# SESSION 12
# BREAST AND NIPPLE CONDITIONS

## Breastfeeding Promotion and Support

A Training Course for Health Professionals

*Adapted from the Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care (Section 3) WHO/UNICEF 2009*

# Session Objectives:

At the end of this session, participants will be able to:

1. List the points to look for when examining the mother's breasts and nipples;
2. Describe management of nipple problems
3. Describe causes , prevention and management of common breast problems
4. Demonstrate through role-play assisting a mother with breast or nipple conditions (Group work )

# 1. Examination of the mother’s breasts and nipples

# Examination of the mother's breasts and nipples

- Reassure mothers during ANC that most mothers' breast produce breast milk well regardless of size and shape.
- After baby is born , there is no need to physically examine every BF women's breasts and nipples except if she has pain or a difficulty.
- In most cases , observation is all you need to do
  - —can see most important things during breast feeding and after.

# Examination of the mother's breasts and nipples

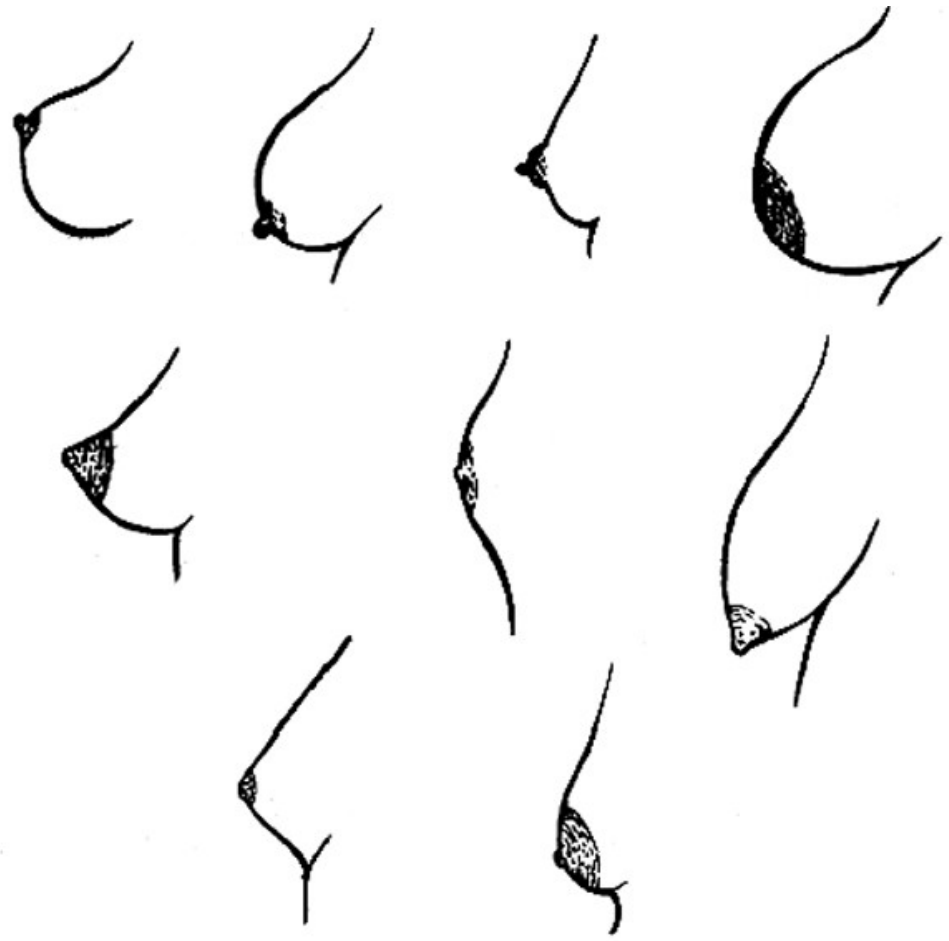
- When physical examination on women's breast is needed always:
  - —Explain what you want to do
  - —Ensure privacy
  - —Ask permission
  - —Talk with the mother
  - —Ask if both breasts become larger and areola darker
  - —If touching the breasts is necessary, do gently

# Examination of the mother's breasts and nipples

- Look for:
  - __Any engorgement/lumps/swelling/redness
  - __Any evidence of past surgery
  - __Any masses, dimpling
  - __Is there anything that worries mother
- Talk about what have been found
- Highlight positive sign
- Do not sound critical about her breasts.
- Build her confidence in her ability to b'feed

# Breast Size and Shape

- There are many different shapes and sizes of breast and nipple.
- Babies can breastfeed from almost all of them.



