

Vasospasm and Raynaud's Phenomenon



These conditions are due to a spasm of blood vessels preventing blood from getting to a particular area of the body, **typically the end of an extremity**, though not necessarily. They often occur in response to a drop in temperature. Raynaud's phenomenon will occur in the fingers, **for example**, when someone goes outside from a warm house on a cool day. The fingers will turn white and the lack of blood getting to the tips of the fingers will cause pain. Raynaud's phenomenon occurs more commonly in women than men, and can be often associated with "auto-immune" illnesses such as rheumatoid arthritis.

Here, we will refer to both conditions as vasospasm. Vasospasm can also occur in nipples. In fact, it is much more common than generally believed. It can occur along with *any* cause of sore nipples, and is, in fact, probably a result of damage, but it may also, on occasion, occur without any other kind of nipple pain at all.

Typically, vasospasm occurs after the feeding is over, once the baby is already off the breast. Presumably, the outside air is cooler than the inside of the baby's mouth. When the baby comes off the breast, the nipple is its usual colour, but soon, within minutes or even seconds, the nipple will start to turn white. This is likely also due to drying of the nipple. Mothers generally describe a burning pain when the nipple turns white. After turning white for a while, the nipple may actually turn back to its normal colour (as blood starts to flow back to the nipple), and the mother will notice a throbbing pain. See the video clip of a mother's nipple going from white to pink. The nipple may go back and forth between colours (and types of pain) for several minutes or even an hour or two. Sometimes, the mother does not even notice her nipple turning white and instead sees it change from pink to red to purple and back to pink again. That the nipple changes colour is not the concern; that the mother is in pain is a concern. Interestingly some mothers do not have pain with the vasospasm.

The treatment for vasospasm is to fix the original cause of the pain (poor latch, Candida). See the information sheets *When Latching*, *Candida Protocol* and *Sore Nipples* as well as the video clips. Almost always, as the nipple soreness from another cause is getting better, so will the pain from the vasospasm, but more slowly. *Fixing the original cause of the pain* (improving the latch, treating Candida etc) should be the focus of treatment. However, some mothers no longer have pain during the feeding, or never had it at all. Indeed, some start having vasospasm during the pregnancy. If the pain is mild, there may be no reason to treat, and reassurance is all that is necessary. However, it is worth treating when the pain is distressing to the mother, and especially if the pain during the feeding does not improve, as severe restriction of blood supply to the nipple may delay healing.

Treatments for Raynaud's phenomenon (blanching of the nipple)

1. **Identify and Fix the original cause of the pain:** i.e. Poor Latching and/or Candida.
2. **Stop Air Drying** of the nipples. When baby comes off the breast, immediately cover the nipple with your warm hand while you get your bra done up. After taking a shower, avoid going out of the shower enclosure until the breasts are completely covered and kept warmed so the cold air cannot reach the nipples.
3. **The All Purpose Nipple Ointment** may also help for the soreness during the feeding,

especially when ibuprofen powder has been mixed in. See the information sheets *Candida Protocol* and *All Purpose Nipple Ointment*.

4. **Olive Oil** Warming olive oil in mother's fingers and then gently massaging the oil into the nipples during the burning may be very soothing. We have heard from many mothers that this gave them instant relief and seemed to decrease the occurrence of the vasospasm overall. It's important that the oil be really massaged into the nipples and not just dabbed on
5. **Vitamin B6 Multi Complex.** There have not yet been studies done to show that vitamin B6 works, but enough anecdotal evidence has come forward to support that it does work at least some of the time. It is safe and will do no harm. It is best that B6 not be taken on its own but instead as part of a B complex of vitamins that includes niacin. Depending on the overall dose of the B complex, the amount of B6 itself should be approximately 100 mg 2x/day for at least a couple of weeks. So, for example, if the overall capsule is 125 mg of B complex and there is only 50 mg of B6 in that capsule, then mother would need to take 2 capsules at a time to equal one dose and that dose would need to be taken 2x/day. The mother continues it until she is pain free for a few weeks. It can be restarted if necessary. If you have been pain free for a week or two, try going off the vitamin B6. If vitamin B6 does not work within a week, it probably won't.
6. **Warm dry compresses** can be very effective at stopping the vasospasm as it is occurring and for treating the pain. Lying down after a feeding and applying a heating pad to the breasts for a few minutes or more may help considerably. Certainly, it will allow mother to rest and this may help to deal with the pain, as well.
7. **Magnesium** supplements with added Calcium taken as 2 teaspoons (300mg Magnesium/200 mg Calcium (gluconate), or taken separately: 2x daily or 300mg Magnesium 2x daily & 200mg of Calcium.)
8. After working on the latch, possibly as effective as all of the above is the massaging of the chest muscles which are below the collar bone and above the breasts after the feedings or at onset of nipple or breast pain. The massage should be very vigorous and firm and is done on the chest, not necessarily the breasts. The mother could also massage under the pectoral muscles, in her armpits, but this massage should be done gently.

When this is not enough:

9. Nifedipine. This is a drug used for hypertension. One 30 mg tablet of the slow release formulation once a day often takes away the pain of vasospasm. After two weeks, stop the medication. If pain returns (about 10% of mothers), start it again. After two weeks, stop the medication. If pain returns (a very small number of mothers), start it again. No mothers I am aware of took more than three, two week courses. Side effects are uncommon, but headache may occur. It is a prescription drug. The dose can be increased if 1 tablet is insufficient. The nifedipine treatment may be used in conjunction with all of the other treatments listed above.

Note: We no longer recommend **nitroglycerin paste**, as severe headache associated with its use is fairly common. It also does not work more than about 50% of the time.

Questions? First look at the website nbc.ca or drjacknewman.com. If the information you need is not there, go to *Contact Us* and give us the information listed there in your email. Information is also available in **Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding**

Book of Answers in the USA); and/or our DVD, **Dr. Jack Newman's Visual Guide to Breastfeeding** (available in French or with subtitles in Spanish, Portuguese and Italian); and/or **The Latch Book and Other Keys to Breastfeeding Success**; and/or **L-eat Latch and Transfer Tool**; and/or the **GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond**.

To make an appointment online with our clinic please visit www.nbc.ca. If you do not have easy access to email or internet, you may phone (416) 498-0002.

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