



## **Triage Tools – July, 2022**

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## **Alcohol During Lactation**

One serving of alcohol, such as 5 oz (150ml) of wine, 12 oz (360ml) of beer, or 1.5 oz (45ml) of spirits per day is unlikely to cause either short- or long-term problems in the breastfed infant. More than 2 servings a day can have a negative effect on infant development, causing a decrease in weight gain, agitation and sedation or poor sleep patterns.

Guidelines for alcohol intake during lactation:

- Alcohol in human milk can be minimized by waiting 2-2.5 hours after finishing 1 alcoholic beverage before breastfeeding or expressing milk for feeding.
- Eating while drinking alcohol can decrease the blood alcohol level.
- Nursing or pumping within 1 hour before drinking alcohol may slightly reduce the amount of alcohol in breastmilk.
- The highest alcohol levels in milk occur 30 to 60 minutes after consuming an alcoholic beverage.
- The alcohol level in human milk closely parallels the blood alcohol level. As the blood alcohol level declines, so does the alcohol level in the milk.
- Alcohol decreases milk production, with 5 drinks or more decreasing milk letdown and disrupting breastfeeding or milk expression until the maternal alcohol level declines.

Source of this information is Lactmed, National Institutes of Health  
<https://www.ncbi.nlm.nih.gov/books/NBK501469/>

# **Anesthesia During Lactation**

**Recommendations for breastfeeding mothers and other lactating individuals who are undergoing a procedure requiring anesthesia:**

- 1) Epidural or spinal anesthesia are safe, and breastfeeding does not need to be interrupted.
- 2) General anesthesia with gas - These agents are cleared quickly from blood circulation. Once the parent is awake and alert, the anesthetic gas has left their blood stream, and has also left the milk compartment.

**This means that the lactating parent can breastfeed or express milk for feeding as soon as they are alert enough to hold the baby.**

- 3) Sometimes other medications are given by IV during anesthesia, such as diazepam (Valium), midazolam (Versed), and fentanyl. These are unlikely to cause a problem with breastfeeding. Once the lactating parent is awake and alert enough to hold their baby, they can feed directly from the breast or chest, or express milk for feeding.
- 4) Advise the parent to inform the surgeon and the anesthesiologist that they are breastfeeding.
- 5) For long procedures, connect the mother or other lactating parent to a lactation specialist in the hospital who can help them express milk in the pre-op and post-op recovery areas.

For more information on anesthesia during lactation, visit The Academy of Breastfeeding Medicine Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/15-analgesia-and-anesthesia-protocol-english.pdf>

Or

<https://trashthepumpanddump.org/>

# **Biting by Infant when Breastfeeding**

## **SITUATION:**

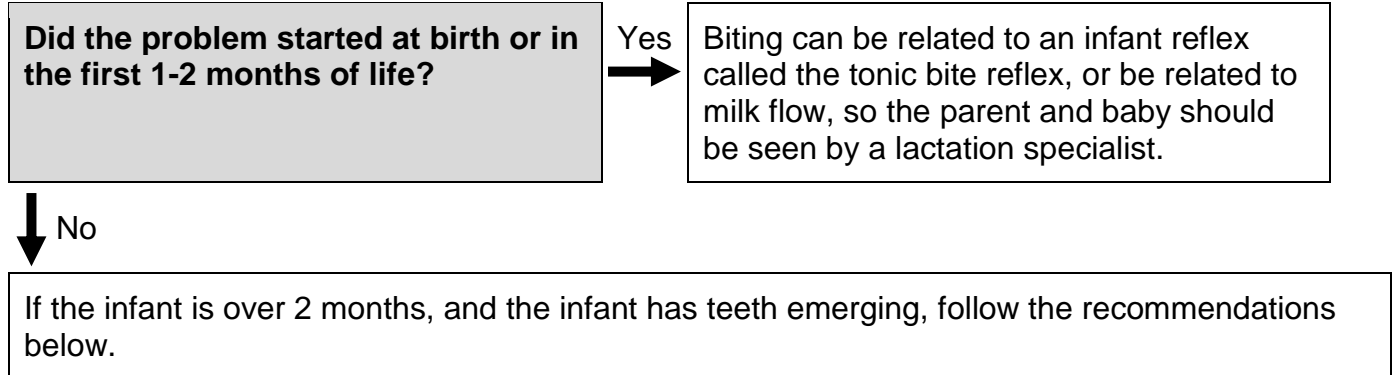
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(**Name**) is concerned about infant biting while nursing.

## **EVALUATION:**

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The parent is now '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum.



## **RECOMMENDATIONS:**

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- 1) Most babies do not cause significant harm with biting. When babies are actively sucking and swallowing, they will not bite. Usually babies will gnaw or teethe at the end of a feeding, so take the baby off the breast when the baby has a shallow latch and few swallows (nonnutritive sucking).
- 2) If the baby tends to clamp down on the breast while sleeping, take the baby off the breast when drifting off to sleep.
- 3) Keeping the baby close, with the nose and chin against the breast, will help to prevent biting.
- 4) If the baby plays a biting game, take the baby off the breast and offer a wet cool wash cloth or cool teething ring to chew on. For an older infant, the parent may end the feeding, place the infant in a safe place, and briefly turn away.
- 5) If the baby breaks the parent's skin and the area becomes sore, red, or swollen the parent should be seen by their physician.
- 6) If biting does not improve, refer to a lactation specialist.

# **Birth Control During Lactation**

(Name) is calling about birth control while lactating.

The parent is now '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum

**Is the individual under 6 weeks postpartum?**

No

↓ Yes

- 1) New mothers are typically advised to abstain from intercourse for 6 weeks postpartum.
- 2) If she cannot abstain from intercourse recommend:
  - a) Contraceptive foam/gel and condoms
  - b) Progesterone-only mini pill
  - c) Etonogestrel implant (Nexplanon), although there are cases of decreased milk production in association with this method.
  - d) Copper IUD if placed immediately after delivery of the placenta.

