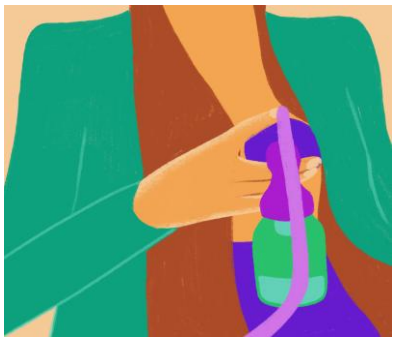
Pumping: Beyond the Basics Case Discussions



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Objectives

- Describe interventions to help manage low and high milk production.
- Identify strategies to manage breast and nipple pain among individuals who exclusively pump.
- Explain how to prevent recurrent clogged ducts among people who exclusively pump.

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*You are seeing Maria, who is a G2P2 mother, at 3 weeks postpartum.
*Maria gave birth to her second infant Marco at 30 weeks gest.
*Maria is concerned about low milk production and recurrent clogged ducts.
*Maria began pumping every 3 hours around the clock after Marco's birth.
*Her production has not been increasing in the last 10 days.
*She has been expressing 40 ml/session for a total of 320ml/day.
*She also reports clogged ducts in either breast every other day.

What questions do you have?

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Questions for Maria

Past Medical History

- Medical conditions
- Surgical history
- Medications before and during pregnancy
- L&D, complications

Previous breastfeeding experience

- Breastfeeding vs pumping
- Duration
- Problems- eg pain or clogs
- Milk production

Current pumping routine

- Type of pump
- Frequency of pumping
- Flanges size, fitting, vacuum
- Problems, such as pain, nipple lesions

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Maria is generally healthy. She had spontaneous labor, and no one knows why. She had no problems in her pregnancy. Labor and delivery was VD, fast, no complications. No routine medications.
She didn't pump much with her first child, who is now 3, as she worked from home so could nurse when working.
Her milk production was borderline high and she breastfed for 15 months.
She is using a Medela Symphony pump and told to use 21mm shields. She has pain with pumping, so limits the vacuum to 3-4 bars when in expression.

What would you do next?

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Next steps to evaluate Maria- Observe!

- Evaluate flange size
- Watch her pump
- How is the milk flow? Does she need to use breast compressions?
- Does the milk flow more readily in stimulation vs expression?
- Does she have any nipple lesions, such as a skin tag, or a rash?
- Do her nipples turn purple with pumping?
- Any breast swelling or obvious deformity?

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Next steps to evaluate Maria- Observe!

- Evaluate flange size- she is using a size 21, which measures too large. Size 17 is more appropriate
- Watch her pump- she stays on stim until milk flows, then switches to expression. She goes up to 3 bars, then feel uncomfortable. We switch shields to a size 17 and this is much more comfortable. She can increase the bars to 2/3 strength, and she is seeing more sprays.
- How is the milk flow? Does she need to use breast compressions?- milk flow was slow with the 21mm shields, and brisker with sprays with 17mm. She had to use compressions with 21mm shields, not with 17mm.
- Does the milk flow more readily in stimulation vs expression? Equal
- Does she have any nipple lesions, such as a skin tag, or a rash? No
- Do her nipples turn purple with pumping? No
- Any breast swelling or obvious deformity? Breasts feel appropriately firm

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Follow up with Maria

Over the next 3 weeks, her production gradually climbed. She no longer experienced clogs, and she was up to 700ml/day by 6 weeks postpartum

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*You are seeing Charlie, a 31 yo nonbinary individual who is seeing you for nipple pain.
*Charlie has been exclusively pumping for their baby Helen, 4-months old. Charlie breastfed Helen until 2 months postpartum, when Charlie returned to work. Helen began preferring bottles, so Charlie decided to just pump and bottle feed.
*Charlie's sore nipples began about 3 weeks ago. They report cracks at the base of both nipples, along with pain. They decreased the vacuum on their Medela Pump in Style Max Flow pump, which has led to decreased milk production.

