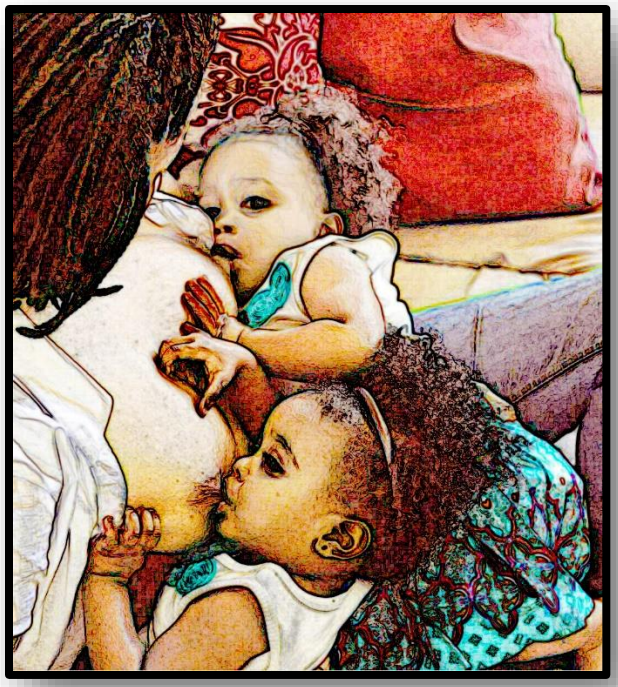

Outpatient Breastfeeding Champion Course Lecture Notes

Feb **2023**

Session 4

IABLE
Institute for the Advancement of Breastfeeding & Lactation Education

The Outpatient Breastfeeding Champion Program Session 4

IABLE

Institute for the Advancement of Breastfeeding & Lactation Education

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Session 4 OBC

- Sore Nipples- The Most Common Causes
- Managing Nipple Sores
- Breast Swelling and Engorgement
- Infant Biting
- Infectious Causes of Breast/Nipple Pain
- Non-Infectious Causes of Breast/Nipple Pain

2

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- The Instructor has no conflicts of interest to disclose
- Continuing medical education credits (CMEs) and continuing education recognition points (CERPs) for IBCLE are awarded commensurate with participation and complete/submission of the evaluation form
- CMEs can be used for nursing credits

IABLE

Building
Breastfeeding-Knowledgeable
Medical Systems & Communities

3

Objectives for Session 4

- Describe at least 4 common causes of nipple and breast pain during lactation.
- Identify 3 main pieces of advice to give individuals who call with cracked sore nipples.
- Manage initial recommendations for sore nipples over the phone.

4

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Objectives for Session 4

- Describe
  - 3 instructions typically given to the lactating parent with acute mastitis.
  - How to advise the lactating parent who might have shingles or herpes on a breast.
  - Typical advice given to an individual with a plugged duct.
  - How to identify and advise care of vasospasm.
  - Initial advice in the care of nipple dermatitis.

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Mom calls you on day 4 pp because her baby, who was nursing fine, now won't latch. Her breasts feel very heavy, and the infant is crying. Your initial recommendations are:

A. The baby might be sick and should be seen ASAP
B. Her breasts are probably engorged and the baby cannot grasp the breast. Express some milk so the breast is more compressible.
C. She should bottle feed the baby because the baby clearly does not want to nurse anymore.

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A parent calls concerned that their term 10-day old baby is nursing too often, every 2 hours, and that his partner does not have enough milk. He reports 3 stools & 6 wet diapers/day. When seen on day 3, the baby's weight was up 1 oz (30g) from day 2. **You advise:**

A. Everything sounds fine, keep the 2 week exam appt. The feeding frequency sounds normal.
B. Ask family to come in for a visit and weight check.
C. Advise the lactating parent to just pump and bottle feed to see how much milk she has.

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This same baby comes in for a weight check. You advise:

Birth Weight	8 lb 0 oz (3628g)
Day 2	7 lb 9 oz (3430g)
Day 3	7 lb 10 oz (3460g)
Day 10	7 lb 12 oz (3520g)

A. Things are fine, your baby gained another 2 oz, and has another 4 days to get to birth weight.
B. The baby is gaining slowly, lets try to figure out why this is.
C. The parent's milk production is low and formula should be given after breastfeeding.
D. B&C

8

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Mom calls and states that her 3 week old baby is nursing too often. He wants to nurse every 45 minutes most of the day, and never seems satisfied. Her breasts feel larger and they leak. You advise:

A. Your milk production is probably low. Give a supplement of formula after nursing.
B. Your baby is falling asleep at the breast, try to keep the baby awake while feeding. No need to worry.
C. Please come in for a visit, to check the infant's weight and observe feeding.

9

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Dad mentions at the 2 week visit that his baby is nursing every hour overnight, and sleeps in the day. He wonders what to do. You advise:

A. He should get up, give the baby a bottle, and let mom get some rest.
B. Don't let the baby sleep away the day. Try to feed the baby often in the day, and try to keep the baby up in the evening.
C. It is normal, mom should nap in the day with the baby so that she has the energy to be up with the baby at night.

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A lactating parent calls, reporting that their 3 week old is fussy and has not stooled for 2 days. They believe their milk production is low because the baby wants to constantly feed at the chest. The other parent wants to give a bottle to the baby. You advise:

A. Although this might be a growth spurt, the baby should come in for a weight check.
B. Because the baby is 3 weeks old, she is in a growth spurt. It will improve in a few days.
C. The baby is probably having a reaction to something in the parent's diet, so the parent should just pump and give the baby formula for now.

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Dad calls because he wants to give their 1 week old a pacifier. All the baby wants to do is suck at the breast, and he is sick of it. You advise:

A. Let me talk to mom.
B. Let's see the baby in the office. It would be great if both parents could come.
C. It is fine to give a pacifier as long as the baby is nursing at least every 3 hours.
D. A & B

12

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At her term baby's 4 week visit, mom wonders if she still needs to wake the baby up every 3 hours at night to nurse. The baby's weight is great. You advise:

A. You may want to get up to nurse or pump after a 5 hour break at night to prevent mastitis and plugged ducts
B. It is OK to let the baby sleep as long as she wants, she will probably wake up after 4-5 hours.
C. You don't need to worry about emptying your breasts at night, they will adjust.
D. You need to feed the baby every 3 hours at night for at least a few months.
E. A & B

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Finding Additional Lactation Help in Your Community

- The Triage Tools default to referral to lactation consultants/physicians/providers
- Not all communities or individuals have access to these levels of care
- Please share other resources you are aware of in your community, such as doulas, local breastfeeding support groups, or a breastfeeding coalition.

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Breast Pain and Nipple Soreness

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Myths re Sore Nipples

- Having to 'toughen up'
- The baby having a strong suck
- Nursing the baby too much or too long

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Nipple Pain Starts Early

- 11-96% of lactating individuals have nipple pain at some point
  - 43% with sore nipples at hospital D/C
  - 73-76% with sore nipples at 3 days pp
  - 19-26% having cracks