**Is she over 6 weeks postpartum?**

↓ Yes

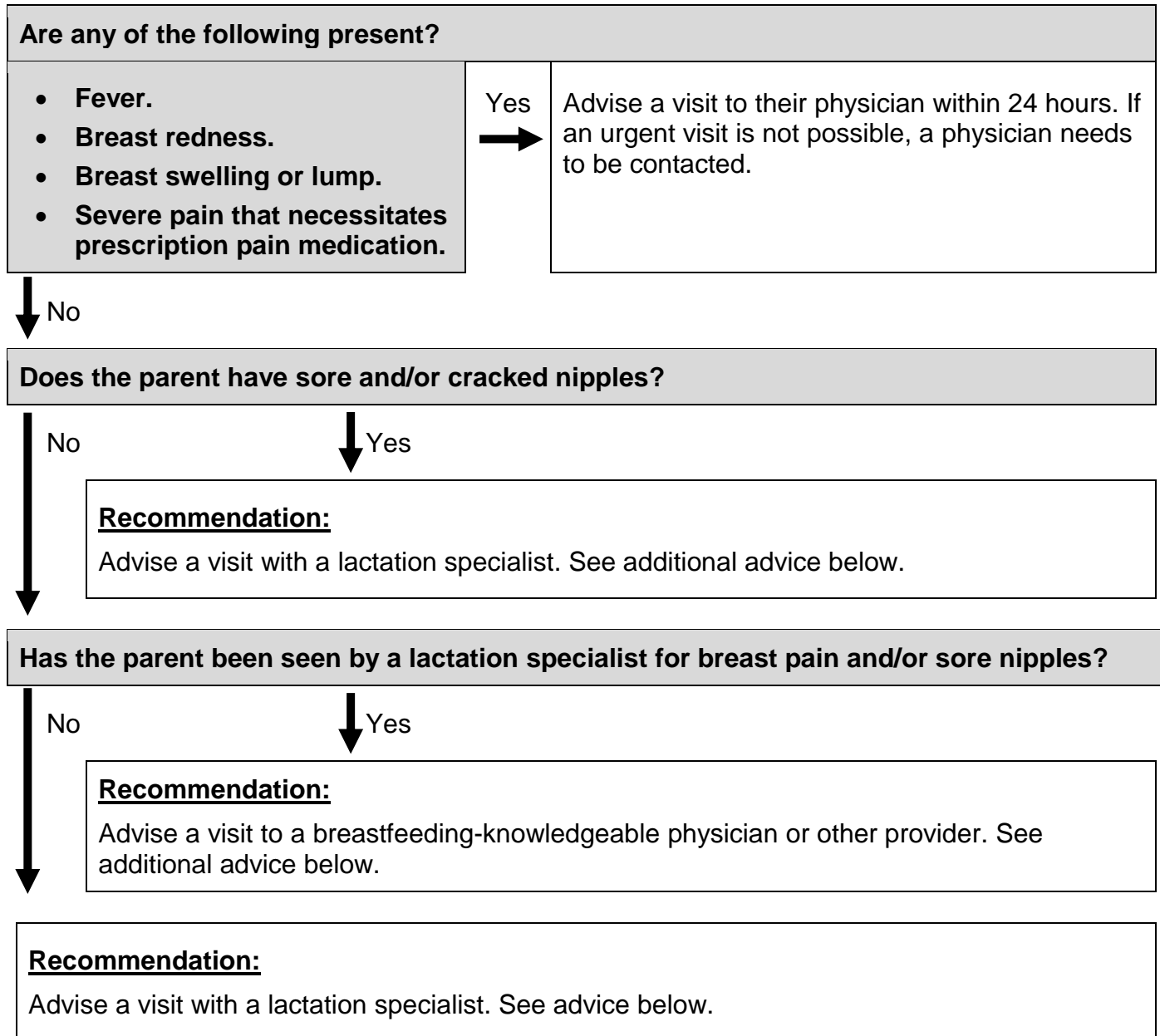
**Options Are:**

- 1) Contraception foam/gel and condoms
- 2) IUD, either progesterone or copper
- 3) Progesterone-only birth control pill
- 4) Tubal ligation
- 5) Vasectomy
- 6) A long-acting progesterone such as depot medroxyprogesterone acetate (DMPA) or etonogestrel implant, although there are several case reports of a drop in milk production with long acting progesterone medications. The etonogestrel can be removed, but DMPA cannot be reversed.
- 7) Avoid estrogen-containing birth control, which has a high likelihood of decreasing milk production.

# **Breast Pain During Breastfeeding or Lactation**

(Name) is calling because they are lactating and has breast pain.

The parent is now '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum.



## **Advice that can be given for breast pain until seen:**

- 1) Excessive fullness is often a reason for breast pain- if the parent is pumping after breastfeeding and has over-production, they need to gradually stop pumping after feeding to reduce production.
- 2) If the parent identifies blanching of the nipples, apply heat to breasts immediately after feeding or pumping. Cover the breasts with the bra or shirt, and apply a heating pad on a low setting for 2 minutes to the nipple/areolar regions.
- 3) Take a pain reliever such as ibuprofen or acetaminophen as needed for pain, if OK with her physician.

- 4) If feeding at the breast or chest is more painful than pumping, consider pumping and feeding the baby with expressed breastmilk until they are seen by their physician or a lactation specialist.

**Advice that can be given for sore nipples until being seen:**

- 1) Do not allow raw sore nipples to stick to the bra or breast pads. Apply an ingestible oil (such as coconut or olive), nipple balm, or lanolin to nipples, and cover with a non-stick commercial adhesive dressing or parchment paper.
- 2) Take a pain reliever such as ibuprofen or acetaminophen as needed for pain, if OK with their physician.
- 3) Consider pumping and bottle feeding if feeding at the breast or chest is too painful.
- 4) Apply warm compresses to breast and nipple for comfort.
- 5) Advise deep latching to the breast.
- 6) Break the seal of the baby's latch before taking baby off the breast.
- 7) If the breasts are very full before latching the baby, hand express or pump a small volume of milk to soften the areola, allowing a deeper latch.

# Infrequent Stools and Breastfeeding

(Name) is calling for (name of baby) because of infrequent stools. (name of baby) is breastfeeding. The baby is having (0-10) stools per DAYS/WEEKS

(Name of baby) is now '\_\_\_' (DAYS/WEEKS/MONTHS) old.

Is the baby is under 2 weeks old?

No

Yes

**Recommendation:**

The baby needs to see their physician for a visit and weight check.

Are all of the following true?

- Has the baby been eating well?
- Is the baby content after feedings?
- Has the number of wet diapers stayed the same?
- Is the baby nursing at their normal frequency or more often?

Yes

Advise that a decrease in stools at 2-3 weeks, 5-6 weeks, and at around 12 weeks is common before a growth spurt. Usually the baby is hungrier than usual during these times. Recommend a weight check to verify adequate weight gain.

No

***If No to any of the above***, the baby should come in for a weight check. The concern is that infrequent stools in a breastfed infant can indicate insufficient breastmilk intake.

## General Recommendations

***If the baby's weight gain is normal, and the baby does not stool every day-*** as long as the baby is not fussy and eating well, no intervention is needed and infrequent stooling can be normal for some babies.

***If the baby is generally fussier in association with infrequent stools-*** the baby should be seen by the physician.



# Engorgement Postpartum

**(Name) is calling to report uncomfortable breast engorgement.**

The parent is now '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum. Her baby has nursed (1-20) times in the last 24 hours.

**Has the parent experienced fever higher than 100.5 degrees Fahrenheit?**

Yes  
→

They need to be seen by their physician within the next 24 hours.

↓ No

**Are any of the following true?**

- Are the nipples very sore?
- Is the baby having trouble achieving a deep latch?
- Is the painful breast fullness persisting past day 7 postpartum?

Yes  
→

- They need to be seen by a lactation specialist.
- In the meantime, if the baby cannot nurse well or nipples are too sore to breastfeed, recommend milk expression every 2-3 hours and bottle feeding the infant on demand until they are seen.

↓ No

**If above answers are No, advise the following:**

- 1) Inform the parent that some degree of breast engorgement is normal between days 2 and 6 postpartum.
- 2) Lie down on their back, with breasts elevated, and apply cold packs or cold compresses (such as cold towels) around the breasts for 10-20 minutes between feedings.
- 3) Apply gentle lymphatic massage to help alleviate the swelling. Please visit <https://www.youtube.com/watch?v=-0Uwx7L47cg> to learn lymphatic massage
- 4) Try reverse pressure softening to help decrease painful latching. Please visit [https://www.youtube.com/watch?v=2\\_RD9HNR0J8](https://www.youtube.com/watch?v=2_RD9HNR0J8) to learn reverse pressure softening.
- 5) Use moist heat for a few minutes before breastfeeding or pumping to encourage a letdown (shower or warm moist towel).
- 6) Breastfeed or pump regularly, at least every 2-3 hours with no more than a 5 hour break overnight.
- 7) Use acetaminophen or ibuprofen as needed for discomfort, if OK with their physician.
- 8) Avoid pumping after breastfeeding, as long as the infant is gaining well. If the breasts continue to feel very full and uncomfortable after breastfeeding, apply ice and take a pain reliever. The full, uncomfortable feeling from engorgement will pass in a few days. If not improving they should be evaluated by a lactation specialist.

# **Fussy Baby at the Breast**

Parent is calling about (*name of baby*) regarding fussiness at the breast.

(Name of baby) is now '\_\_\_' (DAYS/WEEKS/MONTHS) old.

The baby squirms, pulls and cries when at the breast.

The parent is now '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum

**Does the parent feel that their milk production may be low in one or both breasts?**

No

Yes

## Recommendations

- It is possible that the baby is looking for more milk or a faster let-down. If the parent believes their production is low, follow the triage tool for low milk production.
- Babies are more likely to fuss in the evening when milk production is lowest. Reassure that this can be normal behavior. If the behavior is difficult to manage, they can express milk after the first morning feeding, when production is highest, and supplement with this expressed breastmilk in the evening after feeding at the breast or chest.
- If the baby is fussy at the breast for much of the day, the baby needs to be seen for a weight check by the physician and/or a lactation specialist.

