Breastfeeding for Women with Nipple Piercings
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Body piercing has become increasingly popular and socially acceptable in the United States (US). Often times, women with nipple piercings have a desire to breastfeed their infants, but are not willing to give up this piercing. Current research states that nipple piercing is generally not detrimental to breastfeeding. However, there can be associated risks including HIV, hepatitis, infection, scar tissue, keloids, plugged milk ducts, and mastitis. Complications related to poor latch can also occur including low milk supply and poor newborn weight gain. Despite these possible complications, there is little evidence addressing the management of breastfeeding when a nipple piercing is present.

Recommendations from lactation consultants include removing nipple jewelry while breastfeeding. This has shown to improve infant latch while preventing choking and possible oral injury to the infant. If women want to maintain the patency of the piercing, a temporary piece of jewelry called a retainer can be used. This is a smooth, plastic tube that a mother can remove before feeding and reinsert after the feeding is completed, preventing the closure of the piercing so that more permanent jewelry can be applied when breastfeeding cessation occurs.

Another concern is related to healing of the piercing. It can take more than a year for a piercing to heal completely. Breastfeeding with an unhealed piercing can increase infection risks and delay the healing process. These women are at higher risk for sore and cracked nipples.

Milk supply is often at risk when nipple piercings are present. Trauma to nerves in the nipple during piercing can result in loss of sensation and can negatively affect the milk-ejection reflex, leading to inadequate milk supply. If sensation in the nipple is lost, the release of oxytocin can be inhibited, causing a delay or absence of milk let-down. Milk supply is at risk when let-
down is inhibited. Scarring can also affect milk supply as there is an increased risk for plugged milk ducts as well as mastitis when milk cannot freely exit the nipple.

Women with nipple piercings should consider removing jewelry prior to delivery. It is important to let the healthcare team, including the lactation consultant, know if a nipple piercing is present so that a complete assessment of breastfeeding and milk supply can be accomplished along with appropriate education. Newborn growth should also be monitored until weight gain and milk supply has been established.

Breastfeeding is not only encouraged but recommended by healthcare providers. Nipple piercings should not interfere with the initiation and duration of breastfeeding with appropriate assessment and management.

References: