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Eczema and Breastfeeding

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.

Eczema is a condition that causes the skin to become itchy, red, dry and cracked. It can affect all areas of the body but most frequently the hands, inside the elbows and behind the knees. It can also affect the face. Many breastfeeding mothers are concerned that it will affect their nipples during breastfeeding.

Treatment is generally to improve the symptoms by:

- removing the itching which can be unbearable resulting in damage to the area,
- softening the area by applying emollient creams regularly – people vary in the products that they find most effective
- reducing the inflammation which causes the itching, dryness and thickened skin areas.

This is normally achieved by the use of steroid creams applied sparingly along with emollients

Creams to remove itching include Crotamiton (Eurax®), topical benzocaine (Lanacane®). These can be applied during breastfeeding but should be avoided on the nipple.

Emollient creams include brands such as Diprobase, Dermol, E45, Doublebase, Cetraben, as well as own brands. Each person tends to have a favourite product that they find effective. Special bath oils and soap substitute products are also available. All can be used by a breastfeeding mother. Creams can be used to keep the nipples supple but should not be used in excessive to leave them soggy and therefore more liable to infection. They should be applied after feeds. Washing off prior to the next feed would cause more drying to the nipple. If used sparingly there should be no obvious product visible.

Steroid creams can be applied to areas of eczema on other parts of the body during breastfeeding. Low potency steroids such as hydrocortisone are preferred on the nipple to avoid thinning of the skin.

Bibliography

- British National Formulary
- Hale TW. Medications in Mothers Milk 2016 (17th Ed)
- Jones W Breastfeeding and Medication 2013 Routledge
- Lactmed website <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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