**Does the milk production feel too high or do the breasts feel too full?**

No

Yes

## Recommendations

- If the production is too high, then the baby might become fussy because of difficulty managing the heavy letdown. Refer to a lactation specialist.
- If the baby is only fussy at the end of feeding, the baby may want to comfort feed, but does not want the milk. The baby could be given a pacifier.

**Does the baby have gastro-esophageal reflux symptoms such as spitting up, crying when lying down, gagging between feedings?**

No

Yes

It is possible that gastroesophageal reflux is causing fussiness at the breast, due to nausea and GI discomfort with eating. The baby should be seen by the physician.

**Is the baby fussy throughout the day, not just in the evening?**

No

Yes

The baby may have health issues causing discomfort. The baby should be seen by the physician.

**Does the baby have mucous or blood streaks in the stool?**

No

Yes

The baby needs to be seen by the physician.

**Is the baby just fussy in the evening?**

No

Yes

The baby may be cluster-feeding or have typical colic.

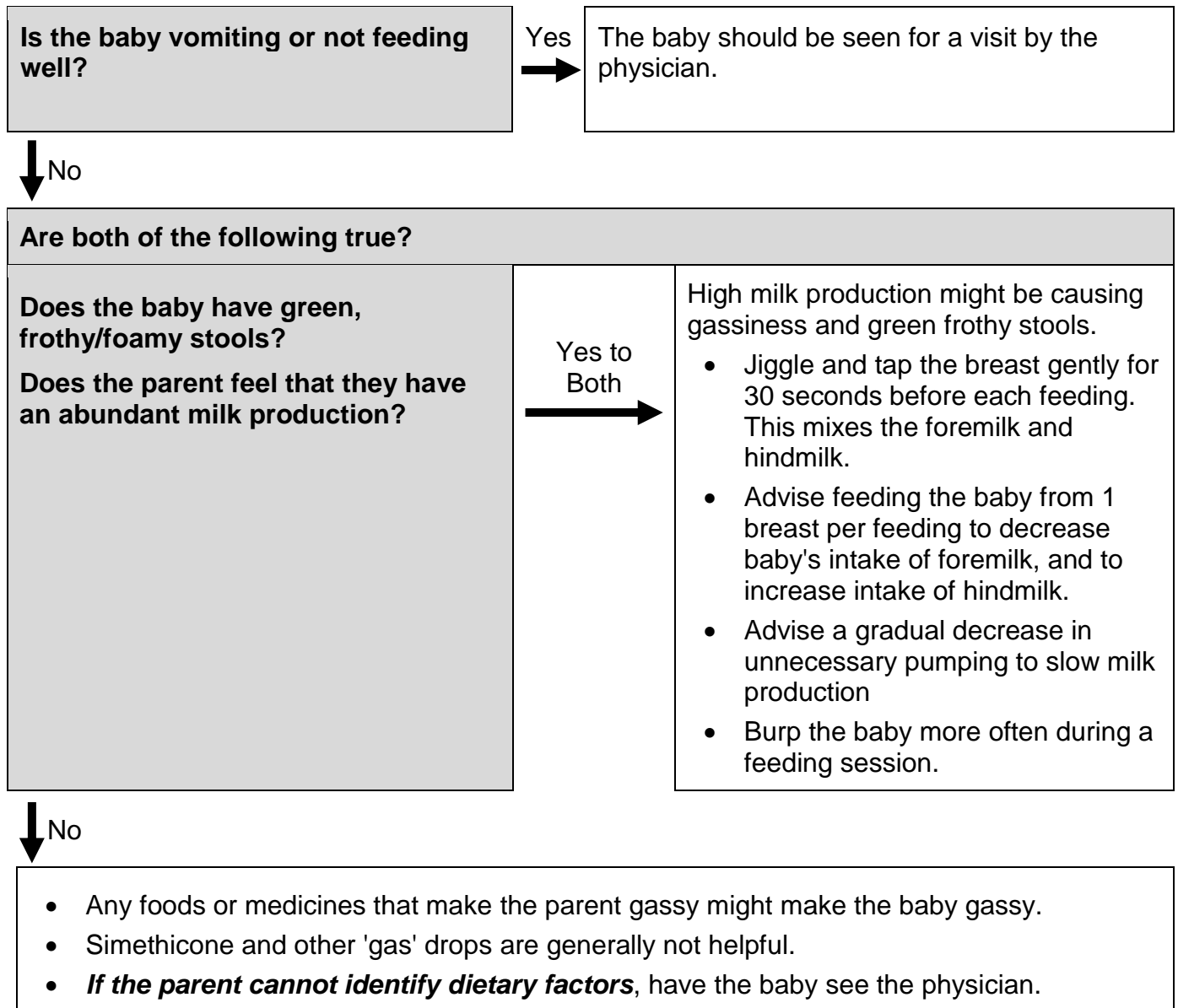
- If frequent feeding does not help this behavior, reassure that this is not likely due to breastfeeding, and may be due to typical colic.
- Colic greatly improves by 3 months of age.
- Take the baby outside for fresh air.
- Consider the 5 S's- swaddle, side-lying with the baby, shushing (whispering 'shush' softly in the baby's ear), swaying, and sucking.
- The lactating parent should avoid coffee and other stimulants such as tea and energy drinks during the day.

**If the above questions and advice don't help, the baby needs to see the physician.**

# Gassy Breastfed Baby

(Name) calls because (name of baby) is breastfeeding and is very gassy.

(Name of baby) is now '\_\_\_' (DAYS/WEEKS/MONTHS) old.



# Milk Production - Is My Baby Getting Enough Breastmilk?

All babies should be seen by 24-72 hours after hospital discharge by their physician for a weight check and physical exam.

The parent of (*name of baby*) contacted office today with concerns about whether her baby is getting enough milk when breastfeeding.

Baby (name) is now '\_\_\_' (DAYS/WEEKS/MONTHS) old. Birth weight was (1-12) lb, (1-15) oz and last weight was (1-20) lb, (1-15) oz on (date)

## ***For Babies Who are 36-72 Hours:***

Are all of the following true?		
<p><b>Is the baby nursing at least every 2-3 hours around the clock?</b></p> <p><b>Has the baby had at least 2 stools and 2 voids in the last 24 hours?</b></p> <p><b>Is the baby satisfied and resting comfortably after nursing?</b></p> <p><b>Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?</b></p>	<p>Yes →</p>	<p>A weight check should be done to make sure the baby has not lost more than 10% of their body weight. Confirming a good weight gain will boost the family's confidence.</p>
	<p>No →</p>	<p>The baby should be seen by the physician.</p>

## ***For Babies Who are 4 Days-14 Days Old:***

Are all of the following true?		
<p><b>Is the baby nursing at least every 2-3 hours?</b></p> <p><b>Does the baby have at least 4 yellow seedy stools a day?</b></p> <p><b>Is the baby wet at least every 2-3 hours around the clock?</b></p> <p><b>Does the baby seem satisfied after nursing for at least 1.5 hours?</b></p> <p><b>Does the parent notice that their breasts feel full before it is time to nurse the baby?</b></p> <p><b>Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?</b></p>	<p>Yes →</p>	<p>A weight check should be done to make sure the baby is gaining approximately 1 ounce a day or more. Confirming a good weight gain will boost the family's confidence.</p>
	<p>No →</p>	<p><b>The baby must be seen soon</b> for a visit with the physician.</p>

## ***For Babies Who are More than 2 Weeks Old:***

Are any of the following true?		
<p><b>Has there been a decrease in the number of stools per day?</b></p> <p><b>Has there been a decrease in the number of wet diapers per day or a noticeable difference in the amount of urine?</b></p> <p><b>Does the baby still seem hungry after feedings?</b></p> <p><b>Does the parent notice that their breasts are less full?</b></p> <p><b>Is there any new breast or nipple pain?</b></p>	<p>Yes</p> <p>➔</p>	<p>The baby and parent should be seen by the physician or lactation specialist soon.</p>
	<p>No</p> <p>➔</p>	<p>The parent and baby may be scheduled for a weight check with the breastfeeding champion.</p>

**Regardless of responses** baby needs a weight check to confirm normal growth and boost breastfeeding confidence.

# Low Milk Production

(Name) calls because their milk production seems low.