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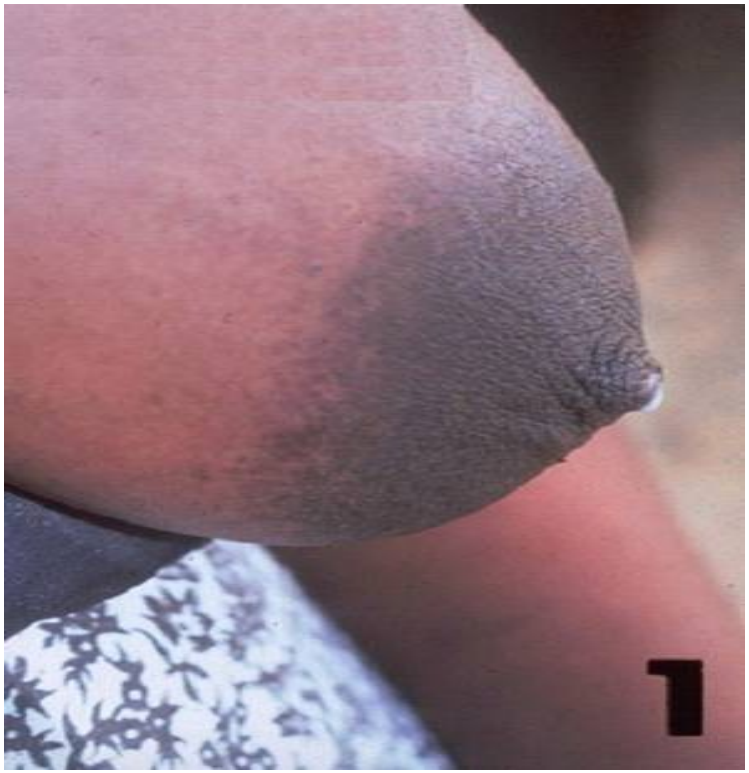
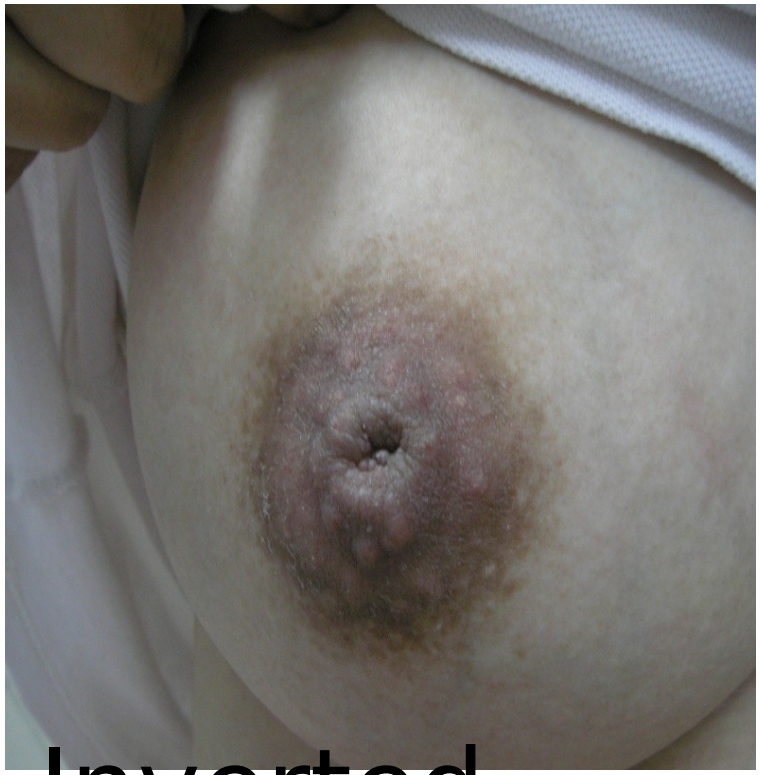
# Nipple size and shape



Flat nipple



Inverted nipple

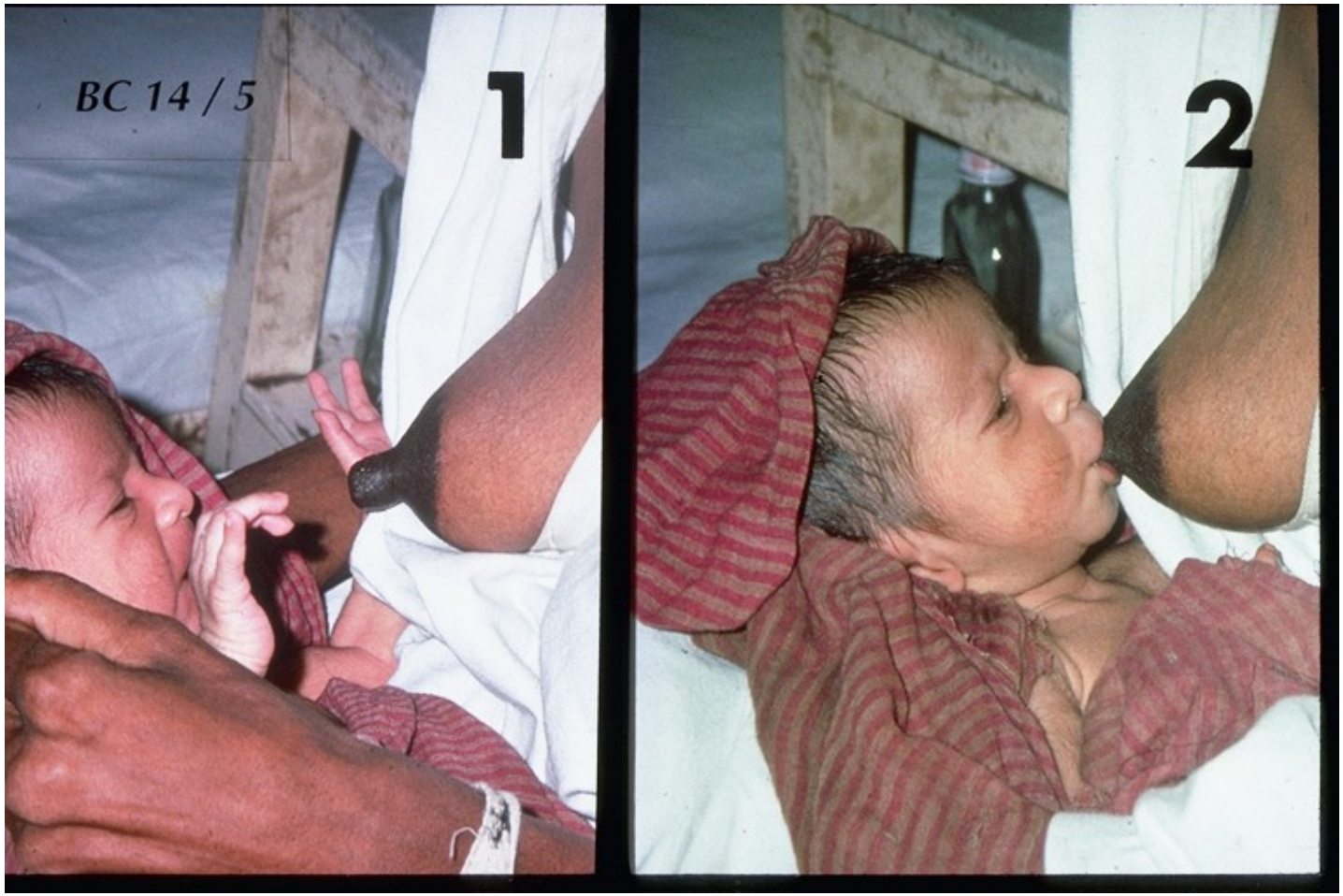
# Flat Nipples and Protractility

- Nipples can change shape during pregnancy
  - become protractile /stretchy which is more important than size and shape.
- No need to diagnose or treat flat/inverted nipple during pregnancy
  - wearing shells / special exercise to protrude the nipples may cause pain
  - Makes a woman feel that her breasts are not right for BF
  - **No longer recommended**
- Protractility improves during pregnancy and after baby is born
  - May look flat but baby is able to suckle without difficulty
- Build her confidence and provide support.
- Attachment and avoiding artificial teats and pacifiers assist BF to established.

