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Body Modification and Breastfeeding: What You Need to Know

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Body Modification is a group of practices that includes branding, scarification, tattooing, piercing, and other body art. This article will focus on tattooing and piercing. Archaeologists, historians, and body art practitioners note that tattooing and body piercing have been performed worldwide for over 5000 years (DeBoer et al. 2008). Tattoos have been found on Ice Age remains and Egyptian mummies (Gilbert 2000), while piercings date back to 1500 BC and nipple piercings have been documented in journals from the Victorian era (Angel 2009). Within the last 20 years body modifications have experienced an explosion in popularity, with people both young and old getting tattoos and piercings of various types. More than 20 million Americans, half of whom are women, have one or more tattoos and up to 30 percent have piercings, and many have both. This surge in body modification shows no sign of slowing down (DeBoer et al. 2008).

Many women today get tattoos and piercings as a form of self-expression or to commemorate a special occasion or life event, while some may have gotten a body "mod" as a form of adolescent rebellion. For whatever reason, women today have or are getting body modifications in ever greater numbers at the same time that many are also becoming mothers. Along with the rise in body modifications, breastfeeding has seen a resurgence in popularity as well. With breastfeeding rates climbing worldwide it is not surprising that many new mothers who either have body modifications, or who may be contemplating them in the future, might have questions as to the safety of breastfeeding. So what's a hip, tattooed, pierced, and breastfeeding (or soon-to-be breastfeeding) mom to do then? Is there breastfeeding during or after tattooing and nipple piercing?

History Of Piercings And Tattoos

Inserting needles, rings, barbells, and other pieces of metal through the flesh has a long history, as does poking pigment into the flesh. Piercing and tattooing are both ancient and contemporary art forms, and have been practiced in virtually every society as far back as written records can trace, and possibly even further back still. Traditionally the ears, nose, and mouth were the most common areas to be pierced; however, recently "intimate piercings" in the nipple and genitals have become much more commonplace (Angel 2009). Throughout history both men and women have pierced their nipples—even Victorian ladies practiced nipple piercing (Ferguson 1999). Many popular celebrities sport nipple piercings and a surprising number of stay-at-home mothers do, too.

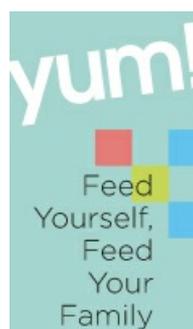
From Ancient Egyptian mummies to modern day mothers, many people of all classes and ranks have sported tattoos. Tattoos have been used to denote royalty, distinguish warriors on the battlefield, mark slaves, and even signify religious devotion. Interestingly enough, many of the tattoos found throughout history are found on women. The Ancient Egyptian tattooed mummies were priestesses of Hathor, the Goddess of fertility; and female Pictish warriors, from what is now modern day Scotland, wore tattoos in battle (Gilbert 2000). The word "tattoo" comes from the Polynesian word, "tattau," meaning "to mark" or "to tap," a reference to how the tattoo was applied. In the recent past tattooing has moved away from the military and prison population and into the mainstream. Doctors, lawyers, celebrities, and soccer moms all may have a tattoo peeking out of a collar or sleeve.

There are many reasons given for why women get their nipples pierced or mark their bodies with tattoos. Some do it as an act of rebellion, others to fit in, for social rank, or for group identity. Still other women go under the needle for religious or spiritual reasons, as a form of healing, or rite of passage. For many nipple piercings are a form of sexual enhancement or stimulation (Caliendo et al. 2005). Some women have tattooing done for cosmetic reasons (permanent make-up, breast reconstruction), and to camouflage disfigurements or scars (Hudson 2009). For most women, however, piercings and tattoos are done purely for the aesthetic appeal. Nearly 30 percent of individuals with piercings also receive tattoos (Armstrong et al. 2007).

Health Issues Of Body Modification

Piercings

Nipple piercings are performed by swiftly pushing a specialized, razor-sharp, beveled-tip hollow piercing needle through the base of the nipple. Piercers may do the piercing freehand or with forceps and a receiving tube, depending on skill-level and personal preference, and the jewelry is then inserted while pushing the needle out. Nipple piercings can be horizontal, vertical, or diagonal depending on anatomy and type of jewelry. One or both nipples can be pierced and even women with flat or inverted nipples can be pierced; in fact, nipple piercing can be used as a remedy as the jewelry helps to keep the nipple "out" (Angel 2009). Nipple jewelry is generally made of acrylic, titanium, nickel-free gold, platinum, niobium, or



stainless steel. The jewelry for a nipple piercing can be of various styles: captive-bead ring (CBR) or barbell, and ensuring the correct gauge (size) is critical in having the piercing heal without problems.

