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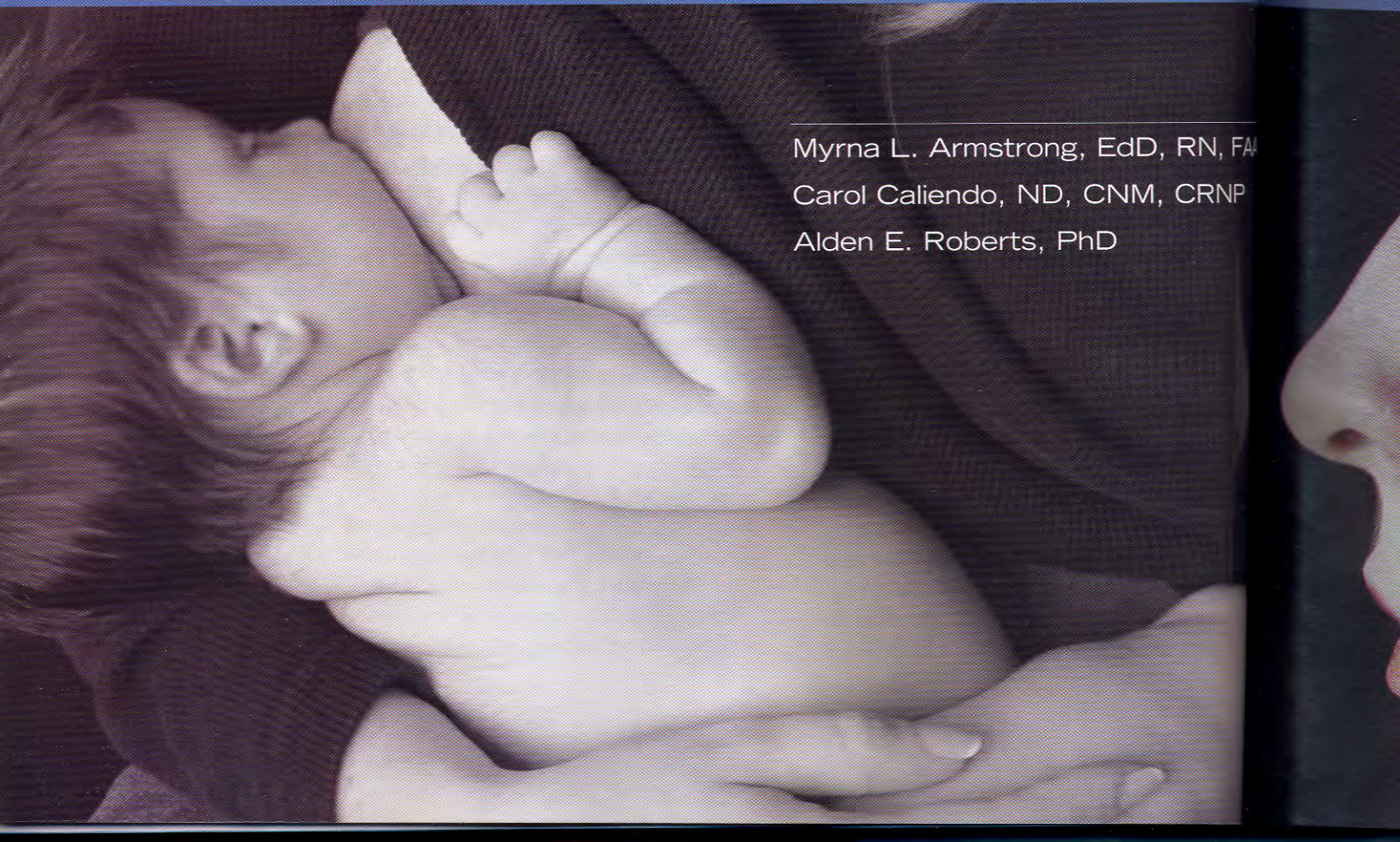
**Grief and Its Complications**