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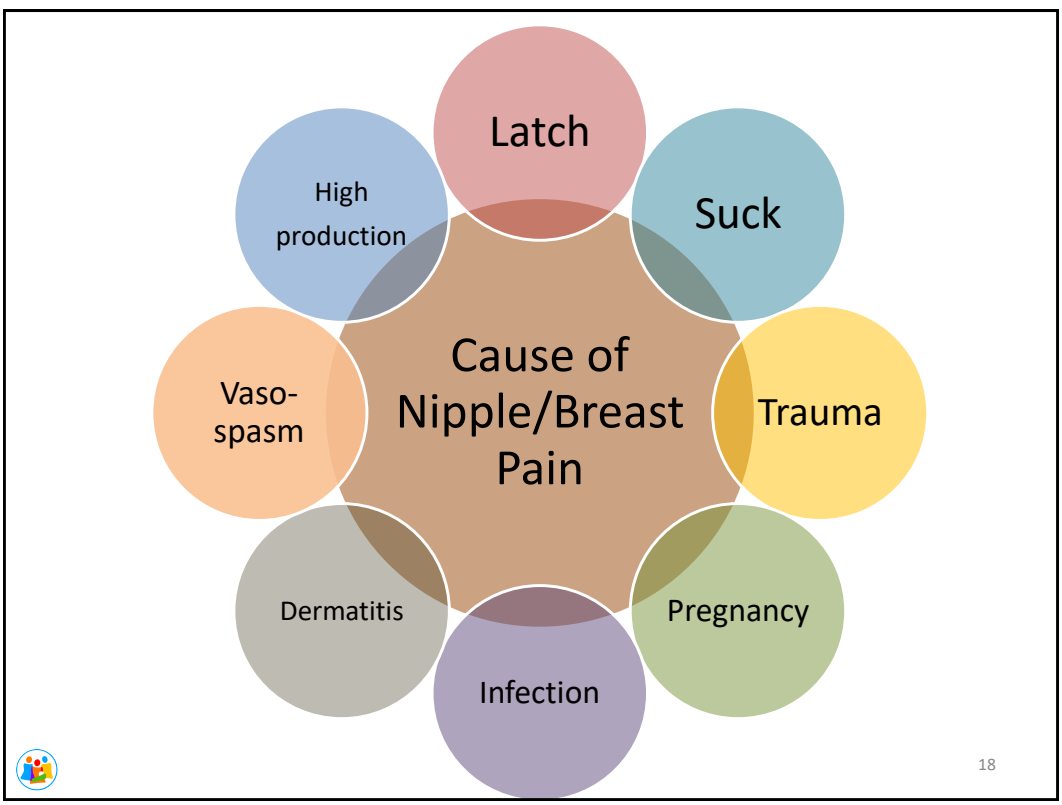

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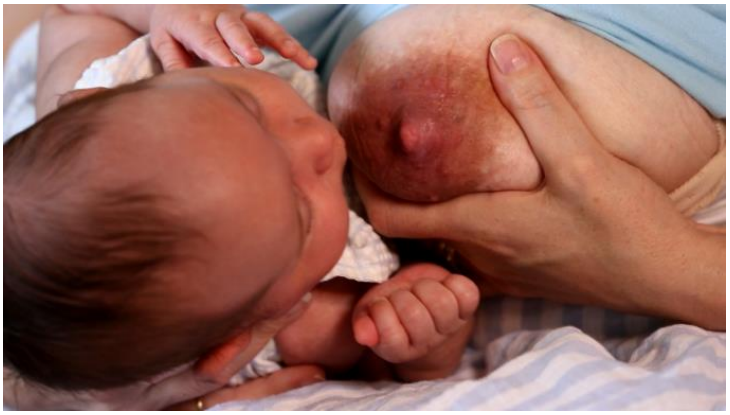

Engorgement

- Days 3-5 postpartum
- Major reason for sore nipples
  - Leads to a shallow latch

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Review of Engorgement Treatment

What are means of treating engorgement?
What is the best way to prevent engorgement?

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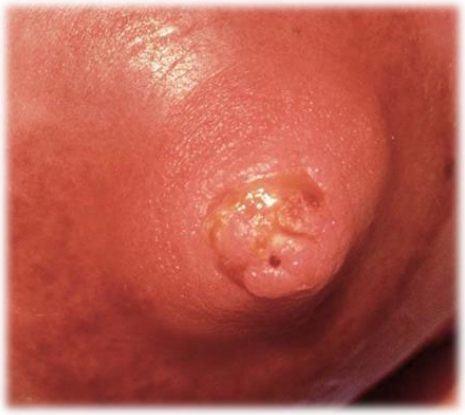
Cracked Nipple Treatment

- Moist Wound healing
  - Don't let nipple stick!!
    - Antibacterial ointment
    - Coconut oil or olive oil
    - Lanolin
    - Breastmilk
    - Medicinal Honey
  - Nonstick pad or parchment paper
- Decrease trauma- improve latch!!
- Treat underlying skin pathology
  - ? Dermatitis/psoriasis



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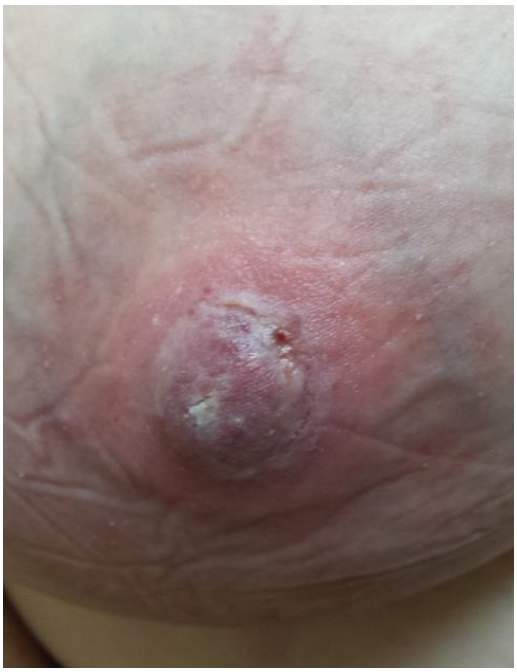
Triage Tool Sore Nipples Group 2



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- This is your second baby
- Your baby is 3 weeks old
- You had cracks of your nipples in the hospital, then the pain seemed to improve, and now the nipples hurt again. The cracks are not healed yet.
- It hurts to latch the baby on.
- You don't know if you can keep nursing the baby with this degree of pain.
- You don't have a fever, redness or swelling

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Discussion Sore Nipple Case

- What are some pieces of advice that can help this parent right away, to decrease their pain?
- What are things that you can do as a breastfeeding champion to help this mom, if she comes in to see you in person?

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Underlying Problem	Management Strategy
Infant movement limitations due to torticollis, fractured clavicle, etc	Work on positioning, and refer for more help for underlying problems
Prematurity/Low tone/sleepiness	Limit time at breast, pump to maintain production, supplement
Broad flat nipples	Roll out nipples before latch, soften areola
Overactive letdown	Change positioning, reduce milk production
Infant disinterest due to low flow	Supplement with a feeding tube at the breast/chest
Oral defensiveness	Bottle/finger feeding, speech eval
Tight lingual frenulum	Clip the tongue tie
Oromotor dysfunction	Speech eval
Latch refusal	Infant-led latch

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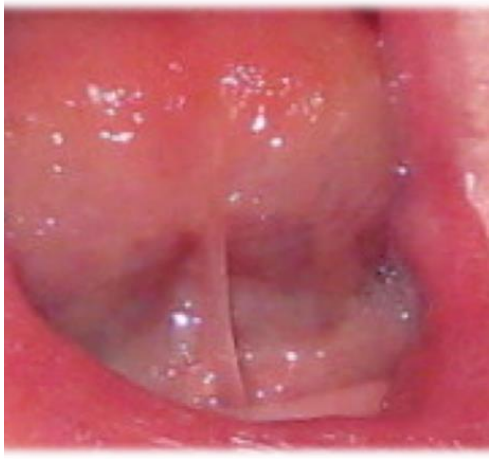

