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Raynauds Phenomenon (Vasospasm of the Nipple)

Raynaud's phenomenon is a term used to describe intermittent loss of blood flow to some extremities due to a spasm in the blood vessels (vasospasm). The most commonly affected areas are the fingers and toes, but it can affect the nipples as well. The constriction of blood flow causes a loss of color and severe pain. Raynaud's phenomenon is known to occur in up to 22% of otherwise healthy women of childbearing age, and is now recognized by many lactation experts as a treatable cause of painful breastfeeding.

Breastfeeding women with Raynaud's phenomenon experience debilitating nipple pain that usually follows the feeding (although it can occur during the feeding) and may last for hours. When the warm mouth of the baby comes off the breast, the face of the nipple, or part of the nipple, will blanch white and burning pain begins. The nipple can go through several color changes (white, blue, red) and the entire breast may throb. Poor positioning and poor latch may cause nipple damage, nipple blanching and pain, and are thought by some to trigger the problem. However, the symptoms of Raynaud's phenomenon can occur even without improper breastfeeding techniques and nipple damage. Not all nipple vasospasm is Raynaud's Phenomenon and may fully resolve if the latch can be improved and the damage healed. Exposure to cold is also a known trigger in Raynaud's phenomenon.

Treatment Options include the following:

- If your nipples are sore and damaged, make an appointment to see a lactation professional who can evaluate your latch technique and help you to improve it.
Lactation Consultations are offered at The Pump Station & Nurture™
- Prevent or decrease any cold exposure to your breasts. Heat will usually stop the vasospasm, which will increase blood flow to the nipples and help alleviate the pain.
 - Cover breasts and keep them warm. Even your warm hands can help.
 - While nursing, keep the opposite breast covered and warm.
 - Wear hand warmers inside your bra when going out into cold air.
 - Use dry heat when experiencing pain. Try a hair dryer or heating pad to warm breasts. Wet, warm compresses will help during use, but when removed, evaporation will occur causing cooling, and the pain can start again.
 - Massage olive oil, warmed between your fingers, into the nipple when it is burning. Press forward from the base of the nipple which helps blood flow forward into the nipple.
- Don't smoke. Nicotine is a vasoconstrictor and can increase episodes.
- Avoid caffeine and other stimulants. Check labels to make sure soft drinks don't contain caffeine.
- Avoid vibration. Use a good quality breast pump that has a smooth, comfortable action.
- Reduce stress. Try a post partum yoga class, a few minutes of meditation or a little nap when the baby is sleeping. Let others help with cooking and chores if at all possible.

Medication:

- Nifedipine. (one 30 mg., long-acting tablet/daily). This prescriptive medication is a calcium channel blocker and vasodilator used in the treatment of high blood pressure. It has been shown to be very effective in quickly relieving the pain of Raynaud's phenomenon and might be the best course of treatment. Very little of this medication enters the milk so it is considered by the American Academy of Pediatrics to be a safe option for breastfeeding women. Call your primary care physician or your obstetrician to discuss. Try Nifedipine for two weeks; if the pain returns you can go back on the medication.
- Vitamin B6. Take 100-200 mg daily for 4 days, then 25 mg/day from then on. If pain free for 2 weeks, try weaning off altogether.
- Fish Oil has been helpful to some women. A recent study suggests that a higher than usual dose (perhaps 12 g daily) is required to get results. Check with your physician.

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