted nipples and lactation failure, the consequences of which in our circumstances are almost invariably disastrous as far as the fate of the child is concerned.

References

1. Anand, R. K.: Indian Pediatrics, 24: 953, 1987.
2. Applebaum: Pediatric Cl. North Am. 17: 203-225, 1970.
3. Bathija, C. G. and Anand, R. K.: Indian Pediatrics, 24: 933-37, 1987.
4. Brown, M. S. and Hurloch, J. T.: Nurs. Res. 24: 449, 1975.
5. Helsing, E. and King, F. S.: Breast feeding in Practice—A manual for health workers. 1st Indian edition, 1984, pp. 36-39, 52-60, 143-146. Oxford University Press. 2/11 Ansari Road, Daryaganj, New Delhi.
6. Karnawat, B. S., Singh, R. N., Gupta, B. D. and Chaudhary, S. P.: Indian Pediatrics. 10: 939-948, 1987.
7. Llewellyn-Jones, D.: Breast feeding — how to succeed. 1st Ed. 1983, pp. 38-44, 140-143. Faber and Faber Ltd. 3 Queen Square, London.
8. Newton, M.: J. Pediatrics. 41: 411, 1952.
9. Still, P. G.: Pediatric Cl. North Am. 8: 627, 1961.