## Pregnancy, Lactation and Nipple Piercings

*What Nurses Need to Know*



# *Pregnancy, Lactation and*

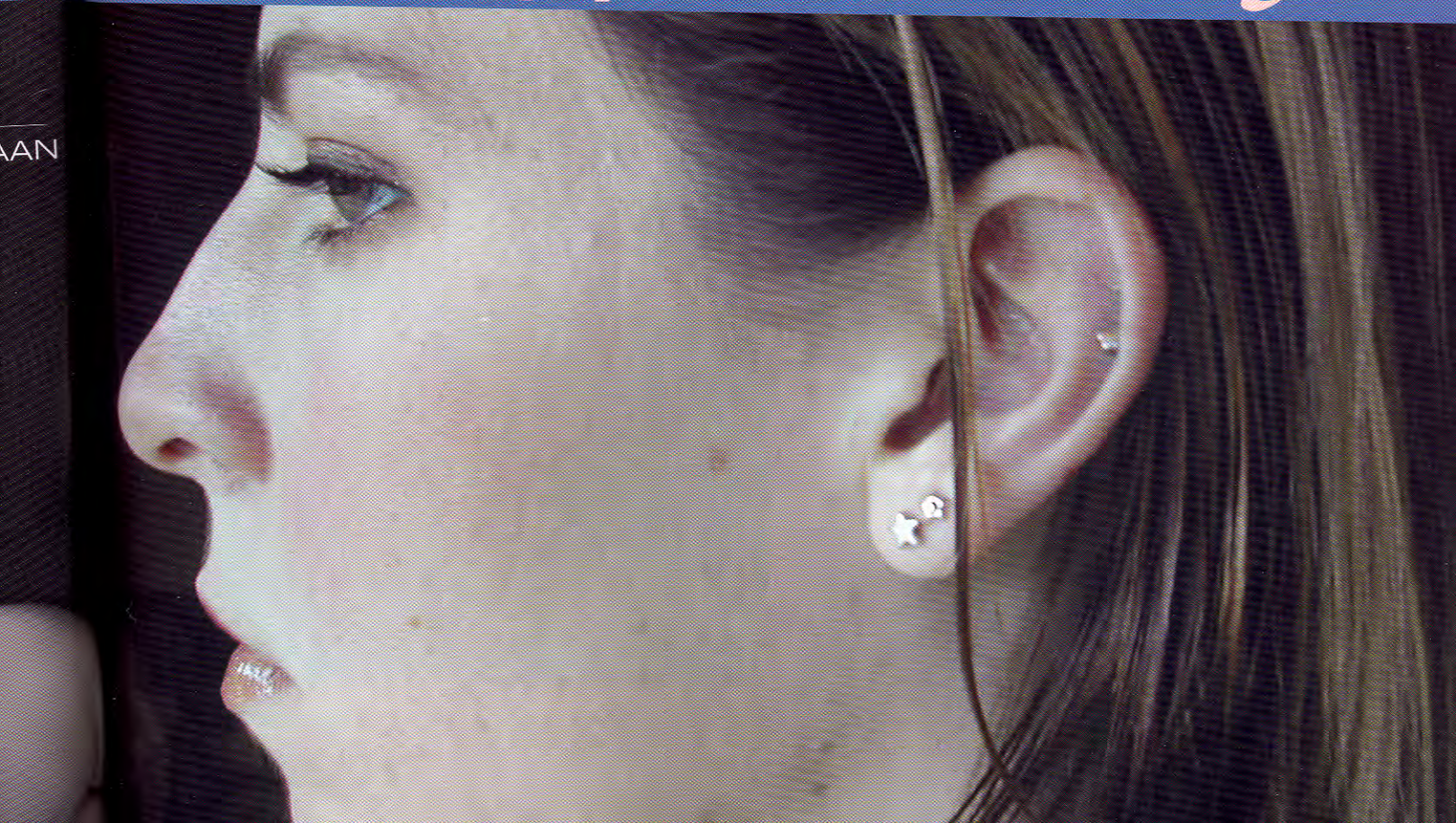


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# *n and Nipple Piercings*

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Women with nipple and genital piercings (often referred to as “intimate piercings”) are presenting for obstetric and gynecologic in North America, yet only limited or outdated data are available about pregnant women with these types of piercings. (There is also limited information about genital piercings and pregnancy; see Box 1.) Those who write about general body piercings usually do not include information about nipple piercings, genital piercings, pregnancy or breastfeeding. Currently, most of the literature on pregnancy and breastfeeding with intimate piercings is from the United Kingdom.