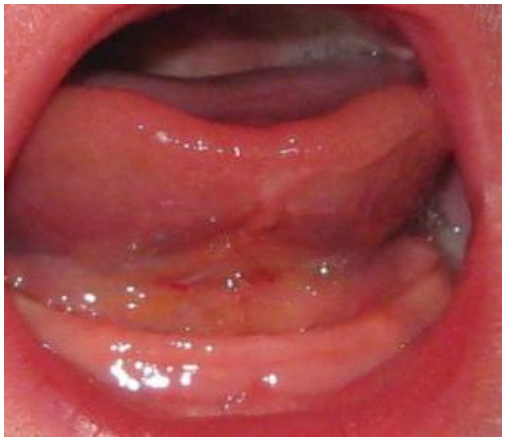

Before clipping

After clipping

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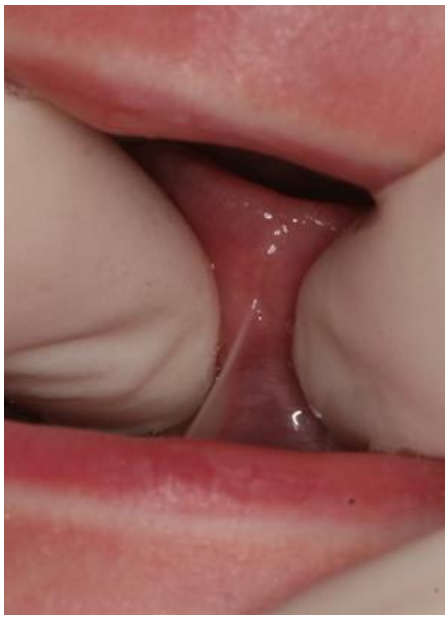
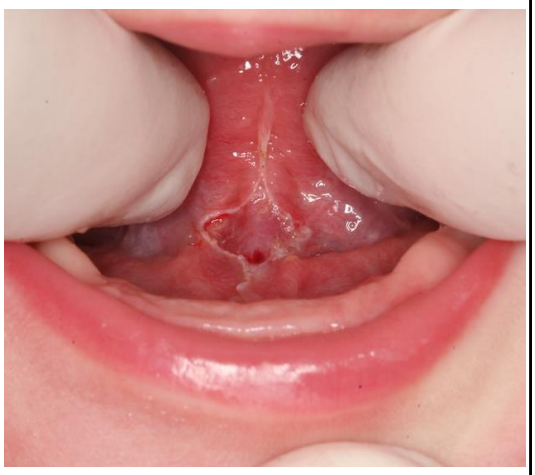


Before treatment



After laser treatment

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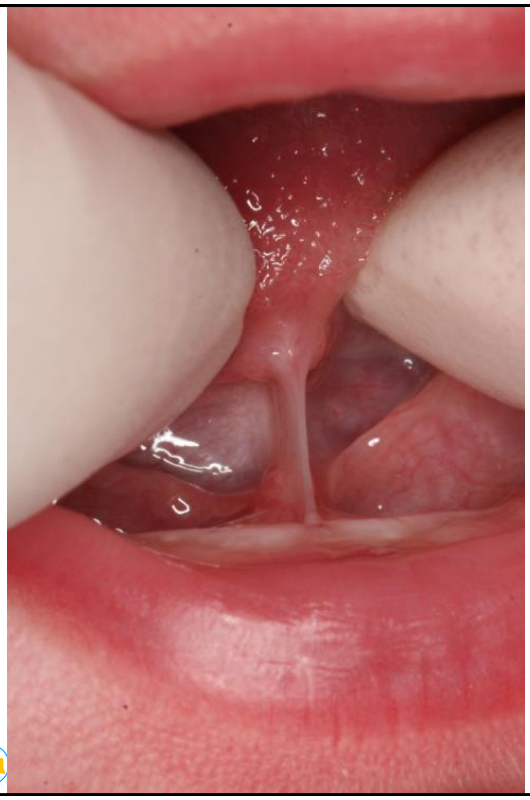

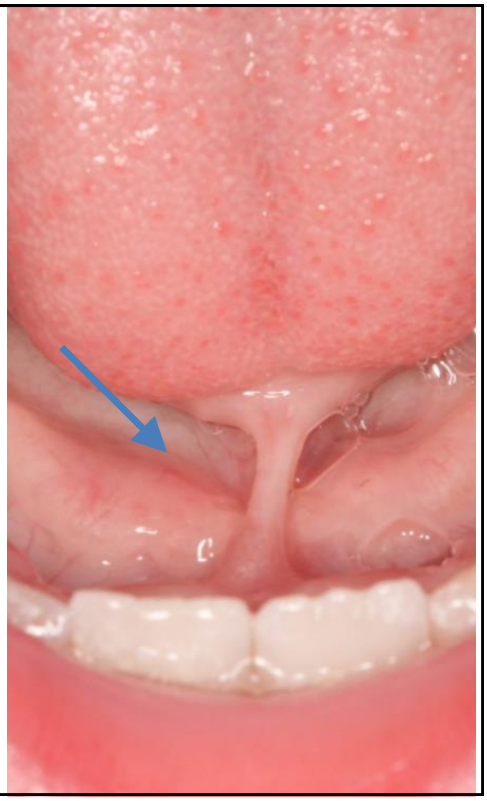

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Hyperlactation

- Common symptoms
  - Pain mainly when full
  - Frequent breast fullness
  - Recurrent mastitis
  - Stringy milk
  - Infant choking at the breast
  - Infant feeds on one side only for short periods
  - High production when pumping
    - People who are well matched typically express approx. 4-5 oz total every 3 hours

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Acute Mastitis

Flu in the lactating individual is mastitis until proven otherwise!

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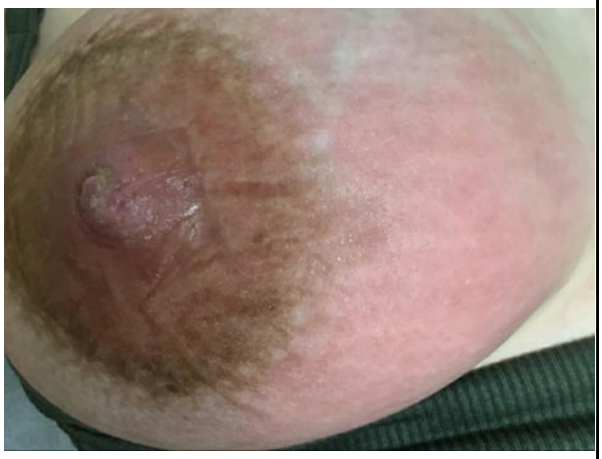
Acute Mastitis Symptoms

- Flu symptoms
- Breast pinkness- early stage
  - Harder to identify on darker skin
- Breast swelling and redness later
- Possible nipple sores
- Often preceded by 'plugged ducts'



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Source: US Breastfeeding Committee

Mastitis- Associated Risk Factors

Systematic Review

- 25% risk in first 26 weeks
- Nipple damage/pain
- Use of topical products
  - Creams, nipple shield
- Staph aureus in milk
- Infant carrier of staph aureus
- History of mastitis in the past
- Multiparity
- Tight bra

Wilson E, Wood SL JHL 2020 online

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Complications of Mastitis

- 8-19% of women have recurrent episodes of mastitis
- 3-10% of women with mastitis develop abscesses

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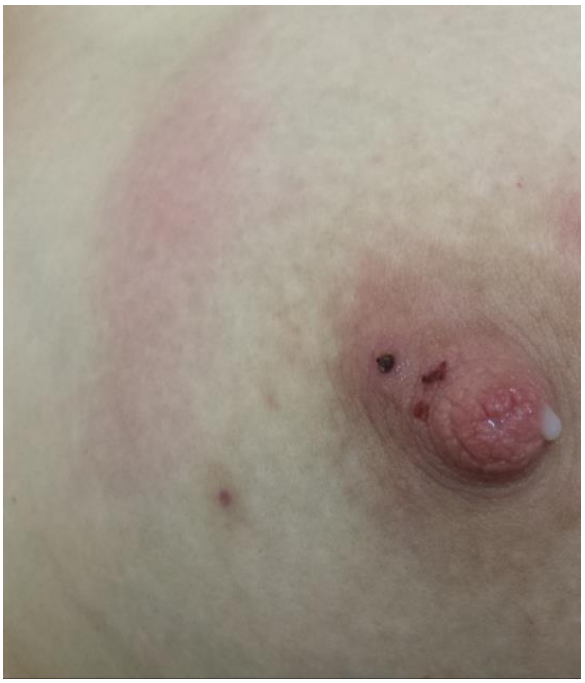
Mastitis Treatment

- Determine if due to over production/over-fullness
- Rest
- Either warm or cold compresses (which ever feel better)
- Stay on a regular nursing or pumping schedule (do not over-pump)
- Antibiotics if ill
- Anti-inflammatories-ibuprofen