# Long or Big Nipples

- May cause difficulties
  - baby does not take the breast far enough back into the mouth
  - likely to suck only nipple and not taking the breast with the lactiferous sinuses into the mouth.
- Be ready to help mother with breastfeeding technique
  - help mother to position and attach correctly
- If the baby gags repeatedly because of large nipples
  - ask mother to express and cup feed the baby for some days.
- Babies grow quickly and their mouths soon become bigger.

# Long Nipples



# Inverted Nipples

- Not always a problem as babies attach to the **breast** and **not to the nipple**.
- Build the mothers' confidence and provide support from birth.
- Supportive practices include : Skin to skin contact, encouraging baby to find own way to the breast , correct positioning.
- Help mothers to attach properly to remove the milk effectively and BF successfully
- Can breastfeed successfully with skilled help
- Really difficult nipples are rare.

# 2. Management of Nipple Problems

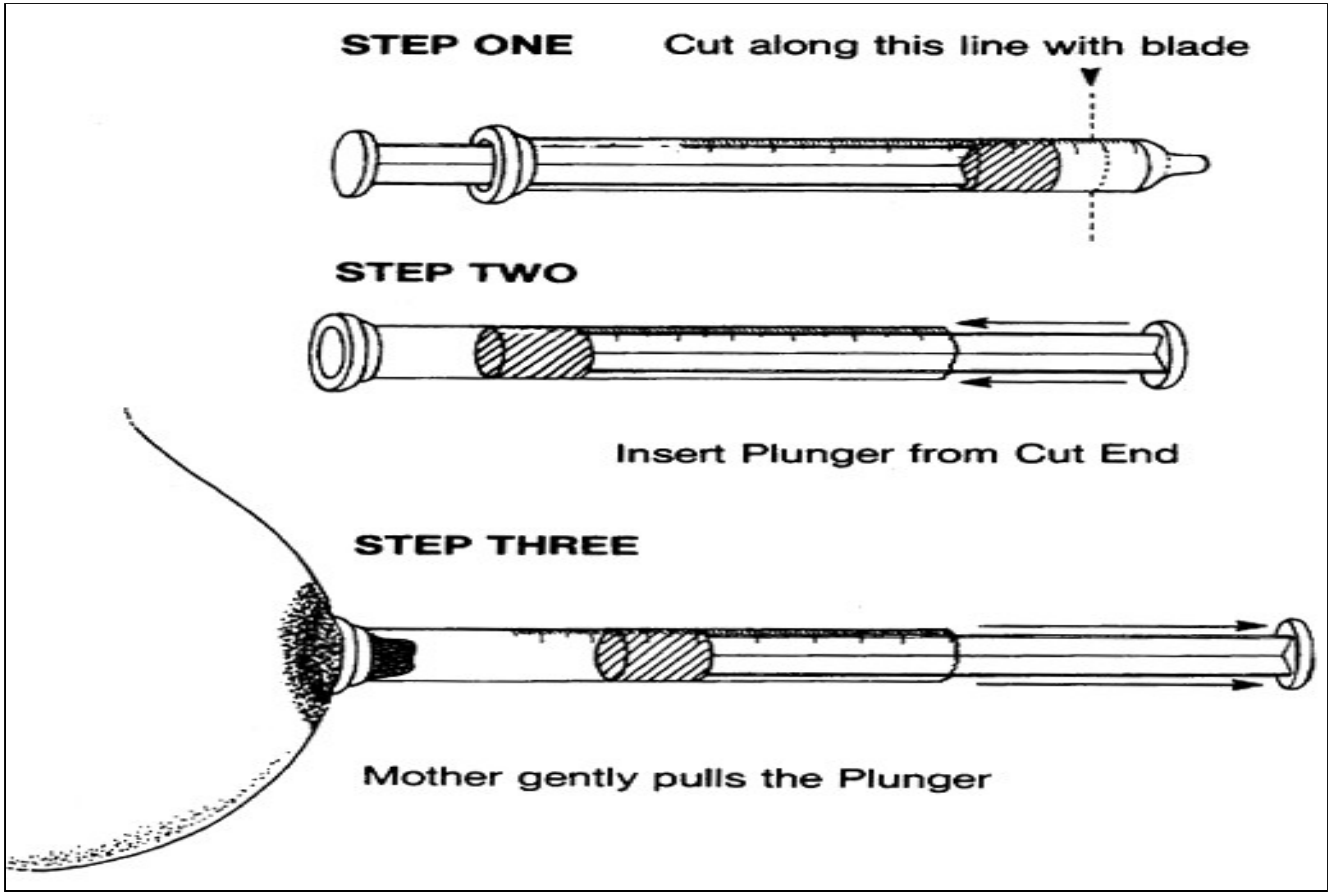
# Management of Flat and Inverted Nipples

- **Antenatal treatment**
  - **Probably not helpful**

- **Soon after delivery**
  - **Build mother's confidence**
  - **Explain baby sucks from BREAST not nipple**
  - **Let baby explore breast, skin-to-skin**
  - **Help mother to position her baby early**
  - **Try different positions – e.g. underarm**
  - **Help her to make nipple stand out more. Use syringe, pump, massage**

- **For the first week or two if baby not suckle effectively**
  - **Express breastmilk and feed with cup**
  - **Express breastmilk into the baby's mouth**
  - **Let baby explore breasts frequently**

# Syringe method for inverted nipples

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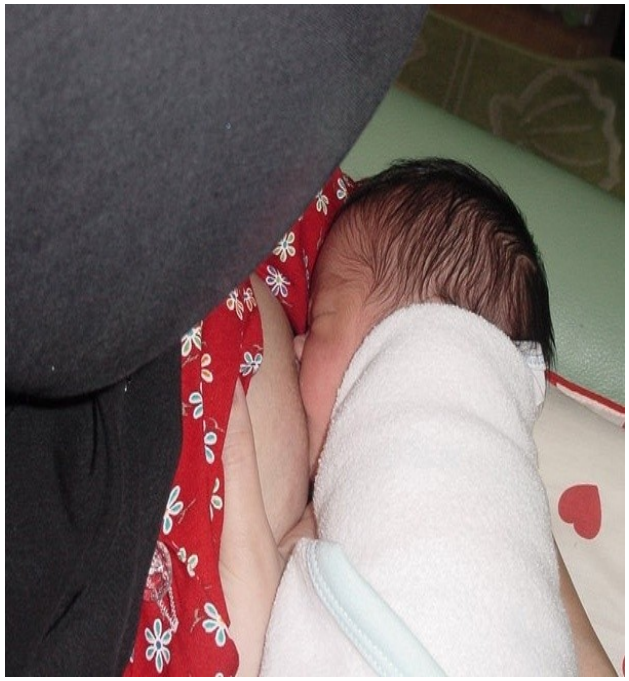
# Helping a Mother With Long and Big Nipples