In 2000, we conducted a survey of women and men with nipple and genital body piercings using an author-developed questionnaire. The purpose of the survey was to explore factors associated with intimate piercings, especially health factors. Completed surveys were mailed to us by 146 respondents from 36 states. Results of this study have been published elsewhere (Caliendo, Armstrong, & Roberts, 2005). Of the total respondents, no females reported hormonal changes during menstruation or pregnancy affecting the healing, rejection or infection rate related to their piercings.

There was a very small subsample of women (11) from this study (Caliendo et al., 2005) who claimed at least one pregnancy since obtaining their intimate piercings. Because there is a dearth of professional information concerning pregnancy and intimate piercings, we are reporting on this small subset now. Therefore, this article provides data about the phenomena of intimate piercing, pregnancy and lactation among U.S. women and discusses what nurses need to know about these piercings and their implications.

## Nipple Piercings

Body art is meaningful to individuals who choose to obtain it. Nipple piercings are usually done after deliberate decision-making, and most women report satisfaction with their decision (Caliendo et al., 2005; Cartwright, 2000; Ferguson, 1999; Jones, 1999).

Women obtain nipple piercings for a variety of reasons: to enlarge the nipple, add to the aesthetic appearance of the breast and enhance sensitivity (Caliendo et al., 2005; Cartwright,

2000). The actual piercing placement depends on gender and the size of the nipple. Women, with their larger nipples than men, are pierced through the actual nipple body (Ferguson, 1999). Either one or both nipples can be pierced; the piercing can be in the horizontal or vertical plane. Women most often wear a horizontal barbell, a crescent-shaped barbell or captive

### Box 1.

#### Genital Piercings and Pregnancy

There is no published professional literature relevant to the wearing of genital piercings during pregnancy. When we interviewed OB/GYN nurse practitioners about the topic, they stressed removal of both navel and genital piercings during advanced pregnancy due to fears of tissue tears in the respective locations.

Among the nonpregnant population, most clients understand their genital piercings will have to be removed for exams and diagnostic procedures; yet, health care providers should also understand the client's reluctance out of fear that the hole will close. Muensterer (2004) suggests placing a nonmetallic sterile intravenous catheter tubing through a navel piercing tract for temporary jewelry removal, thus producing a win-win situation between the client and the health care provider. However, there is no evidence surrounding the use of this procedure in pregnancy.

Among our small subsample who reported a pregnancy since acquiring an intimate piercing, four women had genital piercings. Of these four respondents, one reported a pregnancy loss, another did not answer the questions pertaining to pregnancy and two provided subjective data about their genital piercings during pregnancy. Both women who had viable pregnancies reported believing that neither the pregnancy affected the genital piercing nor the genital piercing affected the pregnancy. One woman said she was asked by medical personnel to remove her clitoral jewelry before delivery and she did. The second woman received no requests to remove her jewelry and so left her clitoral jewelry in for labor and delivery. To the question asking how she managed the genital jewelry while giving birth and postpartum, she replied,

It was pretty easy. After birth they give medicated pads ... after using the bathroom, etc. well, those pads also help the area against any infections and even though it's ... more tender there after a child, those pads help[ed] ease the discomfort considerably.

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bead (ring) piece of jewelry. Those who wear a horizontal piercing may have the most success with breastfeeding (Martin, 1999).

Healing time for a nipple piercing is usually around two to three months but seems to be clothing dependent; tighter clothing produces friction and can prolong healing up to six months (Cartwright, 2000). Interestingly, after healing is complete, women often discuss wearing tight-fitting bras for support of the jewelry and protection from rubbing of clothes, especially during exercise (Schnirring, 2003).

Several case reports of problems involving women with nipple piercings have been published in professional health care literature. Modest and Fangman (2002) described a non-pregnant 20-year-old woman with bilateral nipple piercings who developed hyperprolactinemia and galactorrhea. Her symptoms subsided after the nipple rings were removed. Nine published cases of nonpuerperal mastitis associated with nipple piercings were analyzed by Jacobs, Golombeck, Jonat, and Kiechle (2003). They concluded that the risks associated with nipple piercing may be greater.