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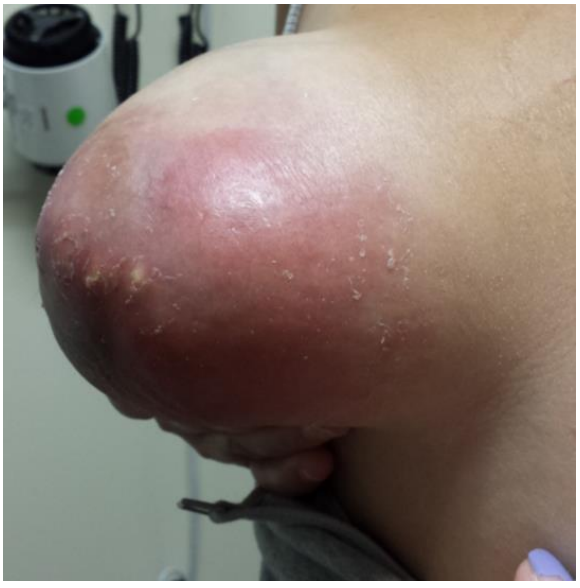
Abscesses during Lactation



- Require drainage
- Continue antibiotics, rely on culture results
- Continue nursing or pumping; do not increase frequency of drainage
- Baby may nurse if milk is not purulent

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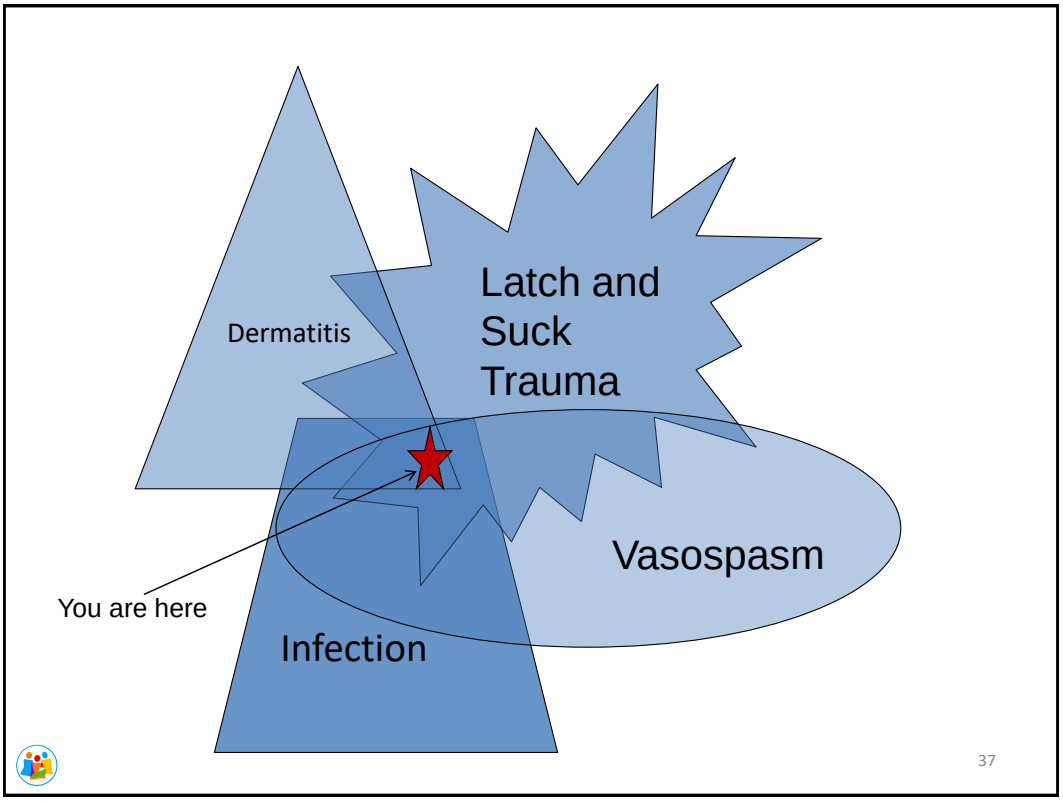
Dermatitis
Latch and Suck Trauma
Vasospasm
You are here
Infection
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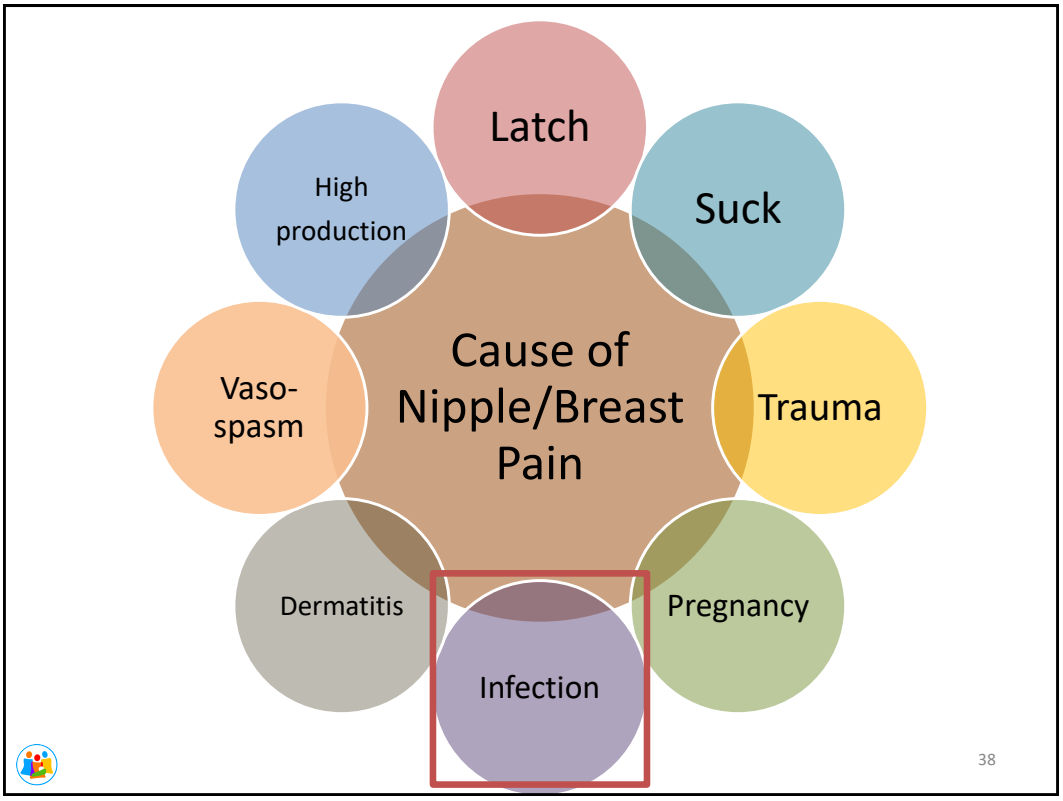
Latch
High production
Suck
Cause of Nipple/Breast Pain
Vaso-spasm
Trauma
Dermatitis
Pregnancy
Infection
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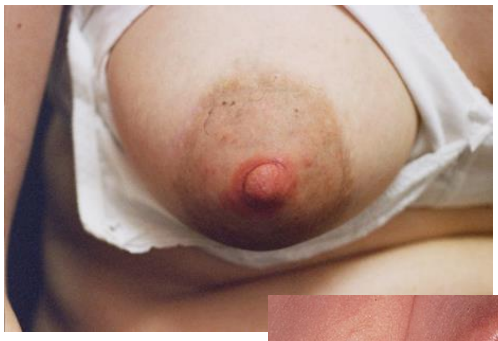
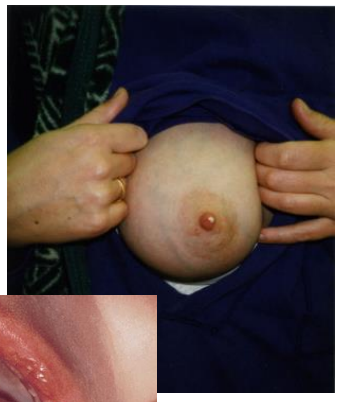
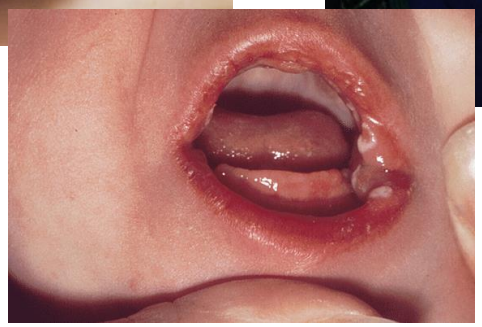
Breast Pain- Yeast or Bacterial?