The parent is '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum.

Are either of the following true?		
<p>Does the parent feel that the baby is not satisfied at the breast?</p> <p>Does the baby need supplementation after breastfeeding?</p>	<p>Yes to Either</p> <p>→</p>	<p>The baby needs to be seen by the baby's physician for a weight check.</p> <p>(Infants who are not gaining well can still have a normal number of stools and wet diapers)</p>

↓ No

There are many reasons for a real or perceived low milk production:		
<p>Do the breasts feel less full?</p>	<p>Yes</p> <p>→</p>	<p>It is possible that the breasts feel less full than they used to, but milk production may be fine. Advise that the baby should be weighed to ensure proper weight gain.</p>

↓ No

<p>Has the parent been separated from the baby, due to illness, work or other reasons?</p>	<p>Yes</p> <p>→</p>	<ul style="list-style-type: none"> <li>• The pump may not maintain milk production as well as direct feeding.</li> <li>• Ensure that the parent is using a proper pump vacuum, beyond minimal.</li> <li>• Explain the need to pump every 2-3 hours with a 5 hour break overnight when not breastfeeding.</li> <li>• If pump instruction is needed, recommend a visit with a lactation specialist.</li> </ul>
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↓ No

<p>Does the parent take more than a 7 hour break overnight from breastfeeding or pumping?</p>	<p>Yes</p> <p>→</p>	<p>Long breaks from nursing/pumping at night may drop production. Consider waking up after 5-7 hours to pump, or wake the baby up to nurse.</p>
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↓ No

**Have they taken any medication that can decrease milk production, such as 2 or more alcoholic drinks at a time, antihistamines, steroids, tobacco use, birth control, or decongestants (such as pseudoephedrine)?**

Yes →

- Advise that the medication/substance may be responsible for a drop in production. Encourage them to discuss this with their physician.
- Nurse or pump more often to increase production.
- See a lactation specialist.

↓ No

**Has the parent been skipping breastfeeds or pumping sessions while feeding the baby with formula or other milk?**

Yes →

- Feeding the baby with formula or other milk, such as donor milk while skipping feedings/pump sessions will cause a lowering of milk production.
- Encourage the parent to put the baby to the breast or chest for each feeding. Pump if not able to directly feed.
- Only supplement if the baby still seems hungry after nursing well on both breasts.
- If needing to supplement to satisfy the baby, the dyad should be seen by a lactation specialist.

↓ No

**Has the baby been ill or not nursing well?**

Yes →

- Advise that if the baby is not removing milk well from the breasts, milk production may decrease.
- Advise pumping after feeding to increase production.
- Have them see a lactation specialist.

↓ No

**Has menses returned?**

Yes →

The milk production may drop the week before and during menses. See a lactation specialist if production is insufficient.

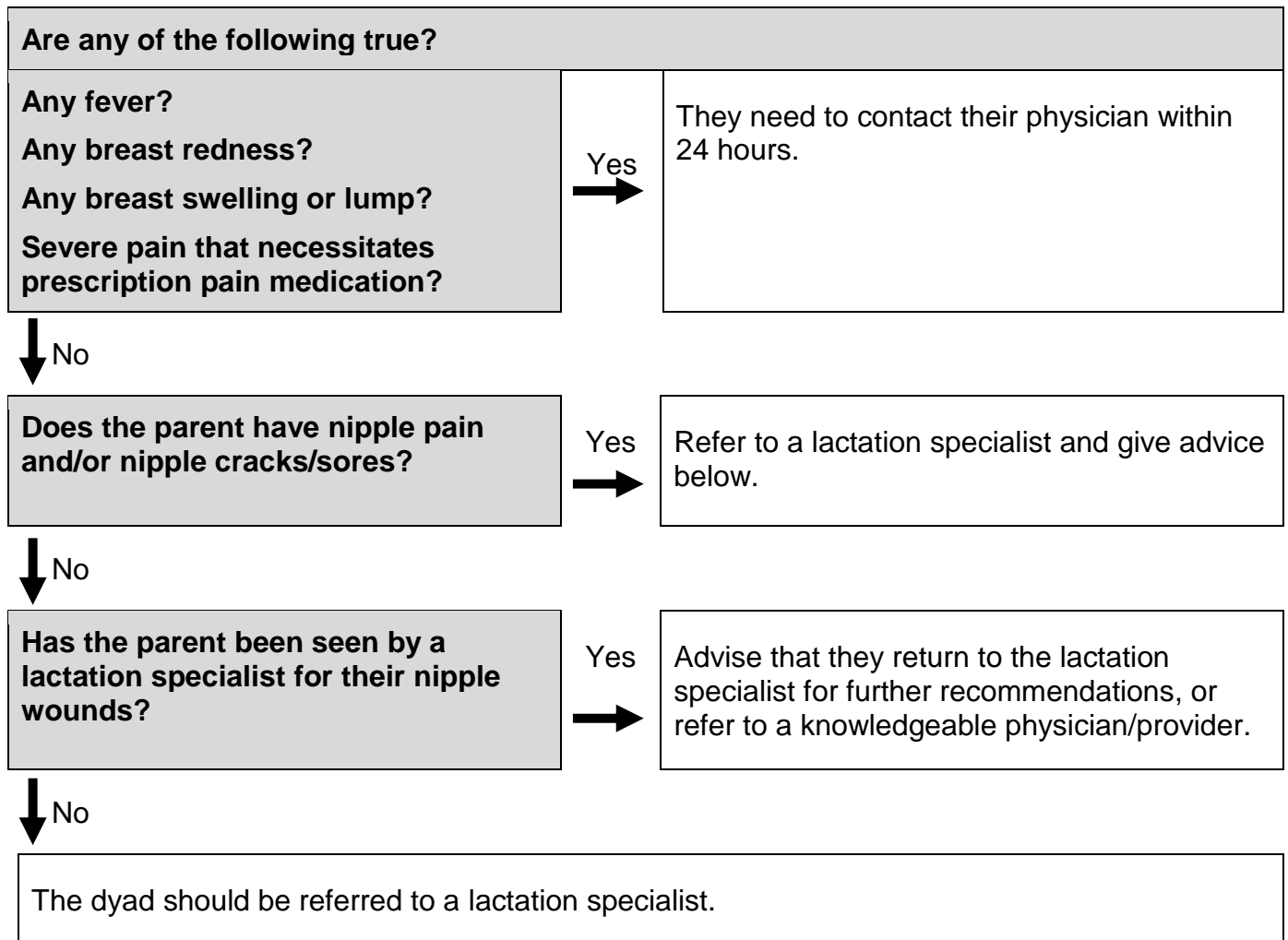
***If none of the above scenarios are helpful,*** please direct the parent to call a lactation specialist.



# Mastitis

(Name) calls because they are lactating and are concerned about mastitis.

The parent is '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum



## Advice for mastitis that can be given until the dyad is seen:

- Apply moist heat to breasts every few hours for 20-30 minutes. Moist heat is more effective than dry heat.
- Apply gentle lymphatic massage 3-4 times a day to help alleviate the swelling. Please visit <https://www.youtube.com/watch?v=-0Uwx7L47cg> to learn lymphatic massage.
- Rest, drink plenty of fluids.
- Breastfeed on a regular schedule. Do not significantly increase frequency of breastfeeding or pumping, to avoid over-production of milk.
- Use ibuprofen or acetaminophen as needed for pain and fever, if approved by their physician.
- If breastfeeding is too uncomfortable, advise milk expression and bottle feeding until they are seen by their physician or a lactation specialist.

## Advice for sore cracked nipples until the individual can be seen:

- Do not allow raw sore nipples to stick to the bra or breast pads. Apply an ingestible oil (such as coconut or olive), nipple balm, or lanolin to nipples, and cover with a non-stick commercial adhesive dressing or parchment paper.