## Nipple Piercings and Breastfeeding

While it can be assumed that nipple piercings have implications for breastfeeding, limited documentation exists. Martin (2004) believes that lactation problems encountered in women who have had breast surgery (e.g., augmentation or reduction mammoplasty) can be projected onto women with pierced nipples. These would include issues related to plugged ducts, impaired let-down and mastitis. Ferguson (1999) (heavily pierced himself and a frequent author on body piercing) professes “minimal problems discussed from nipple-pierced women who wanted to breastfeed.” (p. 1628) The La Leche League International has supported breastfeeding for women with pierced nipples and their infants for many years (K. Lebbing, personal communication, December 1, 2005). The most serious complication related to nipple piercings and



lactation would involve aspiration of jewelry parts by an infant who has dislodged them with vigorous suckling. Actual aspiration has never been reported, but the uncoupling of barbell jewelry during nursing has occurred (Jones, 1999). An infant's mouth might be too small to latch onto the nipple and jewelry at the same time, impairing the suck. Metal nipple jewelry could cause trauma to the infant's lips, palate, tongue and gums, a situation that also has not been documented. Jones states that most English breastfeeding experts advocate removal of the jewelry during lactation.

Martin (2004) urges nurses to consider each pierced woman as an individual when assessing factors surrounding lactation. Because the piercing is important to the woman, she may be loath to give up the piercing in favor of lactation; asking her to do so contradicts the goal of encouraging as many women as possible to breastfeed their infants. When nipple jewelry is removed for breastfeeding, milk may be ejected from the tract created by the piercing as well as from the nipple during let-down. In these cases, the pierced holes often close within a few weeks (Jones, 1999). Conversely, scar tissue may constrict milk ducts and interfere with milk flow (Ferguson, 1999; Martin).

Some women may experience discomfort during breastfeeding because the nipples can become highly sensitive with suckling. Ward (1997) reports that one woman said, “Unfortunately I had to take my nipple rings out because of my pregnancy. It was just too sensitive, too uncomfortable. But I'm going to get them redone right after I've finished breastfeeding” (p. 51). Other women may have an inhibited let-down reflex related to loss of nipple sensitivity due to the piercing (Martin, 2004).

Successful attempts to convince and then help teenagers with nipple piercings to breastfeed have been reported (Jones, 1999; Martin, 1999, 2004). Jones (1999) solved potential breastfeeding challenges by replacing the metal jewelry with small plastic barbells. This not only allowed the babies to latch on but enabled the mothers to keep their piercings. The plastic barbell device only works when the mother's nipple piercing is well established and healed prior to pregnancy. Reputable professional piercers will decline to pierce any body part if a woman is pregnant so, it should be rare for a nurse in North America to encounter a lactating woman with a nipple that is not completely healed.

## What Some Pierced Women Say

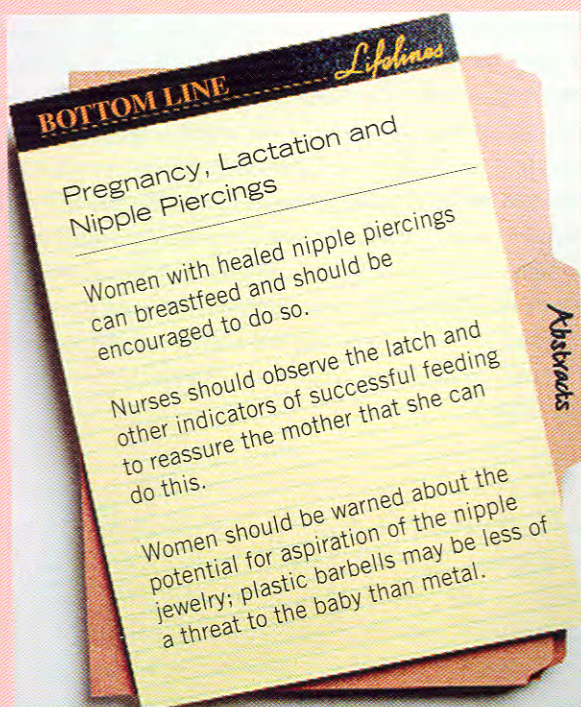
In our study, seven women (five percent) stated that they have been pregnant since their nipple(s) was pierced. While two subjects did not answer the other questions, five stated the pregnancy did not affect their nipple piercing, nor did the nipple piercing affect the pregnancy. Two of the five women reported pregnancy losses. The women who continued their pregnancies

to term discussed lactation: one “had never planned to nurse as nursed babies need to feed more often than bottle fed [babies],” and another stated “My children wouldn’t latch on correctly, even when the piercing was out.” The last subject did breastfeed two of her children, stating “[I] just took them out (had bent barbells) and slid them back in [after the feeding with] no problem, just cleaned a lot more.” (For a brief bit of information on genital piercings and what women in our study had to say about them, see Box 1).