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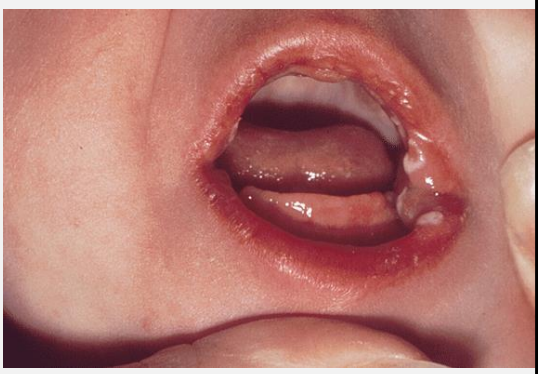
Typical Clinical Scenario about Yeast



- A lactating parent calls, her 10 week old was recently diagnosed with thrush. She is noticing a burning/itchy sensation to her nipples, and would like to have something for the yeast infection of her nipples.

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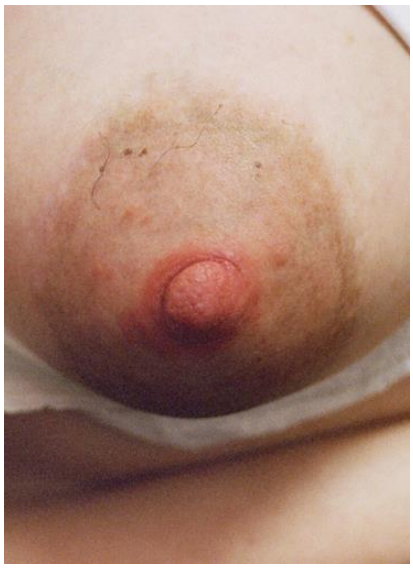
'Yeast' Overgrowth of the Nipple/Areolar Regions

- Typical sx
  - Burning, itching, 'shards of glass', sharp shooting pain, redness of nipples
- Classic risks
  - Infant oral thrush
- Often treated by phone
- Symptoms are most often not due to yeast



Nipple with dermatitis, not yeast

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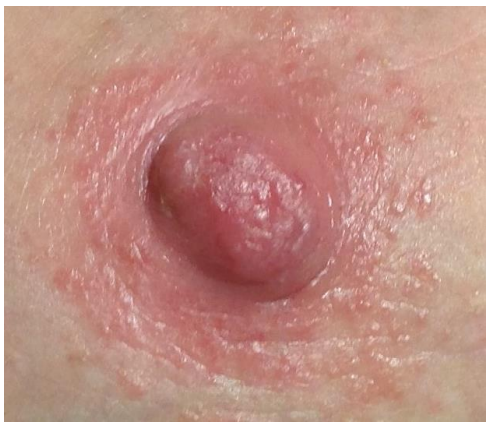
When to Treat for Yeast

- Nipples symptoms
  - Redness, shiny
  - Pain, +/-itching
  - AND infant has known oral thrush
- If nipples don't look red, refer for evaluation before treatment



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How to Treat Yeast

Parent

- Only treat if
  - baby has thrush AND parent has symptoms AND nipples appear to have thrush
- If nipples appear to have thrush, but baby does not, best to culture the nipples for thrush.
- Treatment options:
  - Topical nystatin ointment
  - Topical clotrimazole cream
  - Oral fluconazole x 10 days

Infant

- Treat if baby has thrush
  - Nystatin drops
  - Oral fluconazole
- No need to treat baby for parent symptoms, if baby has no thrush

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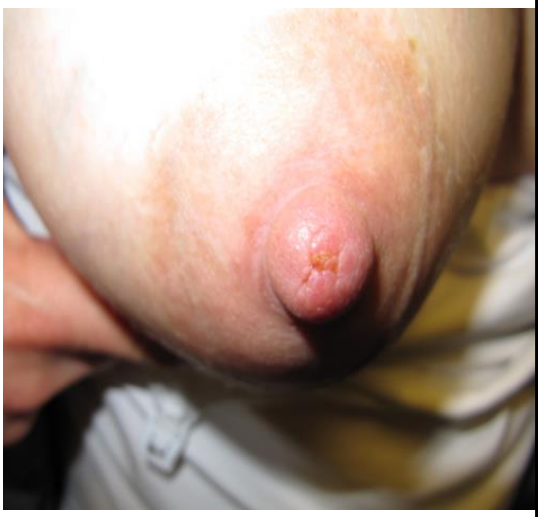
Symptoms of Subacute Mastitis or Mammary Dysbiosis

- Usually nipple pain
- Deep breast pain after feeding
- Breasts feel tender
- Recurrent plugged ducts
- Nipple scabs



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Management of Mammary Dysbiosis

- This is a bacterial-overgrowth situation
- Breast exam and breastmilk culture
- Reduce any over-production of milk
- Antibiotics based on culture results
- Probiotics with Lactobacillus Salivarius and Lactobacillus Fermentum
  - Uncertain if it will help
- Refer to breastfeeding specialist for management if possible

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Herpes on the Breast

- Herpes Simplex
  - Can cause herpes in infant
  - The lactating parent is infected from nursing toddler with cold sores
- Management
  - Avoid direct contact of lesions with baby
  - Express and discard milk on affected breast
  - OK to nurse on an unaffected side
    - Often is on both breasts
  - Cover lesions until scabbed over
  - Anti-viral medication

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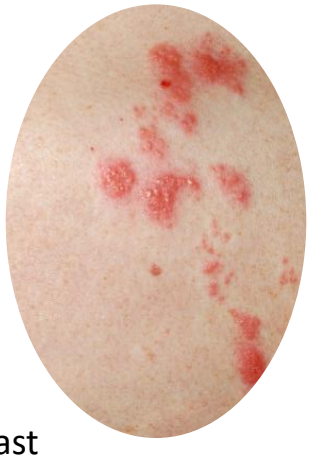
Shingles on the Breast



- Shingles- reactivated chickenpox
  - Blisters spread chickenpox
- Occur on 1 side of body
- Can develop over 1 breast region
- Management
  - Avoid direct contact of lesions with baby
  - Express and discard milk on affected breast
  - OK to nurse on the other side
  - Cover lesions until scabbed over
  - Anti-viral medication

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Non-Infectious Causes of Pain

- Nipple Dermatitis
- Vasospasm
- Plugged Ducts
- Blebs
- Other nipple trauma
  - Biting

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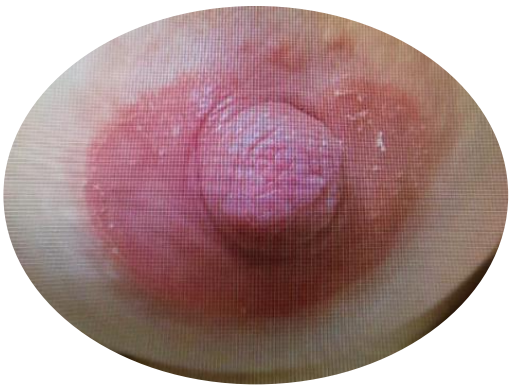
Common Causes of Nipple Dermatitis



- Eczema
- Psoriasis
- Allergic reaction

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Symptoms of Dermatitis

- Itchiness, pain
- Red and/or scaly
- May start during pregnancy or any time postpartum