Nipple piercings, while a favorite among body mod fans, require patience and are not without risk. Nipple piercings can take up to a full year to heal completely, with infections and rejections the most common problems. Local infections are often due to poor aftercare and the most common symptoms are redness, swelling, warmth, and drainage. It is important to be seen by a physician immediately should any of these problems arise.

Aftercare for piercings includes keeping the piercing site clean with a cleanser such as *Satin*, performing daily sea salt soaks, and not allowing any foreign body fluids into the wound. Systemic infections such as hepatitis or tetanus can occur when universal precautions are not followed by the piercer (Stirn 2003). Rejection of the piercing is another complication and is generally caused by ill-fitting jewelry, poor piercing procedures, or careless aftercare. A rejected piercing never heals correctly and often is red, swollen, or bleeding. It is best to have the piercing looked at by a professional piercer who can change the jewelry. If it cannot be saved you may have to let the piercing close and then re-pierce the nipple. Be aware that repeated piercings can create scar tissue that might block milk ducts (Angel 2009).

The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM) have made no statements on the issue of nipple piercing and breastfeeding. If you are contemplating getting a piercing and also want to have a baby, it is best if you plan the piercing at least 12–18 months before you plan to get pregnant. This allows the piercing time to heal and create a fistula, or channel, before the bodily and hormonal changes that accompany pregnancy occur. It also will allow for removal of the jewelry during breastfeeding without the worry of the channel closing up. Furthermore, a reputable piercer will NOT pierce a pregnant woman knowingly. You risk not only your health but that of your baby as well. Both pregnancy and piercings are taxing on the immune system and you owe it to yourself to focus on growing a baby! Few, if any, piercers will knowingly pierce a breastfeeding mother either. The nipple(s) must have time to heal: no saliva should enter the open wound and the jewelry must stay in place during the healing period—something that is next to impossible to achieve with a young baby to feed frequently.

Many women who already have nipple piercings are concerned about their ability to breastfeed in the future. Anecdotal evidence on body piercing discussion boards finds that breastfeeding is not generally affected by established nipple piercings. Human nipples have between 8–12 nipple pores (Riordan & Wambach 2009) therefore it is unlikely that a well-healed piercing will block all of the pores. However, there has been some recent research pointing to a few reported cases of abnormal milk production in women with nipple piercings due to possible duct obstruction (Garbin et al. 2009). Often women find that when they do remove their jewelry for a feeding that milk leaks out of the piercing (Wilson-Clay & Hoover 2005); this can be problematic if the flow is too fast for your infant. Be proactive about preventing or reducing any engorgement and be on the lookout for blocked ducts or mastitis, all of which may be exacerbated by nipple piercings (Armstrong et al. 2006).

It is best to remove your jewelry for each feeding, to reduce the risk of your baby aspirating or choking, although some women do nurse with flexible polytetrafluoroethylene (PTFE or Teflon) barbells in place (Angel 2009). Removing your jewelry also reduces the risk of latching-on problems, damage to the inside of your baby's mouth or the passing of bacteria from the jewelry to your baby (Armstrong et al. 2006). If you choose to keep your jewelry out permanently until your baby is weaned, be aware that even a fully healed piercing may close and some women have noticed nipple pain in a previously pierced nipple while nursing (Wilson-Clay & Hoover 2005). You can keep the piercing open by inserting an insertion taper on a regular basis. If the channel closes completely wait at least three months post-weaning before re-piercing (Angel 2009). If you face any problems with breastfeeding be sure to contact your local La Leche League Leader or an IBCLC for help. For problems with your piercing you should be seen by a qualified piercer.