- Take a pain reliever such as ibuprofen or acetaminophen as needed for pain, if OK with their physician.
- Consider pumping and bottle feeding if feeding at the breast or chest is too painful.
- Apply warm compresses to breast and nipple for comfort.
- Advise deep latching to the breast.
- Break the seal of the baby's latch before taking baby off the breast.
- If the breasts are very full before latching the baby, hand express or pump a small volume of milk to soften the areola, allowing a deeper latch.

# **Illness (Parental) and Breastfeeding**

**(Name) is calling because they are lactating and feel ill.**

The parent is '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum.

<b>Does the parent have a fever?</b>	Yes →	It is fine to take acetaminophen or ibuprofen for discomfort and to bring down fever, if approved by their physician. These are safe during lactation.
<b>Does the parent have nausea, vomiting, diarrhea?</b>	Yes →	<ul style="list-style-type: none"><li>• It is still best to breastfeed or provide one's fresh milk.</li><li>• The baby will receive antibodies via breastmilk to provide protection from the parent's illness.</li><li>• The baby has a high likelihood of contracting this illness if they breastfeed or not, and will have fewer illness symptoms if they continue to breastfeed or receive fresh milk.</li></ul>
<b>Does the parent feel dehydrated? (dizziness, dark urine, dry mouth, weakness)</b>	Yes →	If the parent is unable to drink sufficient fluids and is dehydrated, there may be a drop in milk production. The parent should be seen for further evaluation.
<b>Does the parent have respiration infection symptoms, such as a runny nose, sore throat, and/or cough?</b>	Yes →	<ul style="list-style-type: none"><li>• If respiratory infection symptoms, they should continue to breastfeed or provide their fresh milk.</li><li>• The baby will receive antibodies via breastmilk to provide protection from the parent's illness.</li><li>• The baby has a high likelihood of contracting this illness if they breastfeed or not, and will have fewer illness symptoms if they continue to breastfeed or receive fresh milk.</li></ul>

## **Cold medications that are safe during lactation include:**

- Acetaminophen or ibuprofen for headache, sore throat, and body aches.
- Loratadine 10mg once a day for sneezing, itchy nose, and itchy eyes.
- Nasal steroids for nasal congestion and sneezing.
- Cough syrups with dextromethorphan or guaifenesin.

**Avoid decongestants such as pseudoephedrine and phenylephrine, as these have a high risk of reducing milk production. These are found in many cold medications and nasal sprays for congestion.**

# **Over-The-Counter Medications During Lactation**

## **Pain**

### **Avoid products with aspirin**

Preferred medications are:

- 1) Acetaminophen, no more than 3000mg/24 hours
- 2) Ibuprofen, no more than 800mg every 6 hours
- 3) Naproxen (Aleve) is less ideal than ibuprofen because naproxen has a longer 1/2-life

## **Cold Medications**

**Avoid all oral and intranasal products with decongestants such as pseudoephedrine and phenylephrine, because these can cause a significant decrease in milk production.**

Preferred medications are:

- 1) Guaifenesin for nasal congestion and cough
- 2) Dextromethorphan for a cough
- 3) Nasal saline preparations

## **Allergy Medications**

Preferred medications are

- 1) Antihistamines such as loratadine (Claritin), fexofenadine (Allegra), or cetirizine (Zyrtec) for sneezing and itchy eyes/nose, itching and hives.  
Stronger antihistamines such as diphenhydramine (Benadryl) and chlorpheniramine might reduce milk production in high doses or regular use.
- 2) Nasal cromolyn sodium (Nasal crom)
- 3) Nasal steroids
- 4) Topical creams/ointments such as hydrocortisone

## **Heartburn**

Preferred medications are

- 1) Famotidine (Pepcid)
- 2) Omeprazole (Prilosec), lansoprazole (Prevacid), pantoprazole (Protonix), esomeprazole (Nexium)
- 3) Antacids such as calcium carbonate, magnesium hydroxide, aluminum hydroxide

## **Constipation**

Preferred medications are:

- 1) Docusate sodium stool softeners
- 2) Magnesium hydroxide or magnesium oxide
- 3) Polyethylene glycol
- 4) Bisacodyl
- 5) Fiber supplements such as psyllium, calcium polycarbophil, methylcellulose fiber, wheat dextrin

## **Diarrhea**

**Prescription Lomotil (atropine/diphenoxylate) is not recommended during lactation.**

Preferred medication:

- 1) Loperamide (Imodium)

## **Motion Sickness**

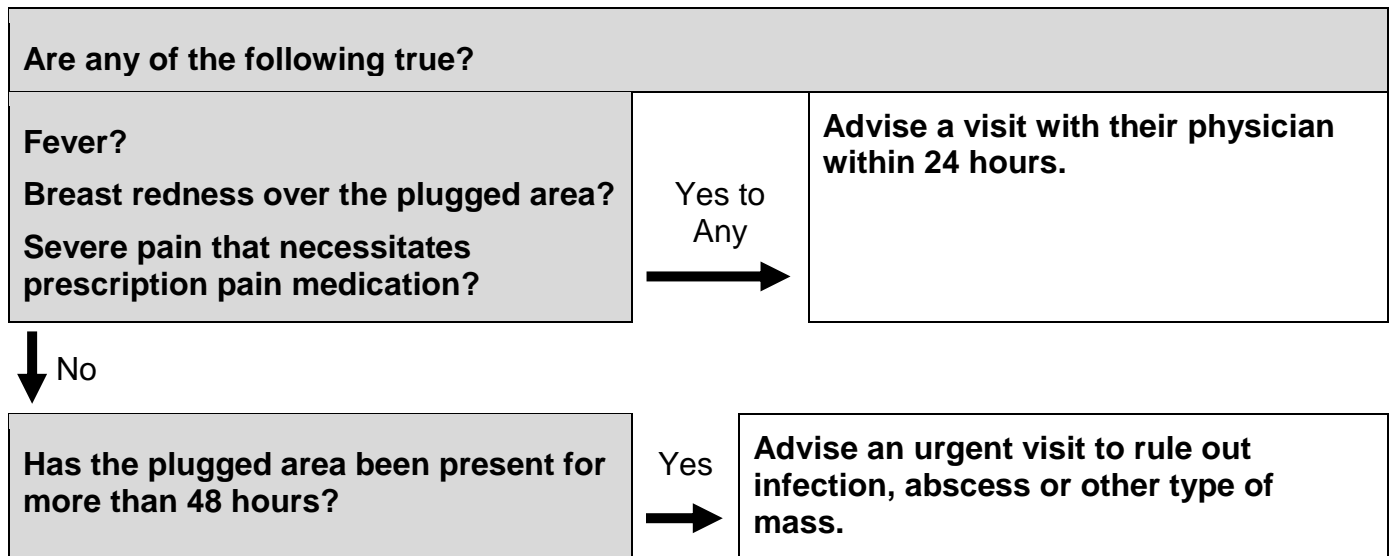
Preferred medications:

- 1) Meclizine. Watch for infant sedation. It may reduce milk production with high doses or regular use.
- 2) Dimenhydrinate. Watch for infant sedation. It may reduce milk production with high doses or regular use.

# **Plugged Ducts During Lactation**

**(Name) is calling with a concern for a plugged duct**

The parent is '\_\_\_' (DAYS/WEEKS/MONTHS) postpartum.



**If the parent has a swollen painful region of the breast that is not resolving, and it has been less than 48 hours, advise the following:**

- Use heat or ice on the breast for 5-10 minutes before breastfeeding or pumping, whichever is more comfortable.
- Do not change frequency of breastfeeding or pumping. Increased frequency of breastfeeding or pumping will increase milk production, and can lead to more swelling with risk of infection.
- Apply gentle lymphatic massage to help alleviate the swelling. Please visit <https://www.youtube.com/watch?v=-0Uwx7L47cg> to learn lymphatic massage. Do NOT aggressively massage or vibrate the breast tissue.
- Use ibuprofen or acetaminophen as needed for discomfort, if approved with her physician.
- If pumping, see a lactation specialist to review flange size and pump settings.
- If there is overproduction of milk, see a lactation specialist for advice on decreasing milk production.
- If the area is not drained well by 48 hours, advise a visit with their physician and ideally a lactation specialist.

