



The Maryland Department of Health and Mental Hygiene Hospital Breastfeeding Policy Maternity Staff Training Program

Breast and Nipple Concerns
Session 11



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Objectives




- › Breast assessment
- › Recognize and treat sore nipples
- › Recognize and treat engorgement, blocked ducts, and mastitis

Breast Assessment

- › Prenatal breast changes
 - Increase in size
 - Darkening of the areola
 - Increased tenderness
- › Postpartum breast changes
 - Increase in size
- › Breast variations
 - Size, shape, color, and placement



Nipple Assessment

- › Nipple Types
 - Everted
 - Flat
 - Inverted

Source: University of Maryland Upper Chesapeake Medical Center
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Pinch Test

Source: B. Wilson-Cla, A. Hickey, The Breastfeeding Atlas, used with permission. (copy 2/2016)

Breast Assessment – Concerns

- › Nipple appearance
 - Flat or inverted nipples
 - Long or big nipples
- › Breast surgery



Source: University of Maryland Upper Chesapeake Medical Center

Breast Care During Lactation

- › No need to wash nipples with soap
- › Massage prior to feeding or expressing
- › Breast milk on the nipple after nursing
- › Properly fitted nursing bra
- › Breast pads



Sore Nipples – Causes

- › Poor positioning or latch
- › Incorrect removal of infant from breast
- › Improper use and fit of breast pump
- › Bacterial and yeast infections
- › Vasospasms
- › Tongue-tie
- › Irritants



Sore Nipples – Management

- › Help mother with positioning and latch
- › Treat skin conditions
- › Assure proper use and fit of breast pumps and feeding devices
- › Refer for assessment and treatment of short frenulum



Sore Nipples – Comfort Measures

- › Apply expressed breast milk to the nipples
- › Apply warm compress for improved let-down
- › Begin feeding on least sore side
- › Avoid use of soap on nipples



Engorgement

- › Swollen, tender breasts
- › Occurs in the first few days
- › Swelling due to milk stasis
- › Interstitial edema
- › Decreased milk supply



Engorgement – Causes

- › Missed or infrequent feedings
 - › Less than 8 feedings in 24 hours
- › Supplementation
- › Pacifier use
- › Not following the Ten Steps



Engorgement – Management

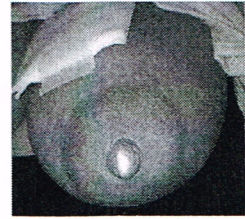
- › Feed more frequently
- › Correct latch issues
- › Express milk to soften breast
- › Apply warm compress to stimulate let-down
- › Apply cold compress to decrease swelling



Source: University of Maryland/Upper Chesapeake Medical Center

The Domino Effect

- › Engorgement can lead to
 - Diminished milk production
 - Reduced milk flow to baby
 - Plugged ducts
 - Breast infection
 - Premature weaning



Source: University of Maryland/Upper Chesapeake Medical Center

Plugged Milk Ducts – Causes

- › Inadequate removal of milk
 - Missed feedings
 - Infrequent feedings
 - Weak suck
 - Breast not emptied completely
- › Pressure on the ducts or part of the breast
 - Tight clothing
 - Underwire bras
 - Holding breast too tightly

Plugged Milk Ducts – Management

- › Frequent nursing
- › Alternate feeding positions
- › Massage affected area with
 - Warm moist heat
 - Vibrating handle of electric tooth brush
- › If unable to nurse
 - Consider pumping
 - Teach hand expression



Source: University of Maryland/Upper Chesapeake Medical Center

Mastitis – Causes

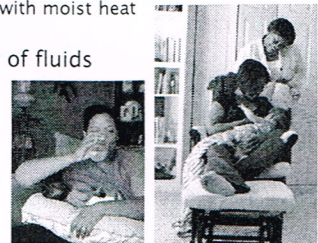
- › Mastitis can be caused by milk stasis or nipple trauma which predisposes the ducts to bacterial infections



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Mastitis – Management

- › Effective milk removal
 - Frequent nursing or pumping
 - Breast massage with moist heat
- › Rest and plenty of fluids
- › Antibiotics



Source: United States Breastfeeding Committee (both photos)

Conclusion

- › Careful attention to mothers' breasts and early breastfeeding helps to set families on the path to breastfeeding success



Source: United States Breastfeeding Committee

References

- › Academy of Breastfeeding Medicine. (2014). Clinical Protocol #4. *Breastfeeding Medicine*, 9, 239-243.
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- › World Health Organization. (2000). *Mastitis Causes and Management PDF* (WHO/FCH/CAH/00.13). Geneva, Switzerland: World Health Organization.