- **Prevent the baby touching mother's nipples**
  - **Lightly wrap the baby:**
  - **Help mother to position her baby … maybe use an unconventional position.**
  - **Ensure baby's attachment is optimal.**
- **Re-assure the mother:**
  - **Her baby's mouth will grow and lengthen.**
  - **Her nipples will not grow !!**
- **Express breastmilk and feed with a cup.**
- **Express breastmilk into the baby's mouth.**

# Management of Nipple Fissure (cracked nipple)

- Commonly caused by incorrect positioning and poor attachment.
- The baby pulls the nipple as he sucks and rubs the skin causing pain and if repeated suckling will damage the nipple skin and causes fissure.
- Help mother to improve positioning and correct positioning.

# Sore Nipples

- Breastfeeding shouldn’t hurt
- Some mothers find their nipples slightly tender at the beginning of a feed for few days and the tenderness disappears in a few days
- If tenderness is so painful that the mother dreads putting the baby to the breast/there is visible damage to the nipples
  - Not normal, need attention
- The most early causes of nipple soreness are simple and avoidable

# Sore Nipples

- If mothers in your facility are getting sore nipples:
  - Ensure all maternity staff know how to help mothers get their babies attached to breasts
- If babies are well attached
  - Most mothers do not get sore nipples

# Observation and history taking

## for sore nipples

History taking for sore nipple

- Ask the mother to describe what she feels:
  - —Pain at start of a feed that fades when baby lets go, is most likely related to attachment.
  - —Pain that gets worse during the feed and continues after feed has finished, often describe as burning/stabbing is more likely caused by Candida Albicans.

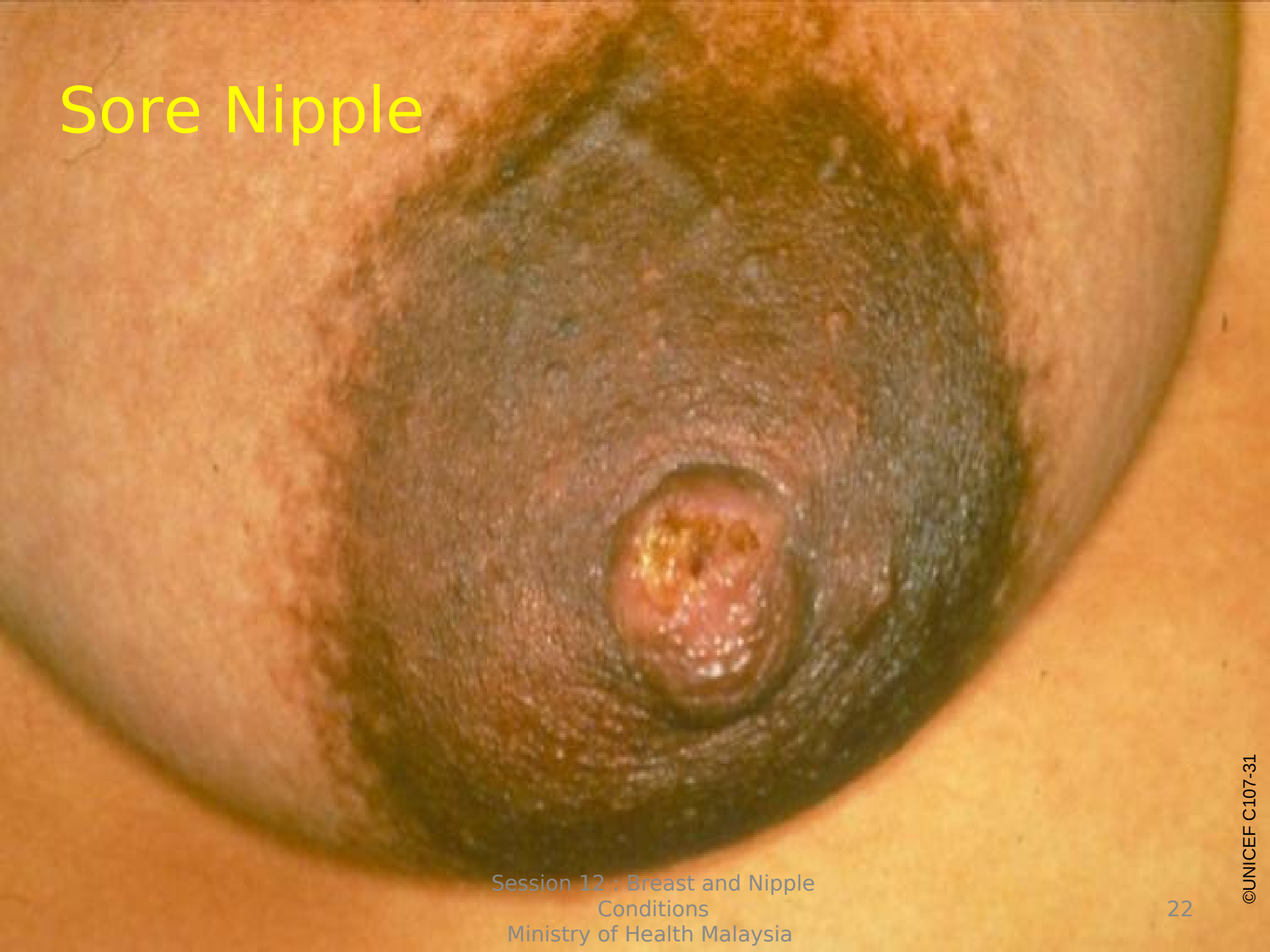
# Observation and history taking

# for sore nipples

Observation for sore nipple

- Look at the nipples and breast
  - —Broken skin is usually caused by poor attachment.
  - —Skin is red, shiny, itchy, flaky with loss pigmentation is more often seen with Candida.
  - —Remember Candida and trauma from poor attachment can exits together.
  - —Similar to others part of the body, the nipple can have eczema, dermatitis and other skin condition.

# Sore Nipple



# Observation and history taking

# for sore nipples

Observation for sore nipple

- Observe a complete breastfeeding.
- Use Breastfeeding Observation Aids.
- Check how the baby :
  - —goes to the breast.
  - —Attachment.
  - —Suckling.
  - —Notice the mother ends the feed or the baby lets go himself.
  - —Observe what nipples look like at the end of the feed.
  - —Look misshapen (squashed), red or white line.

