

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



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

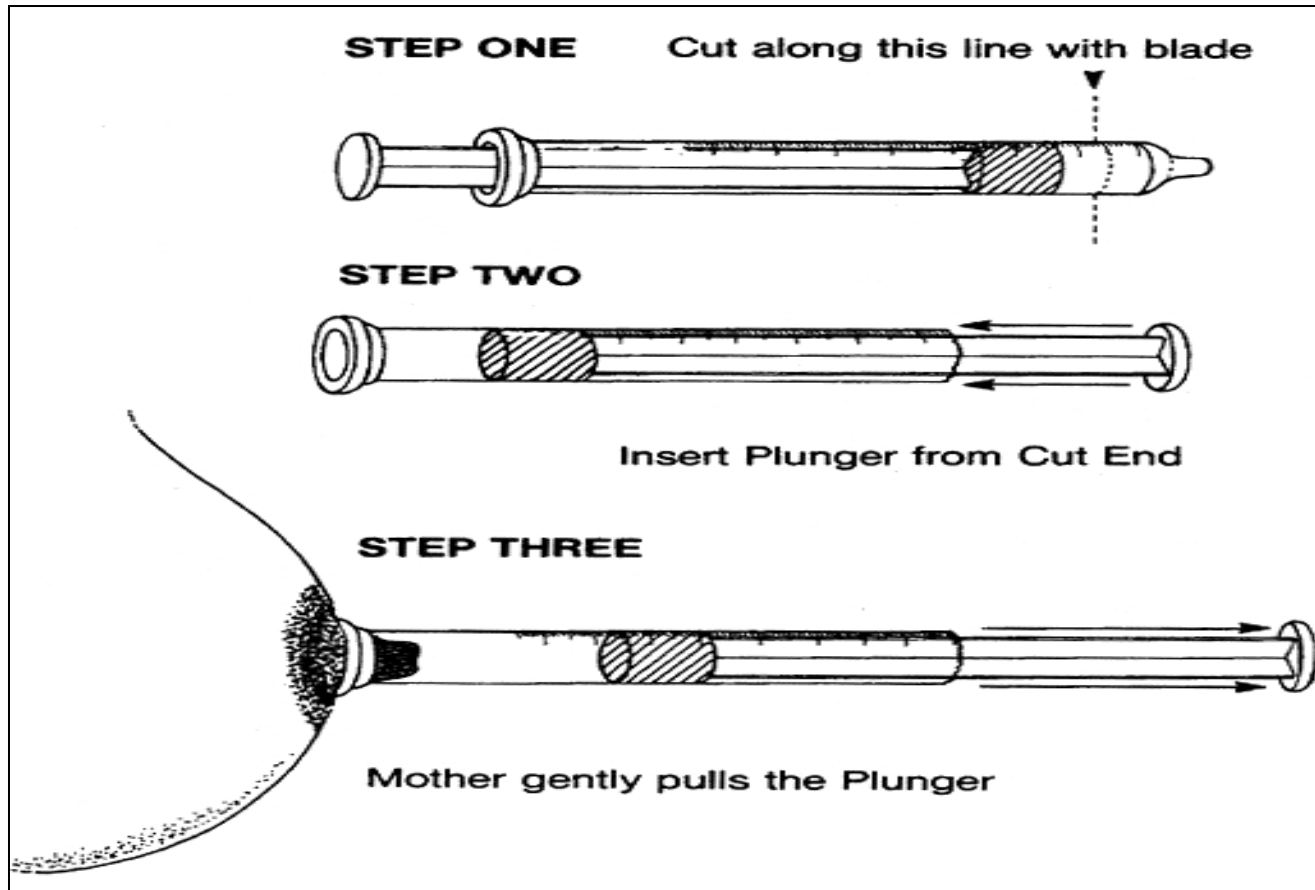
- Not always a problem as babies attach to the **breast** and **not to the nipple**.
- Build the mothers' confidence and provide support from birth.
- Supportive practices include : Skin to skin contact, encouraging baby to find own way to the breast , correct positioning.
- Help mothers to attach properly 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



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 exists 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. • Hot and hard. • Tight and flat especially nipple area. • 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 soft before and after feeds.	• **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. • Delay starting to breastfeed.	• Start breastfeeding soon after delivery.
• Poor attachment to the breast.	• Ensure good attachment.
• Infrequent removal of milk. • Restriction on the length of feeds.	• Encourage unrestricted breastfeeding (feeding day and night with long duration of feeds). • 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. • Massage neck and back. • Light massage of breast • Help mother to relax • Provide supportive atmosphere.
• After feed to reduce oedema.	• Cold compress on breasts.

