



## 1. Purpose

This clinical guideline outlines the requirement for management of nipple eczema dermatitis at the Women's.

This guideline/procedure is related to [Breastfeeding policy](#)

## 2. Definitions

Skin conditions such as eczema or dermatitis may occur on the nipple and areola of pregnant and breastfeeding women. Management approaches are similar to eczema and dermatitis on other parts of the body.

## 3. Responsibilities

Maternity and neonatal medical, nursing and midwifery staff need awareness of the condition and to refer women to appropriate care.

Lactation consultants and medical staff should be aware of the guideline and be able to treat accordingly.

## 4. Guideline

### 4.1 History

Women will usually give a history of an itchy rash on the areola of one or both breasts. They may describe a burning pain, especially while breastfeeding. The onset of symptoms at 5 or 6 months postpartum is more commonly associated with infant teething or the introduction of solids.

### 4.2 On examination

Eczema of the nipple appears as a well demarcated erythematous rash, which may be dry and scaly or weepy with vesicles.

### 4.3 Aetiology

Endogenous atopic eczema: women may have a history of atopic eczema or asthma or hayfever.

Irritant contact dermatitis: this type of dermatitis is caused by irritation of the skin by products such as creams, gels, soap, detergent or chemicals (e.g. chlorine).

Allergic contact dermatitis: A delayed hypersensitivity to an allergen in a product used on the skin (eg non purified lanolin).

### 4.4 Management and treatment

#### General measures

- avoid soap or shampoo on the nipples
- avoid hot showers
- avoid using any products on the nipples except for ultra-purified lanolin
- shower after swimming
- moisturise nipples with ultra-purified lanolin or sorbolene after shower or bath.

#### Treatment

Topical corticosteroids are the main method of treatment. They should be applied sparingly after a breastfeed. Ointment is preferred as it will be absorbed before the next breastfeed

Potent corticosteroids may be used for up to 7 days:

- Mometasone furoate (Elocon®) ointment once daily or
- Methylprednisolone aceponate (Advantan®) ointment once daily

## Infant Feeding - Nipple Eczema Dermatitis



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If the eczema appears to be infected, antibiotic treatment may be necessary in addition to the corticosteroid (eg mupirocin (Bactroban®) or triamcinolone-neomycin-gramicidin-nystatin (Kenacomb®) ointments are suitable)

### 5. Evaluation, monitoring and reporting of compliance to this guideline

Compliance to this guideline or procedure will be monitored by review of incidents reported through VHIMS.

### 6. References

Amir L. Eczema of the nipple and breast: a case report. *J Hum Lact* 1993; 9: 173-75.

Barankin B, Gross MS. Nipple and areolar eczema in the breastfeeding woman. *J Cutan Med Surg*. 2004; 8:126-30.

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Heller, M. M., Fullerton-Stone, H., & Murase, J. E. (2012). Caring for new mothers: diagnosis, management and treatment of nipple dermatitis in breastfeeding mothers. *International Journal of Dermatology*, 51(10), 1149-1161.

Pharmacy Department, The Royal Women's Hospital. *Pregnancy and Breastfeeding Medicines Guide*. 2010 Melbourne, Australia.

### 7. Legislation/Regulations related to this guideline

Not applicable

### 8. Appendices

Not applicable.

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