Tattooing

Tattoos (standard or cosmetic) are created by injecting ink into the dermal layer of the skin. Tattoo artists use a hand-held electric machine that is fitted with solid needles of various diameters and number, coated in the ink. The needles enter the skin from 50 to 3000 times per minute to a depth of up to a few millimeters. The process causes minor bleeding and is usually painful for the first 24 hours. During the healing process the skin may become shiny or scabbed for up to seven days (Reardon 2008). The inks used may contain metal oxides or synthetic dyes and in the United States are subject to FDA regulation as cosmetics, but none is approved for injection under the skin (FDA 2008). The process of applying a tattoo can take from minutes to hours depending on the intricacy of the design and colors used. Another type of tattoo is the henna tattoo (made with a paste from the *Lawsonia inermis* bush and lemon juice or vinegar). This is applied only to the surface of the skin and does not involve needles or puncturing (Hudson 2009).

Tattoos are a permanent form of artwork etched into the flesh and are not without risk. As with piercings, local and systemic infections are the most prevalent risks of tattooing. Local infections can occur when the recommended aftercare regimen is not followed. Aftercare includes keeping the tattoo clean with mild soap and water, not picking at the scabs, and keeping the tattoo out of the sun (Reardon 2008). Systemic infections occur when universal precautions are not followed by the tattoo artist and can include such diseases as hepatitis B and C and other infectious diseases (Both 2008).

The AAP, ACOG, AAFP, and ACNM have taken no stance on the compatibility of tattoos and breastfeeding. However, *The Breastfeeding Atlas* (Wilson-Clay & Hoover 2005) and *Breastfeeding: An illustrated guide to diagnosis and treatment* (Both 2008) both state that already present tattoos, on the breast or elsewhere, do not impact breastfeeding. The possibility of the ink migrating into the mother's blood plasma and then into the milk-making cells of the breast is negligible, according to Frank Nice, RPh (Roche-Paull 2005). It is, however, possible to have allergic reactions to the tattoo inks (FDA 2008).

Many, if not most, professional tattoo artists will not knowingly tattoo a woman who is currently breastfeeding or will actively discourage her from getting a tattoo. It is felt that the body needs time to

heal the tattoo and that is harder to do when the body is producing milk. There is concern, too, that a disease could be passed on to the baby from a bad tattoo (Hudson 2009). Renowned tattoo artist Pat Fish of Santa Barbara states, "There is always an element of risk in getting a tattoo. There is always a chance that the tattoo could have an adverse effect on the mother's immune system and that that would be transmitted to the baby" (Roche-Paull 2005). This is really a judgment call for you as the mother to decide. Going to a professional tattoo shop following universal precautions also lessens the risk of any infection that might be acquired.

Is it safe to have a tattoo removed while breastfeeding?

It is estimated that 20 percent of those who get tattoos later regret the decision and wish to have them removed (Armstrong et al. 2008). The medical literature says little regarding the safety of tattoo removal while breastfeeding, but the general information that is available still applies. Tattoo removal is now accomplished with the use of lasers, specifically, Q-switched lasers. The laser works by producing short pulses of intense light that pass through the skin to be absorbed by the tattoo pigment. The laser energy causes the tattoo pigment to fragment into smaller particles that are picked up by the body's immune system and filtered out. The removal process is bloodless, low risk, and has minimal side effects (Reardon 2008).

The same aftercare as for a tattoo applies to its removal. A mild analgesic is often prescribed for the pain, if needed. Possible side effects include pigmentation changes, local infection (due to not following the aftercare regimen), and possible allergic reaction to the ink that is now "free" in the mother's system. Mothers usually have no problems if they follow the recommended aftercare procedures. The body filters the ink particles via the white blood cells and, according to Dr. Jack Newman, "It is doubtful that tattoo removal would influence breastfeeding in any way" (Roche-Paull 2005). When there are concerns about a tattoo, the mother should consult the tattoo artist or the dermatologist who performed the tattoo removal. In a true emergency, she should contact her physician immediately.

Universal Precautions

Whether you are contemplating a tattoo or getting your nipples pierced it is very important that your tattoo artist or piercer follows universal precautions. Professional tattooists and piercers will follow all universal precautions, such as sterilization of the tattoo machine and piercing implements using an autoclave; single-use inks, ink cups, gloves and needles; bagging of equipment to avoid cross contamination; thorough hand washing with disinfectant soap, and the wearing of gloves when performing the tattoo or piercing (Armstrong et al. 2006). Any jewelry that is to be inserted should be kept sterile before insertion as well.