# **Prenatal Nipple Concerns**

**(Name) is pregnant, due date is \*\*\*, and is concerned about their nipples.**

## **Flat nipples**

Advise that flat nipples are normal. There is no need to roll or stretch the nipples during pregnancy to prepare for breastfeeding.

## **Inverted nipples**

Advise that if the inverted nipples can be drawn out and become erect, there should not be a problem. There is no need for any preparation before delivery. The baby will draw the nipples out during feeding. It may be helpful to manually roll out the nipples before latching the baby on. If the individual has never been able to draw the nipples out, advise a lactation specialist visit before delivery. Advise the avoidance of pacifiers and bottles after birth until the baby is nursing well.

## **Nipple piercing**

Advise that nipple piercings usually have no impact on lactation. Occasionally people experience milk leakage from the pierced sites. Advise removal of piercing jewelry during pregnancy and lactation.

## **Nipple skin tag**

Advise removal during pregnancy if the skin tag is large and there is concern that it could interfere with latch. Removal is best done at least a few weeks before birth, to allow the area to heal.

# **Radiologic Studies During Lactation**

## **CTs and MRIs**

Lactating individuals occasionally need to under radiologic procedures such as CT scans, MRIs, angiography, or urograms. These scans typically use intravenous and/or oral contrast, either iodinated contrast or gadolinium-containing contrast.

The American College of Radiology has determined that less than 1% of these agents are excreted into breastmilk, and less than 1% of any contrast medium in breastmilk would be absorbed thru the infant's GI tract.

Therefore, **lactation does not need to be interrupted when a lactating parent undergoes an MRI, CT, angiogram or urogram when these contrast agents are used.**

## **Nuclear Medicine - procedures that use radioactive materials**

**Elective diagnostic nuclear medicine procedures should be delayed until the parent is no longer lactating.** Radioactive compounds will be excreted into breastmilk and irradiate the breasts. The radioactive material will also be in the milk.

If a nuclear procedure cannot be delayed until weaning, recommendations for pumping and dumping or storage of breastmilk are specific to each nuclear substance. Please find the nuclear compound in the National Library of Medicine Lactmed database to find the latest recommendations on management: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Breastmilk expressed while moms are exposed to radioactive materials can be stored in the freezer. Over time, the breastmilk will no longer be radioactive. The breastmilk should be kept in a freezer that is infrequently opened and is away from frequent contact with people, to avoid irradiating others.

## **Resources**

American College of Radiology 2022 ACR Committee on Drugs and Contrast Media

[https://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Contrast-Manual/Contrast\\_Media.pdf?la=en](https://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Contrast-Manual/Contrast_Media.pdf?la=en)

National Library of Medicine LactMed database:

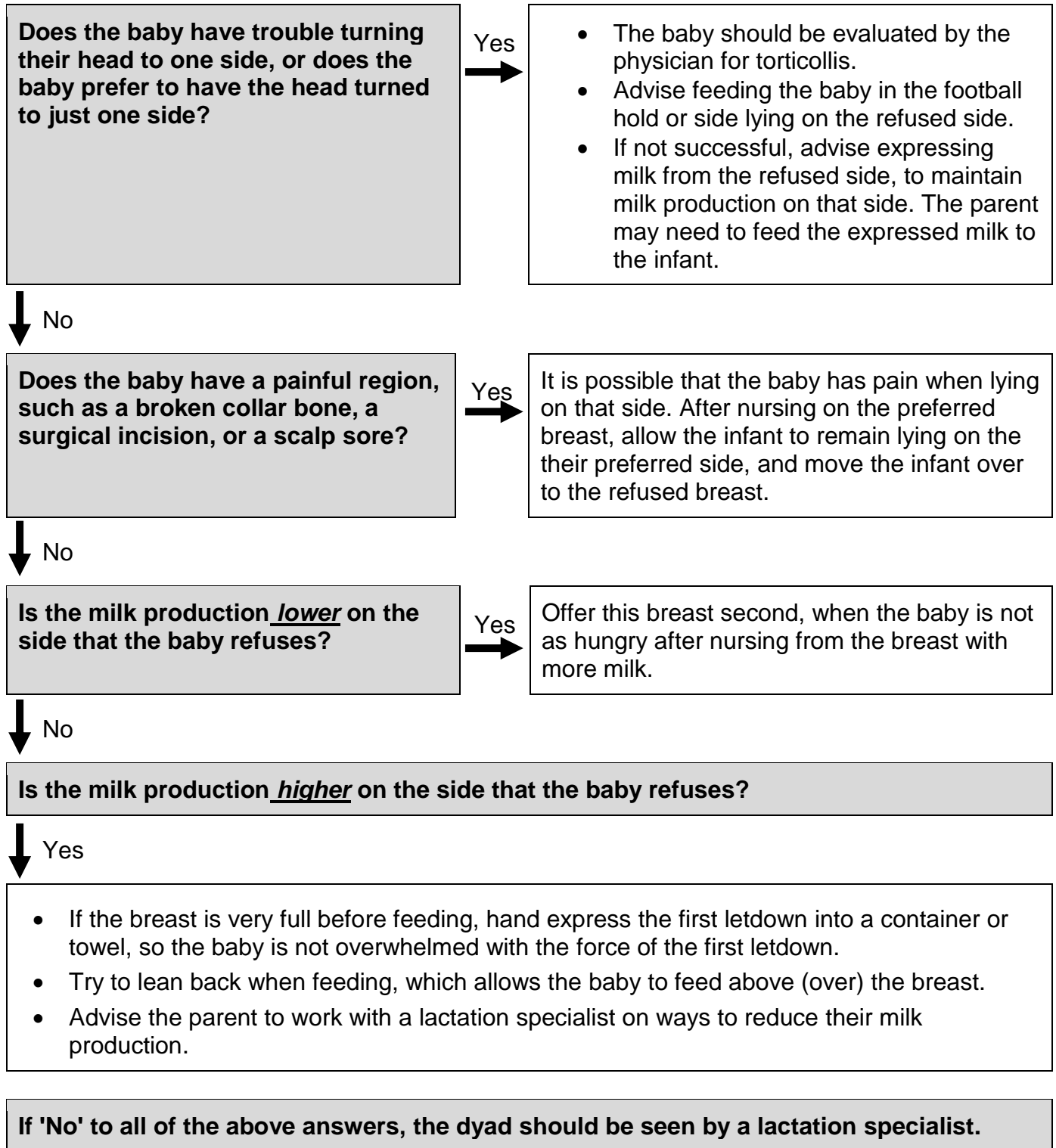
<https://www.ncbi.nlm.nih.gov/books/NBK501922/>



# **Refusal (Infant) of One Breast**

Parent is calling for (baby name) because the baby will not take the (RIGHT/LEFT) breast.

The baby is '\_\_\_' (Days/Weeks/Months) old.



## **For all mothers and other lactating parents, advise the following:**

- Maintain milk production on the side the baby won't feed from. Pump or hand express every 3 hours in the day with no more than a 5-hour break at night.

## **Sleepy Breastfed Baby**

The parent is calling re (baby name) because the baby is sleepy at the breast.

The baby is '\_\_\_' (Days/Weeks/Months) old

Note: All babies should be seen by a physician 48-72 hours after hospital discharge for a weight check and exam.

### ***For Babies Who are 36-72 Hours Old:***

**Is the baby nursing at least every 2-3 hours around the clock?**

**Has the baby had at least 2 stools and 2 voids in the last 24 hours?**

**Is the baby satisfied and resting comfortably after nursing?**

**Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?**

No to Any!

Yes to All

A weight check should be done by the breastfeeding champion to make sure the baby has not lost more than 10% of their body weight.