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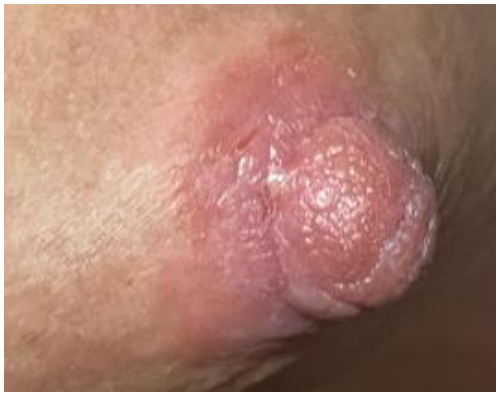
Charlie's Nipples



What is going on?

Nipple Dermatitis
- May be due to underlying eczema or psoriasis
- Can also be due to a reaction to something the nipples are exposed to

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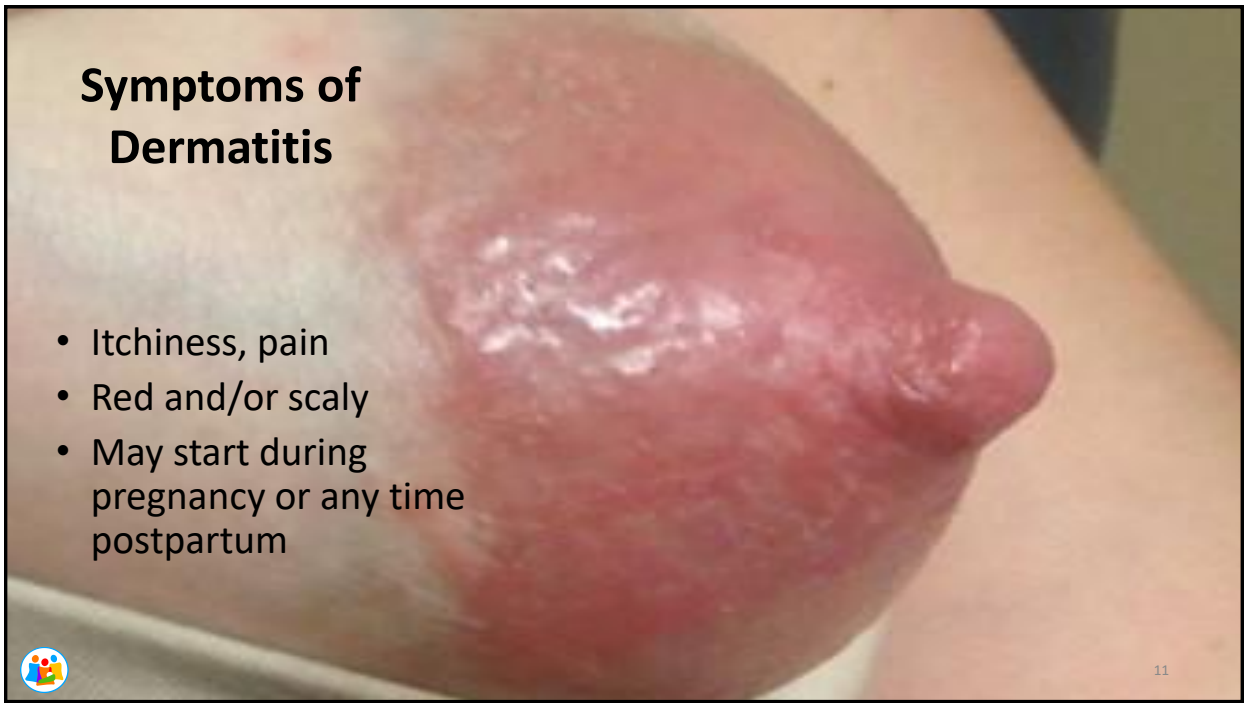
Symptoms of Dermatitis
• Itchiness, pain
• Red and/or scaly
• May start during pregnancy or any time postpartum
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What irritants can cause a rash of the nipple/areolar region?
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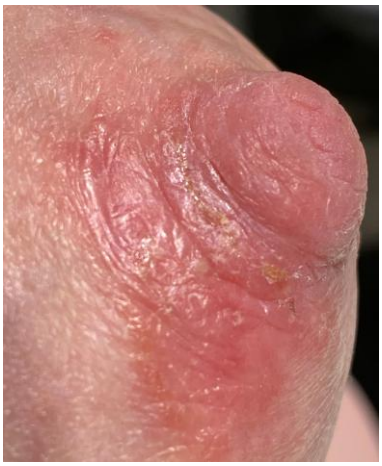
Treatment of Dermatitis