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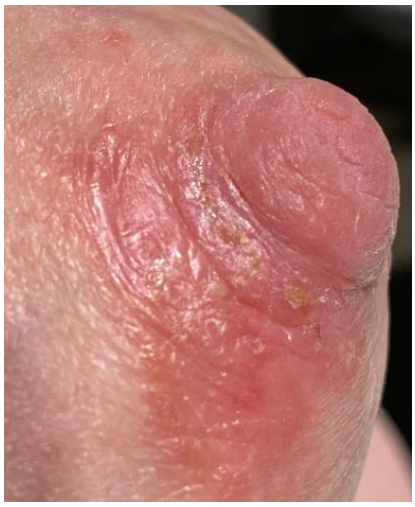
Treatment of Dermatitis



- Identify underlying cause
- Avoid irritants
- Frequent repeated moisturization with an oil/non-petroleum jelly
- Topical steroids are typically needed
  - see her primary care provider or dermatologist for treatment

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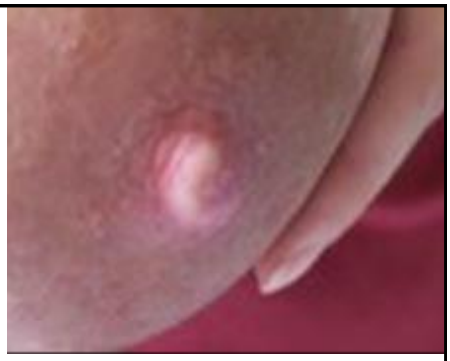
Classic Sx and Signs of Vasospasm of the Nipples



- Nipple turns pale-blue-red
- Burning nipple pain
- Sharp breast pains
- Pain lasts variable duration of time
  - Color changes are assoc with pain
- Triggered by cold
  - Not just associated with feeding

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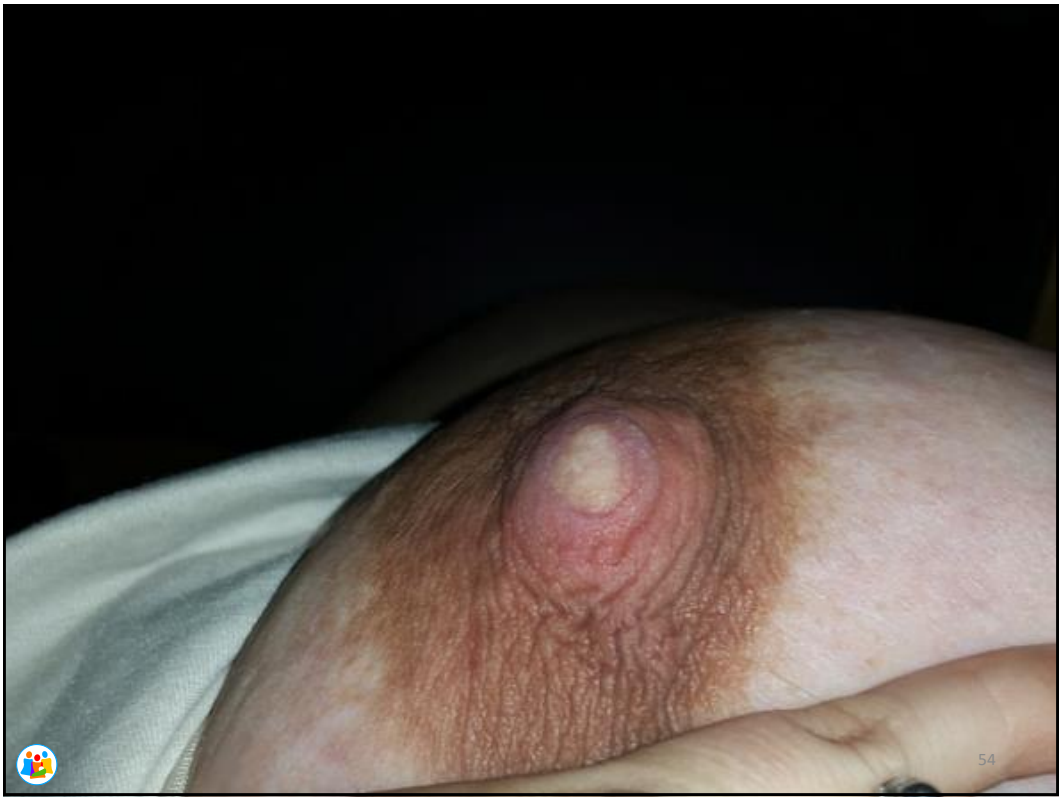

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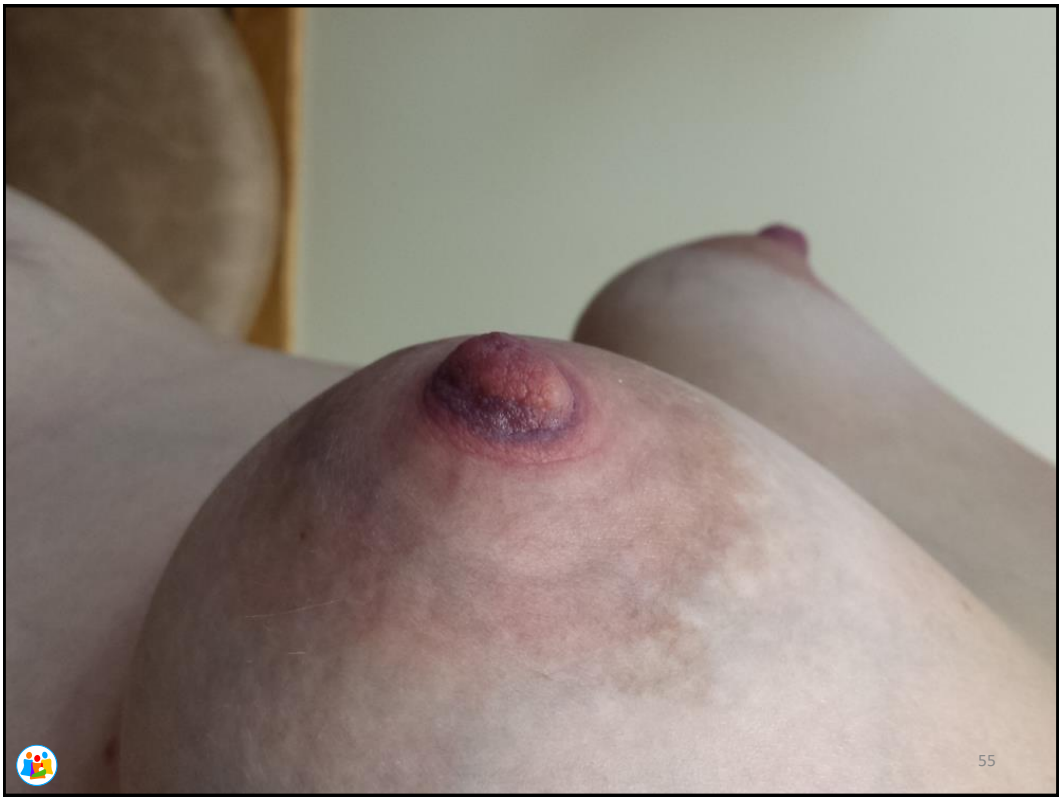

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Treatment of Vasospasm

- Avoid infant biting
- Apply heat immediately after nursing
- Keep breasts warm
  - Flannel or wool pads
  - Foot warmers applied to backs of nursing pads- do not allow these to directly touch the breast/nipple!
  - Medications

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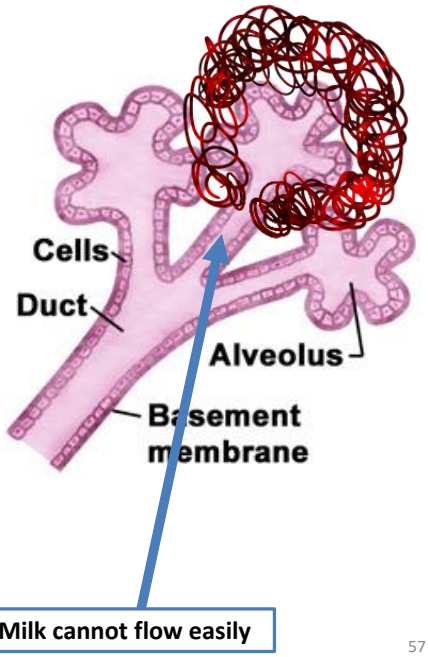
What is a Plugged Duct?