It is important to screen the tattooist and the shop carefully, checking with the local health department for local laws and regulations. Reputable body artists support regulations and legislation to keep their customers safe and to legitimize the profession. However, the artist's training, sterilization of instruments, and inspection of the studios depend on state/provincial laws. In North America, the United States does not have legislation regarding body art at the federal level, however 36 states have passed legislation regulating tattooing and piercing (Armstrong et al. 2007). Mandatory licensing, registration, or permits are required in only 74 percent of US states. Canada has federal guidelines for tattooing and piercing as does Mexico. Within the European Union, regulation varies from country to country: Spain's laws vary from province to province and Belgium's laws are still in development, while nationwide laws are in place in the United Kingdom, Italy, Iceland, and the Netherlands (Armstrong et al. 2007). It should be noted that within the US, UK, and Australia, human milk cannot be donated to a milk bank if the mother has received a piercing or tattoo within the previous 12 months due to possible infectious disease transmission (HMBANA 2003).

If you are a mother who has or desires body modifications, you should feel safe knowing that you can still successfully breastfeed if you follow the precautions outlined above. Breastfeeding and body modifications are compatible. You can certainly provide your baby with his mother's milk from a very beautifully decorated and adorned body. Your child will grow to be happy, healthy, and strong on your milk and will have the coolest tattooed and pierced mom at the playground to boot!

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Body Modifications and Breastfeeding, Extended Breastfeeding, Hazardous Materials and Breastfeeding, Military Breastfeeding Mothers, Tandem Breastfeeding, Working and Breastfeeding. What's a hip, tattooed, pierced and breastfeeding (or soon-to-be) mom to do? Is there breastfeeding during or after tattooing and nipple piercings? This presentation will provide a review of the available literature regarding breastfeeding and body modifications, a discussion of why women choose to alter their bodies through body modifications, evidence-based information on the safety and different types of body modifications available and the effect on breastfeeding, and how to identify and reduce any potential barriers to successful breastfeeding with tattoos and piercings. To keep making breast milk, you need to breastfeed your baby or pump your breast milk often. When your baby breastfeeds, or you pump your breast milk, the nerves in your breasts send a signal to your brain to release the hormones oxytocin and prolactin. The prolactin tells the milk glands in your breasts to make more breast milk, and the oxytocin is responsible for getting the breast milk from your breasts to your baby. But since your body releases prolactin in response to stimulation at your breasts, if you do not breastfeed or pump your breast milk, the levels of prolactin will begin to go down. In the first few weeks postpartum, you will still produce breast milk and even experience breast engorgement even if you decide that you don't want to breastfeed. The body of research on what cannabis exposure potentially does to a developing fetus, infant, or child is limited. But it still has experts concerned. So what should breastfeeding moms know about using marijuana? "It has not been possible until recently in the medical world to study marijuana use, but because of states like [Colorado] where marijuana is now legalized we are starting to put together the picture of exposure," Dr. Bunik, who is also a member of the Executive Committee of AAP's Section on Breastfeeding, says. "We need more research to definitively determine THC's effects on babies during pregnancy and breastfeeding and this type of research takes time."

Breastfeeding is a reliable way to provide a baby with all the nutrients they need. Breast milk is the ideal food for babies. It is rich in antibodies and fatty acids, which support the development of an infant and their immune system. Backwash from the baby provides the woman's body with important clues about the baby's health and development. This ability of breast milk to adapt to a baby's needs offers numerous health benefits. These include a lower risk of It is possible to breastfeed a baby anywhere. There is no need to warm up a bottle, pack formula, or make any other preparations. Public breastfeeding is legal in all U.S. states. Once they have mastered breastfeeding, it is possible for women to do other tasks concurrently, such as working, talking on the phone, or watching a movie. Breastfeeding Basics: What You Need to Know to Get Started. by Christina Breda. How Long Should You Breastfeed? Prev NEXT. Once that happens your body will adjust milk production, producing less as you breastfeed less. One warning: Cutting back on breastfeeding too quickly can lead to engorgement and could even contribute to mastitis (breast infection). So gradually slow your breastfeeding or pumping, says Mann. What happens if you have trouble to begin with? "Many mothers are now leaving the hospital without their baby actually latching on, and moms are not being given instructions on how to do it or even how to get help if they have trouble," says Mann, who says her initial consultations with mothers l