# Observation and history taking

# for sore nipples

Decide the cause for sore nipple

- Poor attachment
- Baby is pulled off the breast to end the feed
- A breast pump that cause stretching of the nipple
- Candida that can passed from baby's mouth to the nipple
- The infant tongue tie causing friction on the nipple.

***Arrange for mother to be seen by a trained person for less common causes*

# Management of Sore Nipples

- Reassurance
  - sore nipples can be healed and prevented in future
- Treat the cause of sore nipples
- Suggest comfort measures while nipple healing
- Advice mothers regarding facts that do not help sore nipples

# Treat the Cause

- Help mother to improve attachment and positioning
- Show the mother how to feed in different feeding position
- Treat skin conditions or remove source of irritation.
- Treat Candida both on mother's nipple and baby's mouth
- If the baby had tongue tie – refer for treatment.

# Suggest comfort measures

While the nipples are healing:-

- Apply expressed breast milk to the nipples after the feed.
- Apply a warm cloth to the breast before feed to stimulate let down.
- Begin each breastfeed on the least sore breast
- Gently remove the baby if the baby begin to fall a sleep at the breast.
- Wash nipples only once a day as for normal hygiene – not every feed.
- Avoid using soap on nipples, as it removes the natural oils.

# What do not help

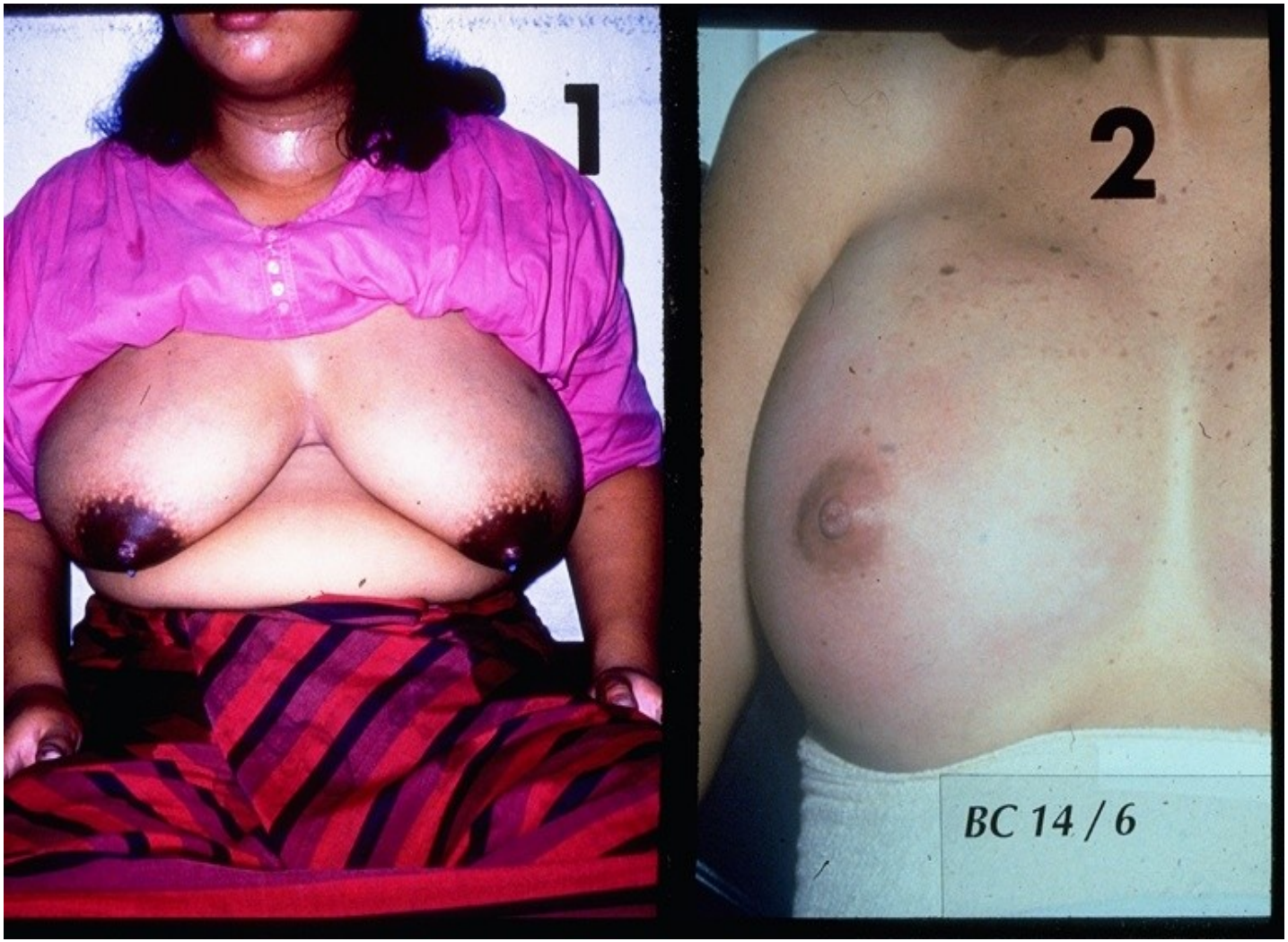
- **DO NOT** stop breastfeeding to rest the nipple.
- **DO NOT** limit the frequency or length of breastfeeds.
- **DO NOT** apply any substances to the nipple.
- **DO NOT** use a nipple shield.

