

Moist Wound Healing

What's in? Moist wound healing.

What's out? Keeping sore nipples dry while healing. Blow-drying nipples.

Prevention is still the "best medicine." Sore, cracked, bleeding, or blistered nipples can be prevented by proper positioning and latch-on. However, when a practitioner is faced with a mother who is already exhibiting these symptoms, rapid healing is essential to relieve the pain, maintain the breastfeeding relationship and prevent future mastitis. Cracked nipples can provide the entrance point for bacteria. Restoring skin integrity is the best barrier to infection.

Borrowed from enterostomal therapists and others who are experts at promoting healing of broken skin, moist wound healing techniques involves keeping the wound moist and warm, which prevents scab formation and accelerates healing.

Purified lanolin works well to retain the skin's natural moisture and protects the nipple skin from further abrasion. Lanolin is absorbed into the upper layers of the epidermis and should not be removed before breastfeeding. Research found that the combination of purified lanolin and breast shells to be most effective in healing sore nipples. Any cream, ointment or salve that has to be removed before the next feeding may disrupt the healing process.

Hydrogel dressings are gaining popularity in situations where nipple damage is severe. These dressings utilize a saline-based hydrophilic polymer (thick gelatinous paste similar to the inside of an aloe leaf) or a glycerine based gel that does not need to be rinsed off before nursing. These moist wound dressings produce a healing environment, provide a bacterial barrier and feel soothing. Hydrogel is also available in a tube form.

Healing wounds must be allowed to "breathe". Lanolin and hydrogel dressings both allow the wound to breath while moisturizing the skin by preventing insensible water loss.

Soaks of water, saline solution, hydrogen peroxide are not recommended because they cause maceration of the healing and surrounding skin. "Super" hydrating the skin, then allowing it to dry between soaks promotes cracking during the drying phase and healing is delayed. Applying hindmilk to the nipples at the end of feedings and allowing it to dry may be soothing to a mother with simple nipple tenderness but probably not enough for more damaged nipples.

The wearing of wet breast pads is not "moist wound healing". Wearing wet pads is similar to the soaks mentioned above. When they are replaced with dry ones, drying of the nipple skin occurs similar to licking chapped lips . They will eventually become cracked.

Applying oils to the skin may temporarily slow the evaporation of natural moisture, but oils are readily absorbed by pads or the bra and not absorbed into the skin.

The wound needs to be protected from adhering to the bra between breastfeeding sessions. Simply applying purified lanolin may be enough to prevent this in small wounds. In wounds that produce more exudate, adhering to the bra may be a problem. Breast shells may provide the protection that is needed until healing is more complete. If hydrogel is used, the dressing will protect the nipple from adhesion to the bra.

General counseling for a mother with damaged nipples includes avoiding soaps on the nipples, good nutrition and fluid intake, perhaps increasing zinc intake and treating any superimposed infection, thrush or bacterial. In severe cases, mother's may be counseled to "rest" the nipples for a day or two

and to maintain their breastmilk supply by using a hospital grade breast pump. Breastfeeding can resume when the mother is more comfortable and healing has begun.

References

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