**The baby should be seen by the physician.**

### ***For Babies Who are 4 days-14 Days Old:***

**Is the baby nursing at least every 2-3 hours?**

**Does the baby have at least 4 yellow seedy stools a day?**

**Is the baby wet at least every 2-3 hours around the clock?**

**Does the baby seem satisfied after nursing for at least 1.5 hours?**

**Does the parent notice that their breasts feel full before it is time to feed the baby?**

**Does the baby appear healthy with no yellow color in the skin or eyes (jaundice)?**

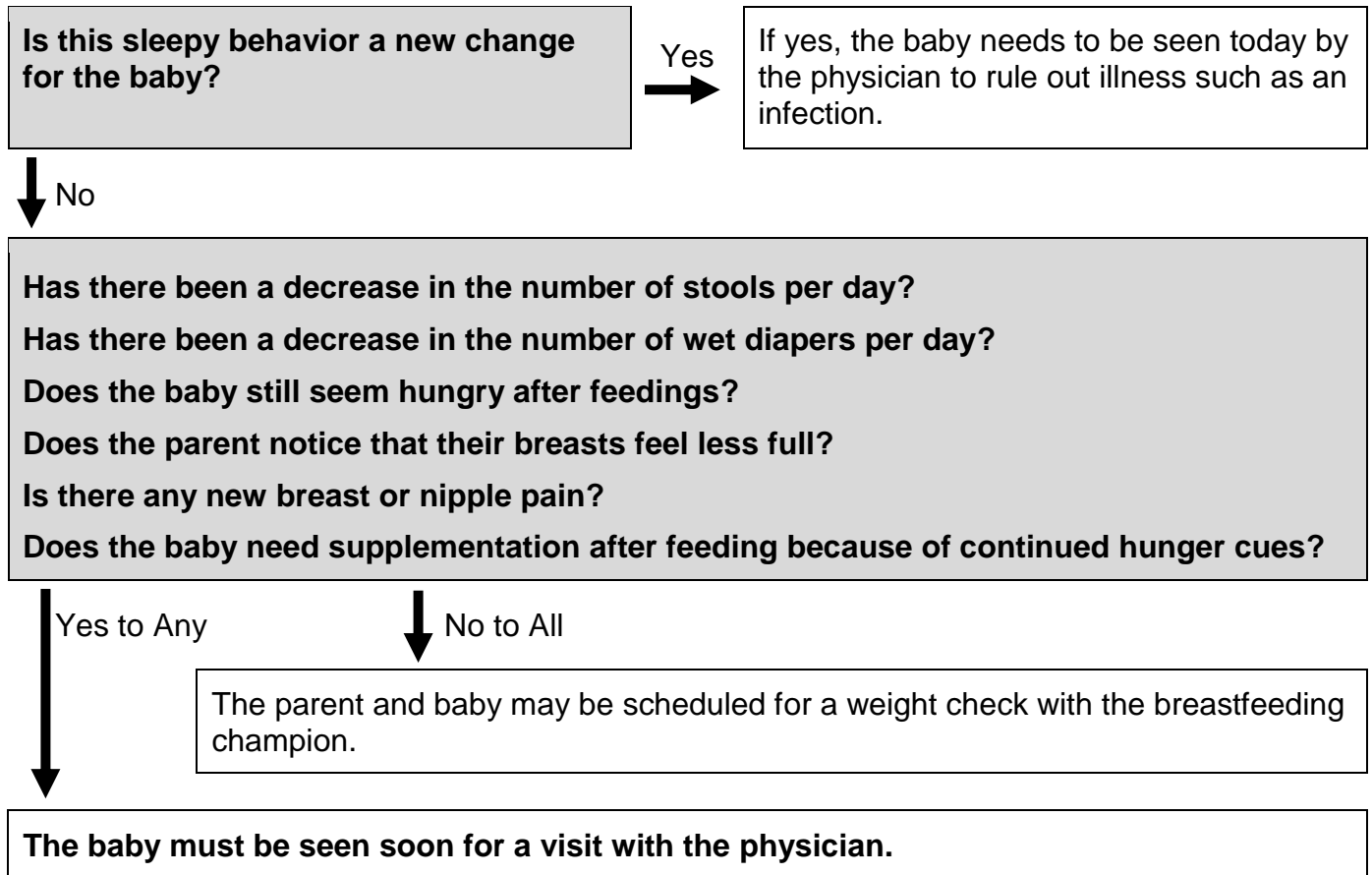
No to Any!

Yes to All

A weight check should be done by the breastfeeding champion to make sure the baby is gaining approximately 1 ounce (30 grams) a day or more.

**The baby must be seen soon for a visit with the physician.**

## ***For Babies Who are More Than 2 Weeks Old:***



Regardless of responses, the baby needs a weight check to confirm normal growth and provide confidence for the parent.

### **Advice Given:**

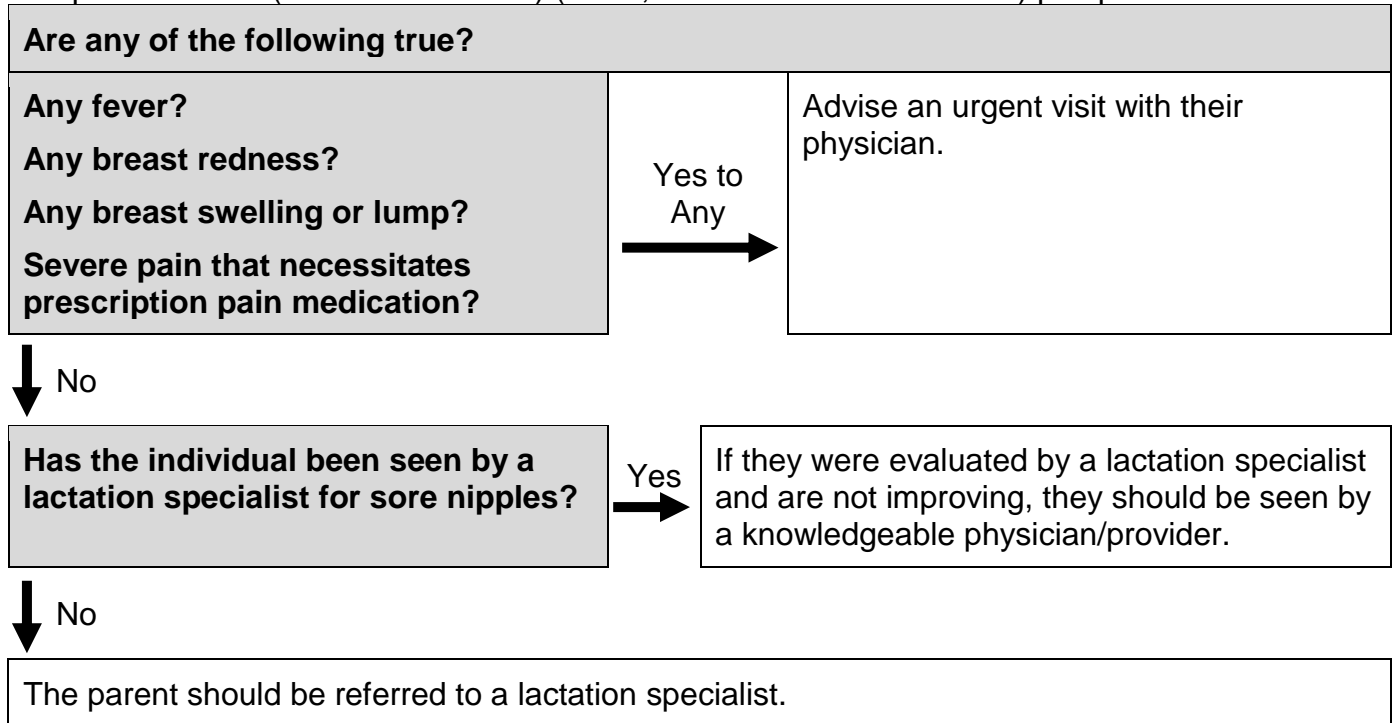
- Keep the baby awake at the breast by tickling the feet, back and neck.
- Wake the baby by taking off clothing and changing the diaper before feeding.
- Advise that sedating medications or substances can cause infant drowsiness, such as:
  - Antihistamines (e.g. Benadryl)
  - Narcotics (e.g. hydrocodone, oxycodone),
  - Benzodiazepines (e.g. lorazepam, diazepam, alprazolam)
  - Alcohol
- Advise breast compressions while the baby is feeding to assist with milk flow to the baby.
- If the baby needs supplementation after feeding due to persistent hunger cues, advise pumping or hand expression to maintain milk production.