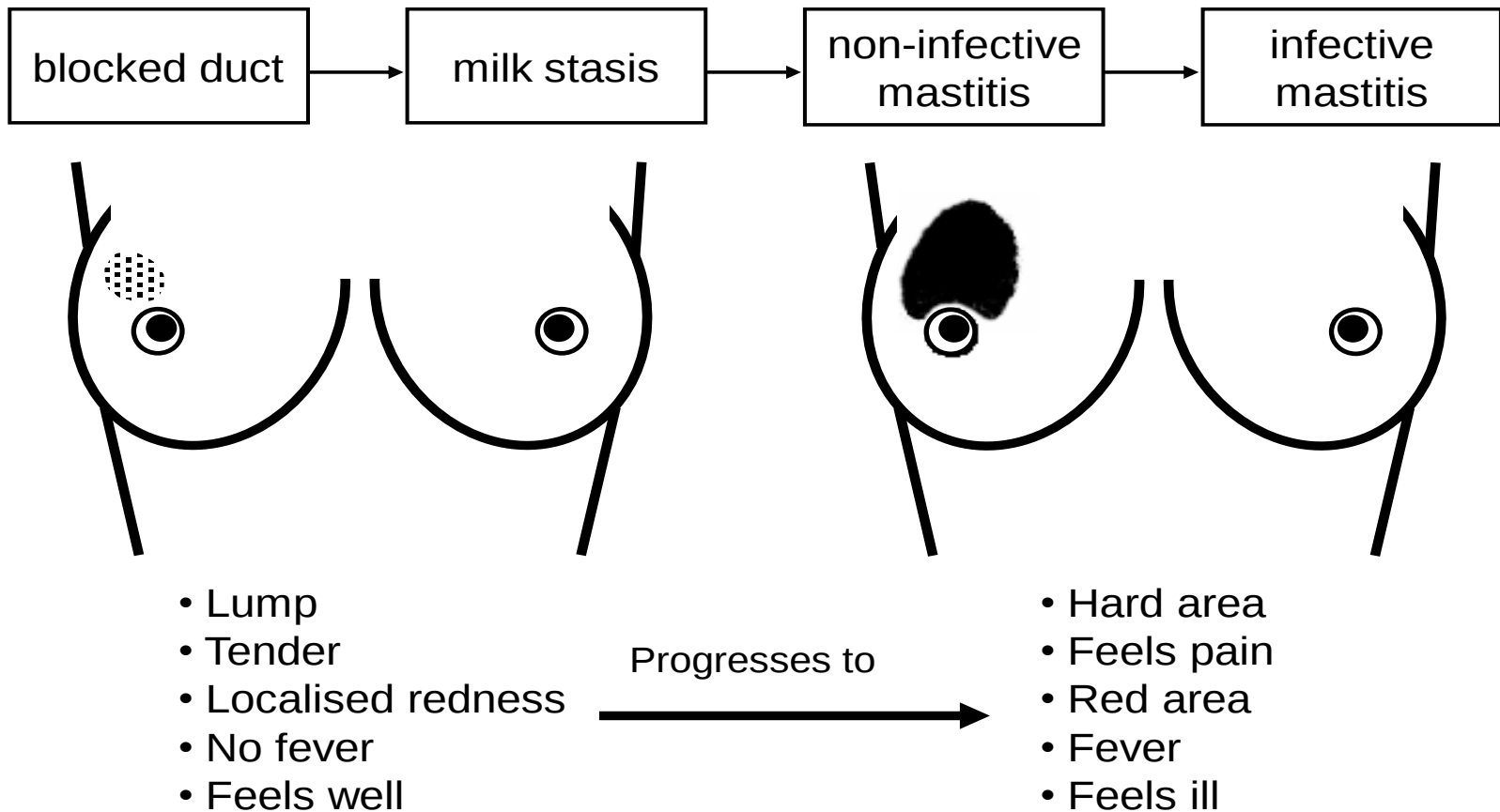
Relief of engorgement

- 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



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 (paracetamol)

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

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 yeast infection.	• Wash hands well after changing babies diaper and after using toilet.

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