- A swollen area of the breast
- The milk in the swollen region cannot move through the ducts until the swelling resolves
- When the swelling resolves, clots of milk are sometimes expressed



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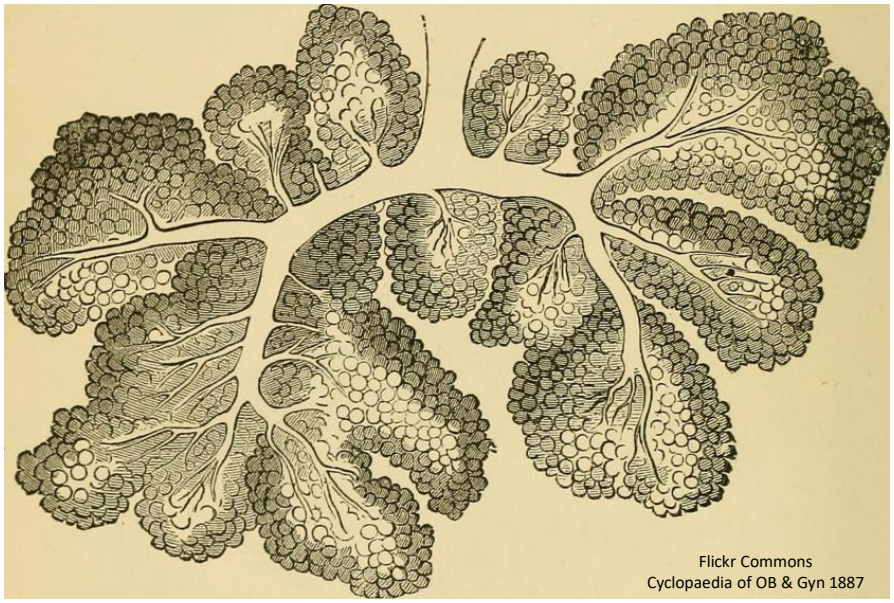

Flickr Commons
Cyclopaedia of OB & Gyn 1887

The ducts are too tiny and innumerable
for just 1 plugged duct to cause an area of swelling

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Symptoms of Plugged Ducts

- Tender localized area of fullness
- Pain radiates to/from the nipple during nursing
- No/minimal breast redness, no fever
- Drop in milk production because the breast does not completely empty

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Risk Factors for Plugged Ducts

- High milk production
- Returning to work or maternal/infant separation
- Longer duration of sleeping
- Irregular feeding pattern
- Restrictive clothing/underwire bra
- Stress & fatigue
- Mammary dysbiosis

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Treatment of Plugged Duct

- Remain with normal routine of nursing/pumping
- Heat or ice for comfort
- No aggressive massage, just light lymphatic massage
- Vary nursing positions
- If the lump does not resolve in 48 hours, needs a visit
- Lecithin 1200mg 2-4 a day for prevention may help (no evidence)

Source: US Breastfeeding Committee

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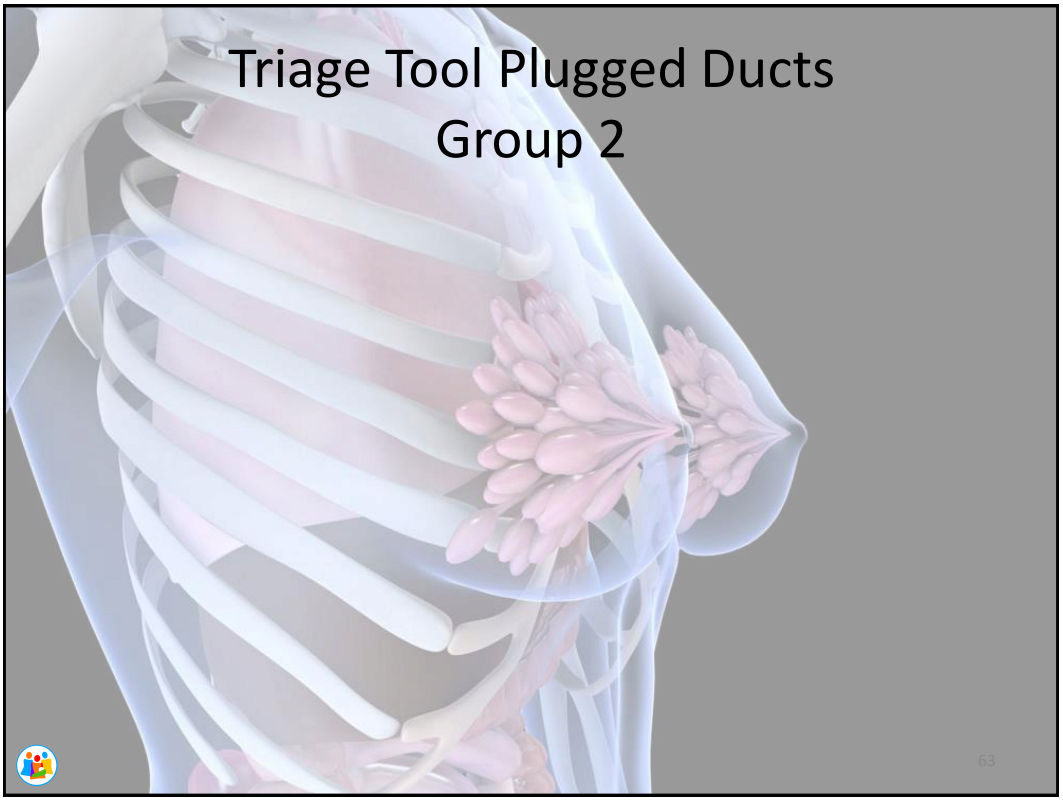

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- This is your first baby
- Your baby is 3 months, and you returned to work 3 weeks ago
- You notice a hard spot in your L breast, and that area feels full and won't drain, for about a day
- No fever, swelling, redness

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Discussion Plugged Duct Case

- What are reasons why this person might have developed a plugged duct?
- What advice did you give person to help her?
- When should she be seen for further evaluation?

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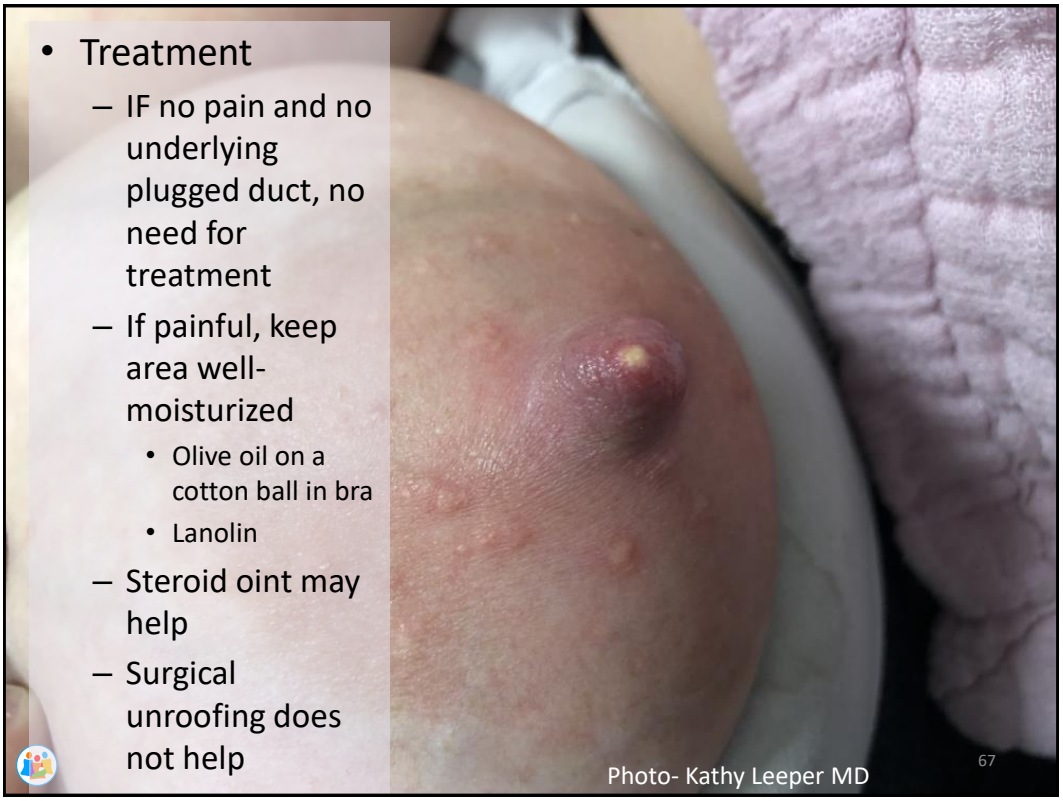

