

LACTATION-ASSOCIATED BREAST PAIN: CHANGING PERSPECTIVES.

A NARRATIVE REVIEW

Enrica Delfino¹, Lorella Faraoni², Roberta Netto¹, Micaela Notarangelo.³

¹Department of Anesthesia, Intensive Care, and Out-Hospital Emergency, Ospedale Regionale della Valle d'Aosta, Aosta, Valle d'Aosta, Italy

²Poison Control and Toxicology Center, ASST Papa Giovanni XXIII, Bergamo, Italy

³IBCLC, Private Practice, Lerici, Italy

Background and Aim

Breast pain during lactation is the most common reason cited by mothers for ceasing lactation which ultimately has serious consequences on women and infant health. However, the literature on this topic is scarce and not decisive. Mothers seeking professional support too often do not find relief for their symptoms, and if not responsive to the traditional approaches, are defined as psychogenic.

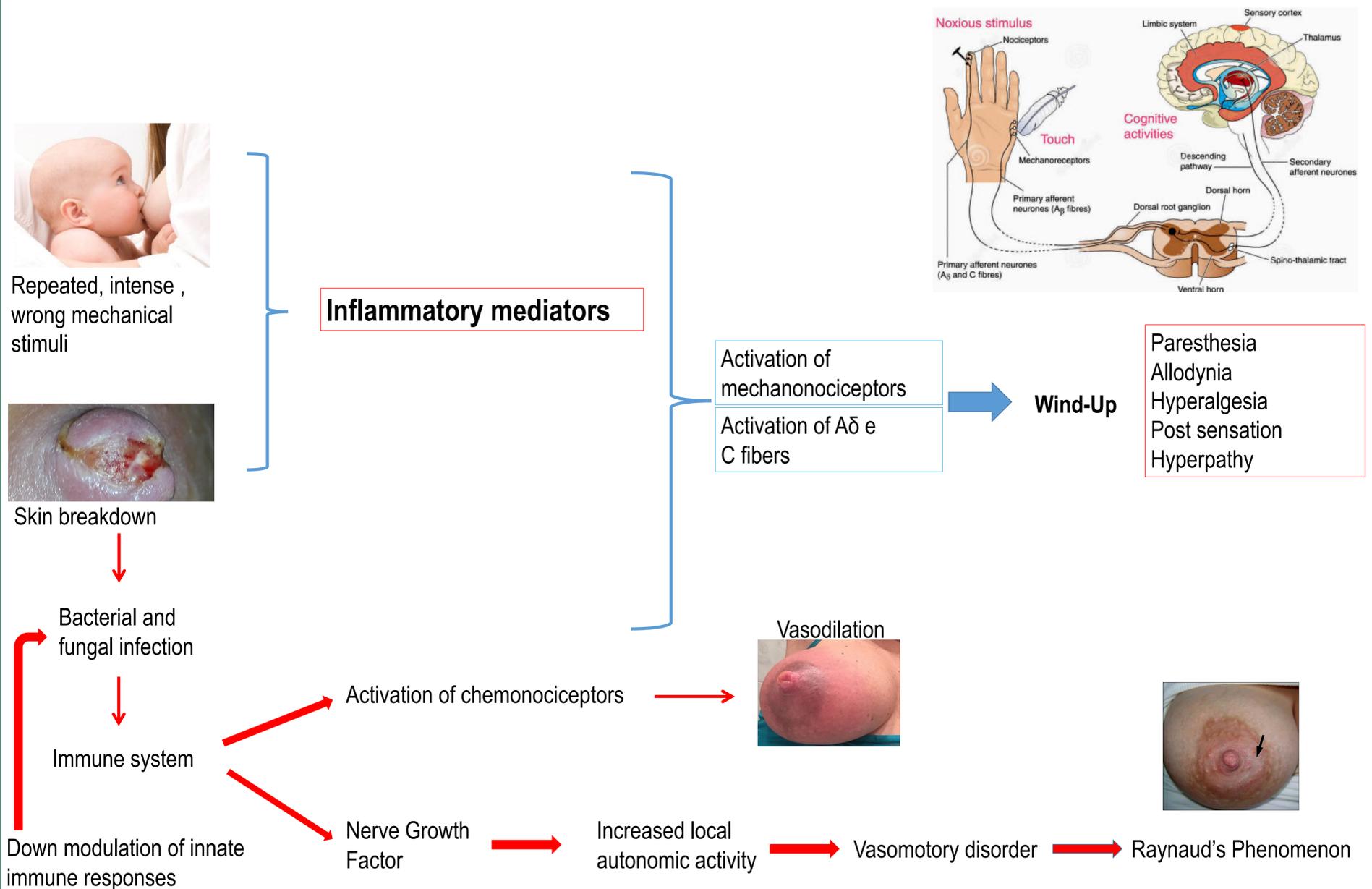
As obstetric anesthetists, it is our duty to take care of breastfeeding (as it is an integral part of the birth process), and of pain. We attempt to understand the real nature of breast pain during lactation.