# 3. Causes, Prevention and Management of Common Breast Problems

# Common Breast Problems

1. Breast engorgement
2. Block duct and mastitis
3. Breast abscess
4. Candida

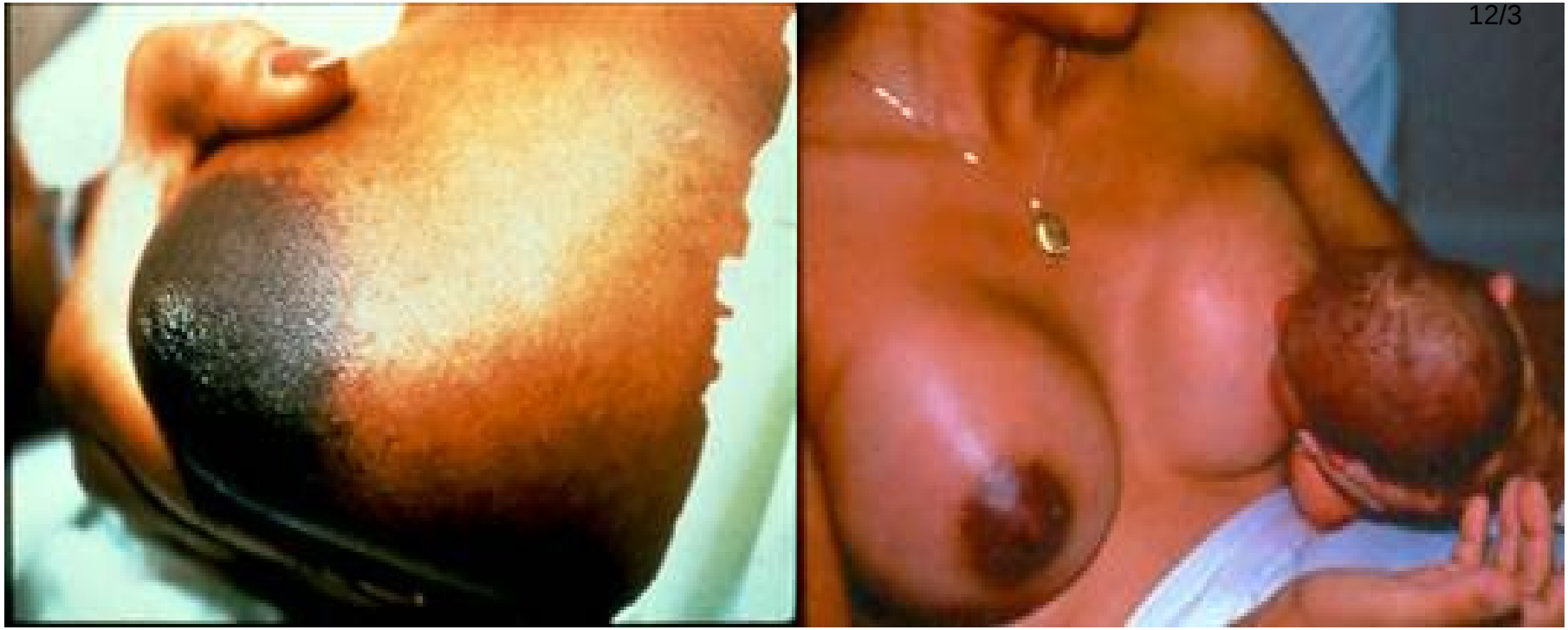
# Breast Problems



# Differences between Full and Engorged Breasts

| Full breasts | Engorged breasts |
|---|---|
| • NORMAL 48/72 hours after birth. | • PATHOLOGICAL can occur at any time during breastfeeding. |
| • Warm, full and heavy. | • Painful, Oedematous.<br>• Hot and hard.<br>• Tight and flat especially nipple area.<br>• Shiny and may look red. |
| •Milk flowing. | • Milk NOT flowing. |
| • Fever uncommon. | • Fever may occur. |
| • For the next 10 to 14 days breast Fullness often occurs BEFORE a feed. Gradually the breasts feel | •**FIL (Feedback Inhibitor of Lactation) may cause decrease in milk supply if engorgement continues. |

# Breast Engorgement




**Full Breast**

**Engorged breast**

***Do your practices help to avoid engorgement?***

# *Do our practices help to avoid engorgement?*

- If much engorgement is seen in a maternity facility, the pattern of care for mothers should be reassessed
- Implementation of the Ten Steps to Successful Breastfeeding prevents most painful engorgement
- If we can answer YES to all of the following questions, there should be very little engorgement in your facility

# *In the Healthcare Facility*

- Is skin to skin care practiced at delivery? (step 4)
- Is breastfeeding initiated within 1/2 hour after birth? (Step 4)
- Do staff offer help early and make sure that every mother knows how to attach the baby at the breast? (Step 5)
- If the baby is not breastfeeding, is the mother encourage and shown how to express milk her breast frequently? (Step 5)

# *In the Healthcare Facility*

- Are babies and mothers kept together 24 hours a day?  (Step 7)
- Is every mother encouraged to breastfeed whenever and as long as her baby is interested, day and night (at least 8 to 12 feeds in 24 hours)? (Step 8)
- Are babies given no pacifiers, artificial teats or bottles that would replace suckling at the breast? (Step 9)

# Causes and Prevention of Breast Engorgement

| CAUSES | PREVENTION |
|---|---|
| • Plenty of milk.<br>• Delay starting to breastfeed. | • Start breastfeeding soon after delivery. |
| • Poor attachment to the breast. | • Ensure good attachment. |
| • Infrequent removal of milk.<br>• Restriction on the length of feeds. | • Encourage unrestricted breastfeeding (feeding day and night with long duration of feeds).<br>• Express in between feeds |

