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 (e.g 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
If the eczema appears to be infected, antibiotic treatment may be necessary in addition to the corticosteroid (eg. mupriocin (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**


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

Not applicable

**8. Appendices**

Not applicable.

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