- Possible irritants
  - Infant oral medications
  - Infant's acidic saliva
  - Soaps, creams, topical medications
  - Breast pads
  - Pump flanges (soaps/cleansers used)
  - Silverettes
- Treatment
  - Avoid the irritant(s)
  - 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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Charlie was using silverettes in-between times of pumping because their nipples were sensitive.
The tenderness and rash of both nipples started about 1 week after starting silverettes
Although Charlie didn't identify any allergies, they said that they wore hypoallergenic earrings to prevent rashes of the earlobes.

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Charlie stopped using the silverettes. They were given a hydrocortisone cream to use three times a day for a week, then twice a day for a week, and the rash healed. It never returned, and the nipples felt fine.

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Sadie is a 21 yo G1P1 single mother with concerns for high milk production. Sadie gave birth to Milo 4 weeks ago, VD, no complications.
Sadie has been visited by a public health nurse once a week.
Sadie was advised by the public health nurse to pump after each feeding and give any expressed milk to Milo to make sure he gains enough weight. The public health nurse was concerned that Sadie might end up with low milk production, like so many other clients that the nurse cared for.

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Sadie began pumping after nursing on day 7 and initially expressed 60 ml after each feeding.
By 2 weeks she was expressing 120 ml after each feeding.
The baby never was interested in a bottle after pumping.
By the third week, Sadie felt compelled to keep pumping after nursing because her breasts were so full. The public health nurse told Sadie that she never saw this problem before and referred Sadie to her local WIC office.

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When you see Sadie and Milo at 4 weeks postpartum, Sadie reports that Milo is fussy at the breast and she has been bottle feeding instead of breastfeeding at times. She believes it is because her production is so high that the flow is too heavy for Milo.
She is now expressing 240ml (8 oz) every 3 hours.
She wonders what to do.
What would you recommend?

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Decrease duration of pumping	• Identify how much milk she has expressed at 5 min, 10min, 15 min • Decrease by a few minutes every 3-4 days
Decrease volume of pumping	• Decrease by a measured amount every few days • E.g. 210ml each session for 3 days, then 180ml each session for 3 days, etc
Decrease amount according to comfort	• Pump until breasts feel soft and/or • Pump until rapid flow slows

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Sadie found that when she would decrease the volume of expressed milk, she would experience clogs or mastitis. What can you recommend?

- Trial of a supplement or medication that will slow milk production
- Mint tea
- 'No more milk' tea
- Sage
- Decongestants
- Stronger options are estrogen and cabergoline

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One of your colleagues received a phone call from a client whose pump is not working at all. It seems to turn on, but milk is not flowing, and the vacuum feels weak. What are things that the client can try at home before coming in?

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The Pump Won't Work! The Basics

Ensure Pump is charged/plugged in

Check for Break in Seal

If single pumping, close other port

Dial to Adequate Vacuum!

Backflow protector is not sealed properly

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- Ellen is a 25 yo G1P1 who exclusively breastfed her infant Sophia until she returned to work.
- She is now pumping at work, and breastfeeding Sophia when she is home.
- Ellen is concerned that her milk flow is very slow when she is pumping.
- It can take 40 minutes to finish pumping, and she needs to use breast compressions the whole time.
- What are possible reasons for this?