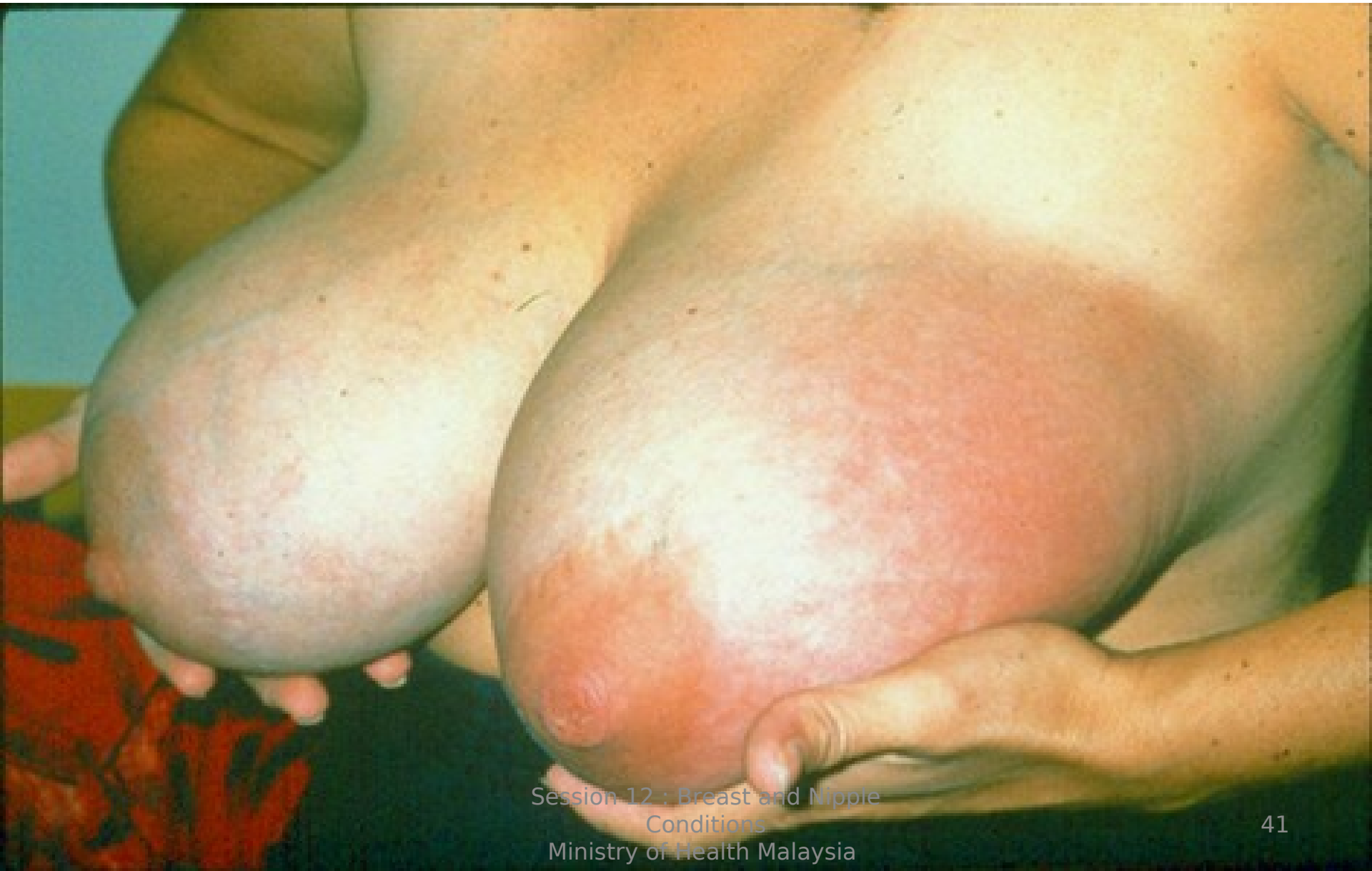
# Management of Breast Engorgement

| | |
|---|---|
| • If the baby able to suckle | •Feed frequently, help with positioning |
| • If the baby not able to suckle | • Express milk |
| • Before feed to stimulate oxytocin reflex. | • Warm compress or warm shower.<br>• Massage neck and back.<br>• Light massage of breast<br>• Help mother to relax<br>• Provide supportive atmosphere |

# *Relief of engorgement*

- Removing the milk from the breast will relieve engorgement. This will:
  - Relieve the mother's discomfort.
  - Prevent further complications such as mastitis and abscess formation.
  - Help to ensure continued production of milk.
  - Enable the baby to receive breastmilk.

# *Blocked milk ducts and Mastitis (breast inflammation)*



# Symptoms of Blocked Duct and Mastitis

| blocked duct | milk stasis | non-infective mastitis | infective mastitis |
|---|---|---|---|
| • Lump<br>• Tender<br>• Localised redness<br>• No fever<br>• Feels well | Progresses to | • Hard area<br>• Feels pain<br>• Red area<br>• Fever<br>• Feels ill | |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# Causes of Blocked Duct and Mastitis

- **Poor drainage of part or all of the breast** →

**Which is due to:**

- **Infrequent breastfeeds**
- **Ineffective suckling**
- **Pressure from clothes**
- **Pressure from fingers during feeds**
- **Large breasts draining poorly**

- **Stress, overwork** →
  - **Which reduces frequency and length of feeds**
- **Trauma to breasts** →
  - **Which damages breast tissue, can occur even in childhood**
- **Cracked nipples** →
  - **Which allows bacteria to enter**

# Management of Blocked Ducts, Mastitis

Assessment

- important part of treatment is to improve the drainage of milk part from the affected part of the breast
  - —Observe a breastfeed
  - —Notice if her breasts are very heavy
  - —Ask about frequency of feeds
  - —Ask about pressure from tight clothes

# *Management of Blocked Ducts, Mastitis*

Treatment

- Explain to the that she **MUST**:
  - —Remove milk frequently
    - Continue breastfeeding frequently
    - Check that baby is well attached
    - Gently massage the blocked or tender area down toward the nipple before and during the feeds.
    - Apply a moist, warm cloth to the area before a breastfeed.
    - Check that her clothing, especially her bra, does not have a tight fit.

# *Management of Blocked Ducts, Mastitis*

Treatment

- Explain to the that she **MUST**:
  - —Rest with the baby so that the baby can feed often
  - —Drink plenty of fluids
  - —Express milk if baby unwilling to feed frequently
    - Infrequent removal makes engorgement worse
    - May result in abscess

***REST THE MOTHER, NOT THE BREASTS***

# Drug treatment for Mastitis

- Anti-inflammatory treatment is helpful in reducing the symptoms of mastitis
  - Ibuprofen is appropriate if available
  - A mild analgesia can be used as an alternative
- Antibiotic therapy is indicated if:
  - The mother has fever for 24 hours or more
  - There is evidence of possible infection eg infected nipple cracked
  - The mother's symptoms do not begin to subside within 24 hours of frequent and effective feeding/milk expression
  - The mother's condition worsens
  - must be given for an adequate length or time (10 to 14 days is now recommended to avoid relapse)

# Summary of Management of Blocked Duct and Mastitis

**FIRST**

- **Improve breast drainage**

  **Look for cause and correct:**

  - **Poor attachment**
  - **Pressure from clothes or fingers**
  - **Large breast draining poorly**

  **Advise:**

  - **Frequent breastfeeds**
  - **Gentle massage towards the nipple**
  - **Warm compresses**

  **May also be helpful:**

  - **Start feed on unaffected side**
  - **Vary positions**

**NEXT**

**If any of these are present:**

- **Severe symptoms, or**
- **Fissure, or**
- **No improvement after 24 hours**

**Then also treat with:**

- **Antibiotics**
- **Complete rest**
- **Analgesia (paracetemol)**

# Breast Abscess

- A collection of pus forms in part of the breast.
  - May be result of untreated mastitis
  - The breast develops a painful swelling, feels full of fluid.
- Needs surgical incision ( I&D ) and antibiotic commencement.
- Continue breastfeeding if
  - incision far enough from areola and does not interfere
  - mother tolerate pain
  - otherwise express milk from affected side
  - Continue breastfeeding from unaffected breast
- Good management of mastitis should be preventive