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Infant Biting

- Most often during teething
- Other causes:
  - Bite reflex
  - Rapid or heavy milk flow

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Infant Biting During Teething
• Occurs with teething
• During non-nutritive sucking
• Treatment
– Keep the baby close
– Avoid non-nutritive sucking
– Alternative for infant teething
Photo by Deedee Geli on Unsplash
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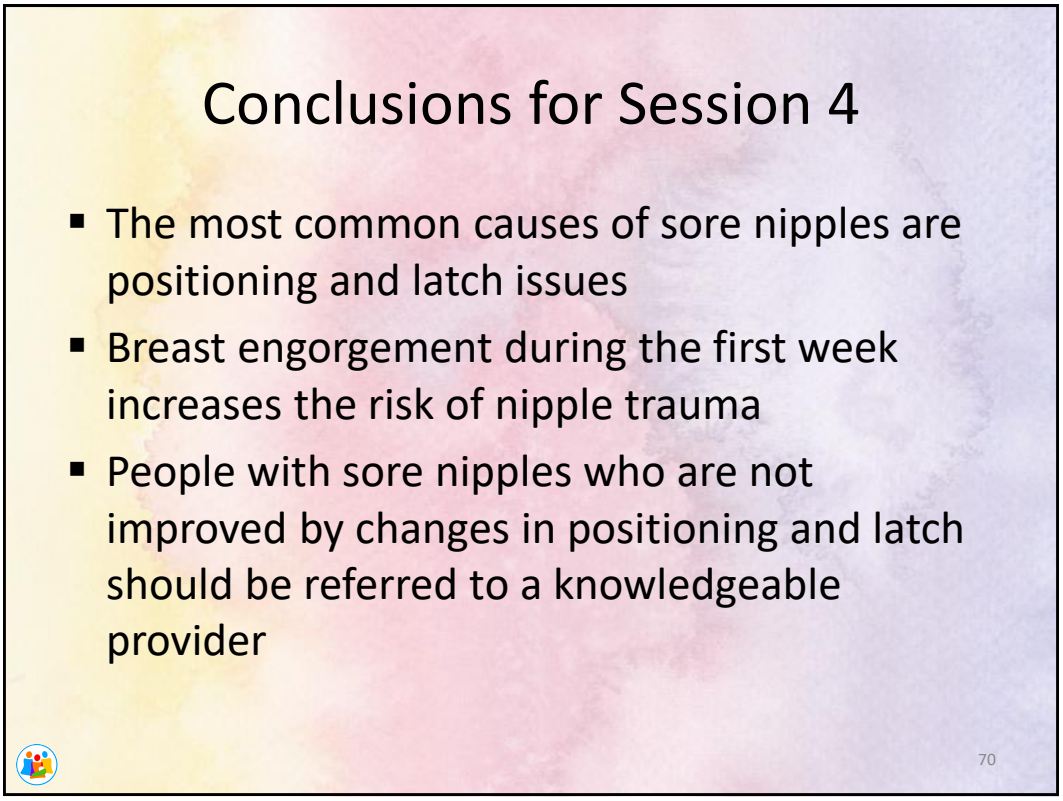
Conclusions for Session 4
▪ The most common causes of sore nipples are positioning and latch issues
▪ Breast engorgement during the first week increases the risk of nipple trauma
▪ People with sore nipples who are not improved by changes in positioning and latch should be referred to a knowledgeable provider
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You are seeing mom & her term healthy infant at 14 days postpartum. She complains that her nipples are sore when the baby latches on and the pain continues throughout feeding. When the baby comes off the breast, the nipple looks pinched and pale. You advise:

A. You have vasospasm of your nipples. Use heat on your breasts after nursing.
B. You likely have a yeast infection of your nipples. You will need to contact your provider for treatment.
C. You need to have the latch checked. Either I can do this, or lets have an LC see you.

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A lactating individual who is 6 weeks postpartum reports stinging burning nipple pain for 1 week. Prior to this, they had no lactation problems. They would like to know what could possibly be wrong. **You advise:**

A. Your baby may not be latching properly.
B. You might have over-production, causing fullness and breast discomfort.
C. Your let-down is too fast, causing the baby to pinch the nipple.
D. You might have vasospasm.
E. You might have a nipple infection.
F. All of the above are possible.

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A mother who is 20 days postpartum reports that her nipples are still cracked, sore, and the sores stick to her breast pad. She denies deep breast pain, fever or breast redness. Breastfeeding hurts with latch and improves during feeding. **You advise:**

A. You need to see a lactation specialist.

In the meantime, apply breastmilk, coconut oil, or lanolin and a nonstick pad over the wounds after each nursing.

B. Your nipples won't heal until you stop nursing. Just pump and bottle feed for now.

C. Use a nipple shield to reduce pain and allow the sores to heal.

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A lactating individual who is 3 months postpartum reports nipple redness with burning, stinging pain for 2 weeks. People on their Facebook support group suggested that they may have thrush. They wonder what you think. **You advise:**

A. You should be seen by a lactation consultant or breastfeeding medicine specialist to evaluate your pain.

B. Yes, it sounds like yeast. Call your physician for medication.

C. It sounds like vasospasm. Use heat on your nipples after nursing.

D. You should throw out your stored breastmilk in case it has yeast in it.

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Mom calls 4 months postpartum reporting recurrent plugged ducts. She finds that they usually resolve in about 24 hours, but this one has been present for 4 days. She has no fever, chills or redness of the breast, but the area is tender. **You advise:**

A. Come in to be seen to have that area checked.
B. Try to nurse frequently, pump after nursing, use heat and massage as much as possible. IF it still is not gone in 3 days, call back. Watch for sx of infection.
C. You probably have too much milk, you should stop pumping so much extra milk.

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A parent calls 7 mo postpartum with a recent diagnosis of shingles by their physician. They describe painful red skin lesions along the upper back and onto the R breast, involving the nipple. The physician advised weaning and the parent wants your opinion. **You advise:**

A. The baby is now old enough to be safely exposed to these shingles lesions, so no worries, keep nursing.
B. It is best to not nurse from that breast. Express and dump the milk until the lesions on the nipple and sores are dried up. Keep the area covered.
C. Don't nurse from the R breast, but you can give the baby milk pumped from that breast.

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A mother with her 4mo old reports that her infant is teething and wonders how to prevent biting. She was told that babies need to wean when teeth come in. **You advise:**

A. Yes, sometimes babies bite. Good luck.
B. Pump and bottle feed when teething seems the worst.
C. Babies bite most often at the end of feeding. Keep the baby deeply latched to prevent biting. Take her off when she is biting and no longer seriously drinking.
D. Make sure to respond loudly and clearly, in order to scare the baby into never doing that again.

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