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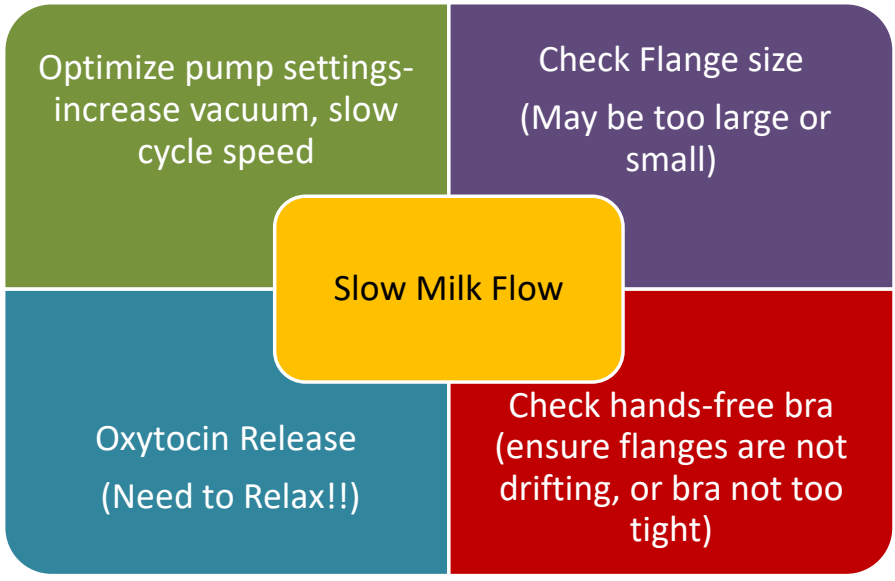

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- Muriel is a G3P3 mother who gave birth to her son Henry 2 months ago.
- Muriel states that she exclusively breastfed her son until she returned to work at 6 weeks postpartum.
- Since she has been pumping at work, she has had recurrent clogged ducts.
- She is generally healthy and takes no medications.
- She has no trouble with clogged ducts in the first 6 weeks when she was exclusively breastfeeding.
- She didn't have this problem with her first 2 children, as she worked part time, 3 hours a day, so hardly needed to pump.
- She is using Mom Cozy wearables at work.
- What are possible reasons for her recurrent clogged ducts?

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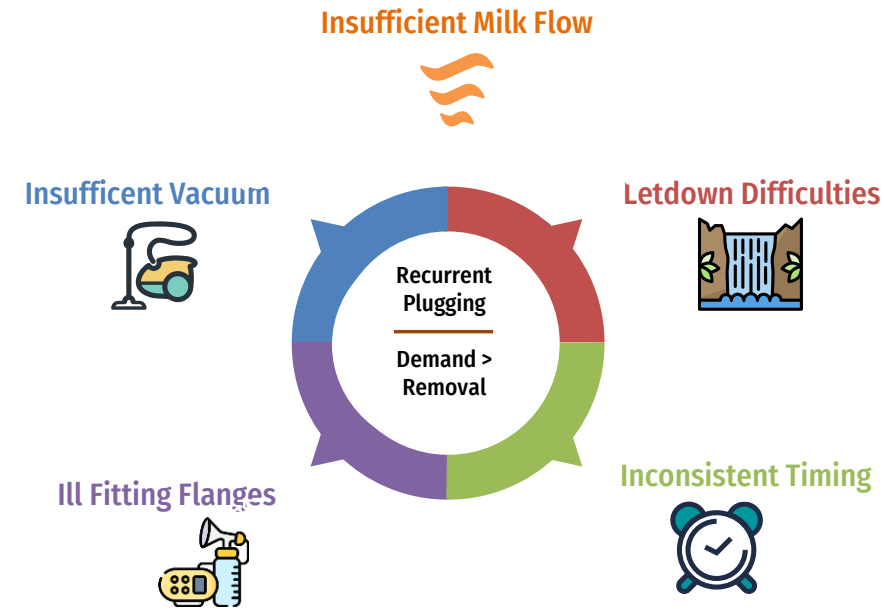

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Conclusions

- Flange size is important for comfort and milk flow.
- Pump vacuum can cause trauma if too high, and adequate vacuum is needed to establish and maintain production.
- Nipple dermatitis is a common cause of sore cracked nipples.
- Many people develop over production from double pumping in addition to nursing.
- Double pumping is more likely to lead to over production as compared to exclusive breastfeeding.

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