## What Nurses Need to Know

Contradictory information exists concerning nipple piercing and lactation, despite current attempts to gather data. However, there is little doubt that women who wear this type of body art should be encouraged to breastfeed their infants. The challenge for perinatal nurses becomes how to intervene to maximize opportunities for breastfeeding success in women with nipple piercings (see Box 2).

Successful lactation begins during pregnancy as women ponder whether or not to nurse their babies. Careful history taking and physical assessment of the breasts at this time afford the opportunity for nurses to provide pierced women with factual information about nipple piercing and breastfeeding. Freely offered, nonjudgmental instruction may overcome hesitancy a gravida is experiencing around a decision to breastfeed. All pregnant women should be questioned about their desire for body art and should be cautioned not to obtain piercings (or tattoos) until they are postpartum and have weaned breastfed infants.



## Box 2.

### What Nurses Can Do When Caring for Women with Nipple Piercings

- Conduct a thorough history and physical exam early on in pregnancy.
- For women without piercings, inquire about their desire for body art and caution them not to obtain piercings (or tattoos) until they are postpartum and have weaned breastfed infants.
- Provide pierced women with factual, nonjudgmental information about nipple piercing and breastfeeding.
- At the initial breastfeeding encounter, assess what concerns the patient with nipple piercings may have. Find out what strategies she has planned for nursing success. Remember that as long as her ideas are safe for her and the baby, it's important to permit her to continue as intended.
- Assess what type of jewelry the woman is wearing. Find out if she wants to leave the jewelry in situ or remove it for each feeding. If the mother desires, allow her to attempt nursing with the jewelry in place, but instruct her to tighten each part before each feeding. Prepare her for squirting milk from the holes if she chooses to remove the jewelry. If possible, have a supply of small plastic barbells to offer as temporary “place holders”.
- Watch latching on from both the mother's and infant's point of view. Is it painful for the mother? Can the infant get its mouth around the jewelry? Help the woman to avoid the occurrence of engorgement as this will only exacerbate problems with latching on. Educate her about the early signs of plugged ducts and mastitis.
- Refer to a professional lactation consultant for additional help and follow-up after discharge.

The initial breastfeeding encounter provides another important time for assessment. What concerns does this woman with a nipple piercing have? What strategies has she planned for nursing success? As long as her ideas are safe for her and the baby, it's important to permit her to continue as intended.

What kind of jewelry is the woman wearing? Does she want to leave the jewelry in situ or remove it for each feeding? If the mother desires, allow her to attempt nursing with the jewelry in place, but instruct her to tighten each part before each feeding. Prepare her for squirting milk from the holes if she chooses to remove the jewelry. If possible, have a supply of small plastic barbells to offer as temporary “place holders.”

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## Get the Facts

**La Leche League:** <http://www.lalecheleague.org>

**Midwifery Today, Forum on Breastfeeding and Piercings:**  
[http://www.midwiferytoday.com/forums/topic.asp?TOPIC\\_ID=1366](http://www.midwiferytoday.com/forums/topic.asp?TOPIC_ID=1366)

Wilson Clay, B. S., & Hoover, K. (2005).  
*The breastfeeding atlas* (3rd ed.). Manchaca,  
TX: LactNews Press.


occurrence of engorgement as this will only exacerbate problems with latching on. Educate her about the early signs of plugged ducts and mastitis. A breastfeeding woman with a nipple piercing should be referred to a professional lactation consultant for additional help and follow-up after discharge.

The professional nurse will need to utilize general evidence-based breastfeeding interventions as well as to develop individualized nursing actions based on an understanding of how nipple piercing and breastfeeding affect each other. The mother needs to be an integral part of the decision-making process related to the piercing and her success at nursing. There are many positive solutions to potential conflicts between lactation and wearing nipple jewelry (Jones, 1999).

Nurses recognize the advantages of breastfeeding for women and their offspring. Health care providers, especially nurses, can work at achieving reasonable compromise with their pierced clients in order to reap the benefits of lactation for new families.

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