Methods

We propose a narrative review which combines literature research with our professional experience as anesthesiologists, toxicologist and lactation consultant.

Results

Breast pain during lactation does not appear to be just the consequence of a breast damage, but above all the trigger of a vicious circle (which we identify as a “lactating-breast pain syndrome”) in which pain itself becomes a disease. Assuming the neuropathic origin of lactation-associated breast pain, objective findings traditionally recognized and treated as causes of breast pain (inflammation, Raynaud phenomenon, infections) could instead be described as its consequences.



Conclusions

Professionals must change their opinion regarding the normalcy and inevitability of lactating-breast pain, and must start treating it effectively, not only to protect women's health, but also to increase their overall health levels and preserve and promote the benefits of breastfeeding. In hypothesizing the neuropathic origin of lactating breast pain, we propose to treat it accordingly, especially by means of locoregional anesthesia techniques.

Kent, J. C., Ashton, E., Hardwick, C. M., Rowan, M. K., Chia, E. S., Fairclough, K. A., Menon, L. L., Scott, C., Mather-McCaw, G., Navarro, K., & Geddes, D. T. (2015). Nipple Pain in Breastfeeding Mothers: Incidence, Causes and Treatments. *International journal of environmental research and public health*, 12(10).

McClellan, H. L., Hepworth, A. R., Garbin, C. P., Rowan, M. K., Deacon, J., Hartmann, P. E., & Geddes, D. T. (2012). Nipple pain during breastfeeding with or without visible trauma. *Journal of human lactation: official journal of International Lactation Consultant Association*, 28(4), 511–521. <https://doi.org/10.1177/0890334412444464>

Amir, L.H., Jones, L.E., Buck, M.L. (2015). Nipple pain associated with breastfeeding: incorporating current neurophysiology into clinical reasoning, *Australian family physician*, 44(3), 127-132.

Malcangio M. (2019). Role of the immune system in neuropathic pain. *Scandinavian journal of pain*, 20(1), 33–37. <https://doi.org/10.1515/sjpain-2019-0138>

Wasner G. (2010). Vasomotor disturbances in complex regional pain syndrome--a review. *Pain medicine (Malden, Mass.)*, 11(8), 1267–1273. <https://doi.org/10.1111/j.1526-4637.2010.00914.x>

Delfino, E., Netto, R., Cena, A., Faraoni, L., Gogna, D., & Montagnani, L. (2020). Novel use of a continuous PECS II block for mastitis pain treatment. *Regional anesthesia and pain medicine*, 45(7), 557–559. <https://doi.org/10.1136/rapm-2019-101183>

Kissin I. (2000). Preemptive analgesia. *Anesthesiology*, 93(4), 1138–1143.

Corresponding address: lfaraoni@asst-pg23.it