# Sore Nipples During Breastfeeding

## REASON FOR CALL

(Name) is breastfeeding, and is calling about sore nipples

The parent is now (NUMBERS - 1-30) (TIME; DAYS/WEEKS/MONTHS) postpartum



### Advice until the parent is seen:

- Do not allow raw sore nipples to stick to the bra or breast pads. Apply an ingestible oil (such as coconut or olive), nipple balm, or lanolin to nipples, and cover with a non-stick commercial adhesive dressing or parchment paper.
- Take a pain reliever such as ibuprofen or acetaminophen as needed for pain, if OK with their physician.
- Consider pumping and bottle feeding if feeding at the breast or chest is too painful.
- Apply warm compresses to breast and nipple for comfort.
- Advise deep latching to the breast.
- Break the seal of the baby's latch before taking baby off the breast.
- If the breasts are very full before latching the baby, hand express or pump a small volume of milk to soften the areola, allowing a deeper latch.

# **Tobacco Use During Lactation**

## **Lactating parents who use tobacco may breastfeed**

### **Problems with tobacco use during lactation:**

- Babies who are exposed to parental tobacco use are at higher risk for colic.
- Any tobacco smoke around a baby increases their risk of sudden infant death syndrome (SIDS), whether breastfeeding or not.
- Tobacco use reduces milk production.
- Tobacco use decreases the fat in human milk, risking a negative impact infant weight gain.

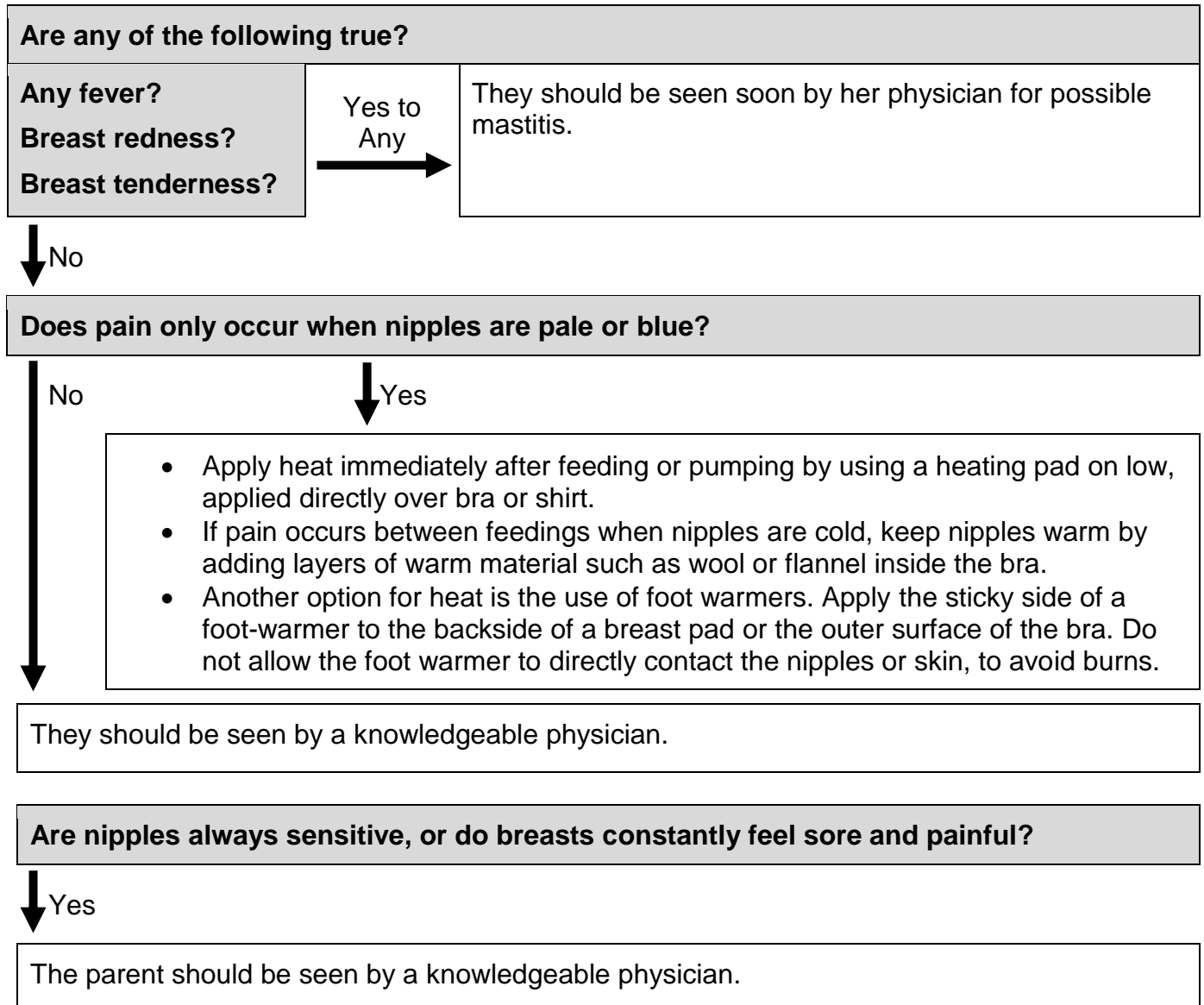
### **Nicotine Replacements:**

- Lactating parents who use tobacco are encouraged to switch to a nicotine replacement, using the lowest dose possible.
- Nicotine replacements might increase the infant's risk of sudden infant death syndrome.
- Bupropion, a medication that reduces tobacco craving, is safe during lactation.
- Varenicline, another medication that reduces tobacco craving, should be avoided, as it has not been shown to be safe during lactation.

# Vasospasm During Lactation

(Name) is calling because her nipples turn pale and/or purple, and hurt at times.

The parent is ' \_\_ ' (Days/Weeks/Months) postpartum.



# **Vitamin D for the Breastfed Baby**

## **Parent is calling for (*baby name*) regarding vitamin D**

- All babies need vitamin D supplementation, since vitamin D only comes from exposure to direct sunlight. Formula has added vitamin D.
- The amount of vitamin D in breastmilk depends on the mother's vitamin D level. Most lactating women don't have high enough vitamin D levels to provide enough vitamin D in their breastmilk.
- The breastfed baby should be given 400 units of a vitamin D supplement until at least 1 year of age. The family should then discuss vitamin D supplementation with the baby's physician.
- If the baby is completely weaned to formula before a year of age, vitamin D supplementation can be discontinued, but it is not unsafe to continue it.

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## **Vitamin D supplement options include:**

### **1) Vitamin D drops, 400 units = 1 drop**

Many brands are available.

One drop can be given to the baby right before feeding at the breast or chest, by placing a drop on the nipple area.

### **2) Vitamin D supplement, 400 units = 1 ml**


Many brands are available.

The medication can be placed directly in the baby's mouth, or in a bottle of expressed milk.




# Yeast and Breastfeeding

**(Parent name) is calling about possible yeast infection of her nipples.**

The parent is ' \_\_ ' (Days/Weeks/Months) postpartum.

Are any of the following true?		
<b>Fever?</b> <b>Breast redness?</b> <b>Nipple wounds?</b>	Yes to Any 	Advise an urgent visit with their physician.

↓ No

<b>Does the baby have diagnosed thrush or a yeast infection elsewhere such as in skin folds or diaper region?</b> <b>Does the parent have nipple pain?</b>	Yes to Both 	<ul style="list-style-type: none"> <li>• Start nystatin ointment or clotrimazole cream to the nipples, apply after each feeding. No need to remove before nursing.</li> <li>• The parent should be seen by a knowledgeable physician if nipple pain does not steadily improve and resolve in a week.</li> </ul>
<b>If infant has been diagnosed with thrush, and the parent has no pain.</b>	Yes 	There is no need to put anything on their nipples.
<b>If the baby does not have thrush, and the parent has burning and itching of her nipples.</b>	Yes 	The parent needs evaluation by a knowledgeable physician. If the infant has no thrush, it is extremely unlikely that the parent has a yeast infection.