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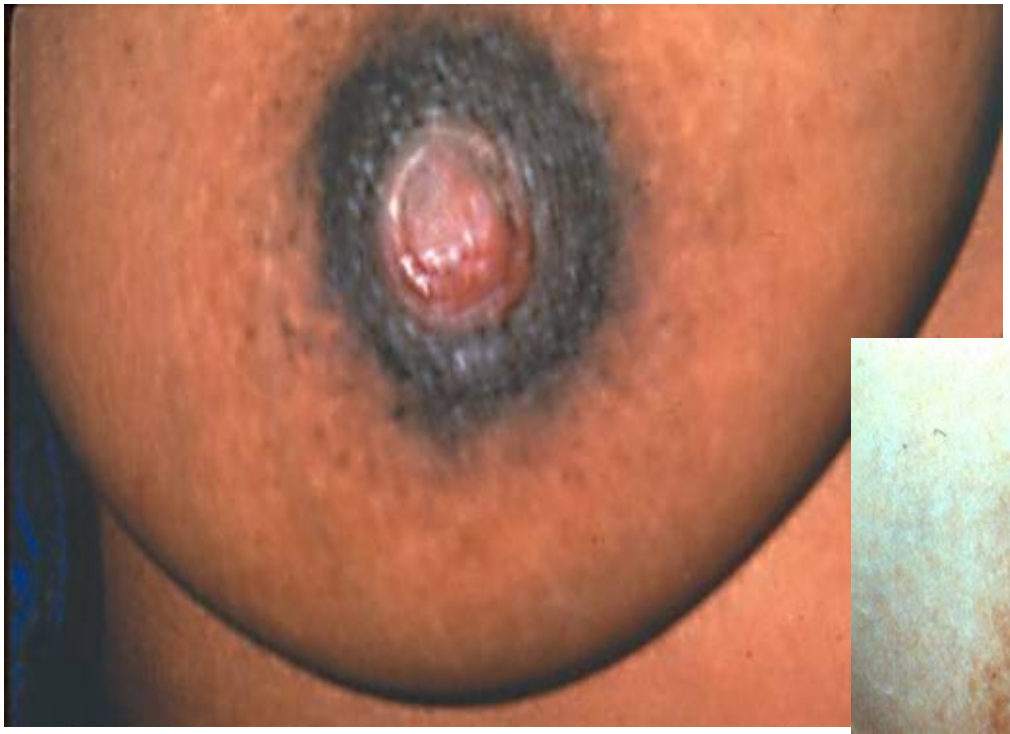
# Candida infection

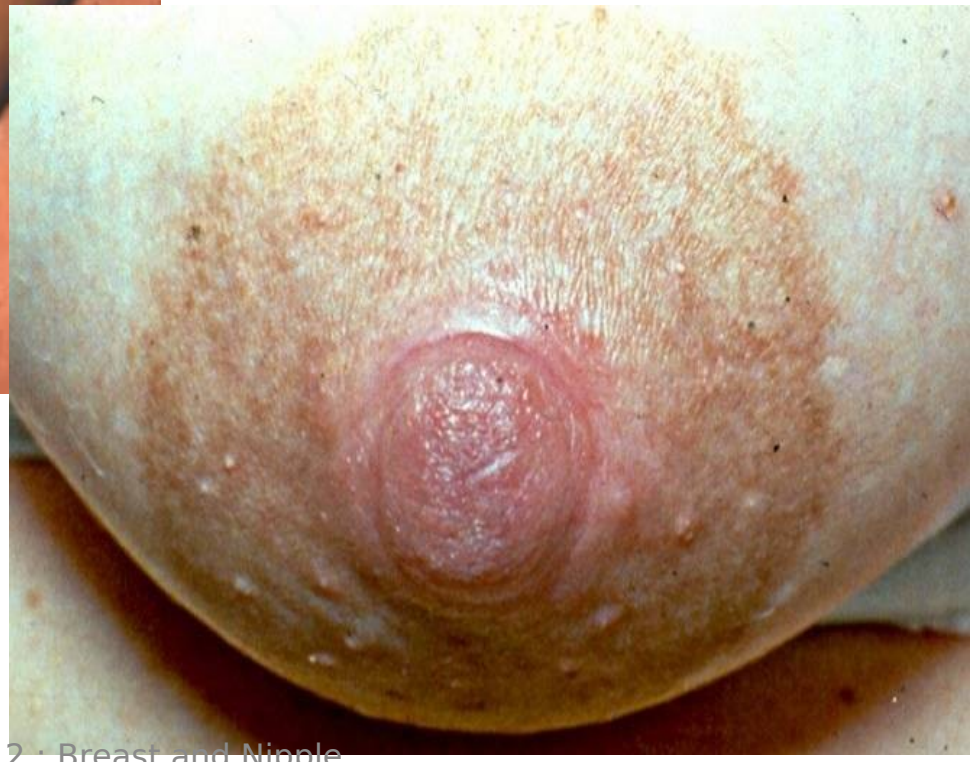
- Can make skin sore, shiny, red and itchy
- Often follow antibiotic use to treat mastitis/other infections
- May be due to/cause baby’s oral thrush
- Describe burning/stinging pain which continues after feed

# Candida



Nipple

Aerola



# Candida in baby's mouth

# Signs and treatment for thrush

| Signs | Treatment |
|---|---|
| • Skin looks red, shiny and flaky . The nipples and areola may lose some of pigmentation or may look normal or red and irritated. | • Nystatin cream 100,000 IU/g: (Apply to mother's lesions 4x/day, after breastfeed and continue till 7 days after lesion healed). |
| • Nipples remain sore between feeds for prolonged time despite correct attachment. | • Nystatin suspension 100,000 1U/ml: ( Apply 1 ml by dropper to child's mouth 4x/day after breastfeed). |
| • Baby may have white patches inside his cheeks or o his tongue/has nappy rashes. | • **STOP** using pacifiers, teats and nipple shields. |
| • Mother may have vaginal | • Wash hands well after |

# 4. Role Play

# *Demonstration on assisting a mother with breast or nipple conditions*

# Small group work

- Divide participants into groups of 4 people.
- Each group one case study.
- Role play – all participants must use the communications skills that has been taught.

# THANK YOU