

## CHAPTER 8: BREAST PROBLEMS IN LACTATION

Majority of problems of the breast in lactating women are not as serious as made out to be but may become responsible for discontinuation of breast-feeding or may shake the confidence of a sensitive mother.

### SORE NIPPLES

One of the most common problems affecting the breast is sore nipples, which may become “fissured” or “cracked.” Sore nipples are red, can develop boils, and may bleed. Breast-feeding is painful.

- 🔔 This results most commonly because of faulty method of breastfeeding where only nipple enters the baby’s mouth instead of nipple and areola both. This leads to baby pulling & chewing at the nipple. Apart from this if there is inverted or flat nipple, baby has to struggle more and this can lead to sore nipples.
- ⊗ If baby develops “thrush” (a fungal infection) seen as white membrane or redness in the mouth, then nipple can become sore. Nipple becomes itchy and painful and its skin becomes red
- ◆ Lastly, an overlooked reason for nipple soreness is exposure to various substances like detergent, bathing soap, powder, spray, ointments, nipple shield etc.

### What mother can do?

- ✓ Keep baby’s chin in contact with the breast so that nipple *and areola* are inside its mouth. Breast should be hanging towards the baby. Keep a pillow on the lap and position the baby on it.
- ✓ Wash nipple and breast only once a day.
- ✓ Do not use soap, spirit, medicine with alcohol, antiseptic cream, and tincture benzoine. They may aggravate the problem
- ✓ Apply a little breast milk on the nipple and wear inner garments after it dries up.
- ✓ Do not rub towel vigorously on the breast while cleaning and drying.



- ✓ Sore nipple can be treated by milk, vaseline, oil or cream but skin should be dry before its application and it should be cleaned gently before breast-feeding
- ✓ Ensure that baby leaves the nipple gently.
- ✓ Continue breast-feeding; reduce period at each sitting. Excess pain may need discontinuation of breastfeeding, but then manual removal is necessary to prevent engorgement.
- ✓ Treat thrush by antifungal lotion on nipple and areola. Apply it in baby's mouth also.



### **MASTITIS AND ABSCESS**

In these conditions of infections area surrounding the areola develops boils, which may fill with pus, which may require antibiotics. Sometimes breast abscess (larger collection of pus) develops wherein an area of the breast becomes tender and feels hard to touch. The skin over it becomes red and swollen and fever may develop. Failure to start early treatment may lead to abscess, which needs surgical drainage. In early stages, continue breast-feeding and massage affected area towards the nipple so that milk stasis does not occur.

- ☛\* The general belief is to stop breast-. However, this will only increase the problem. If abscess has developed, feed from the other breast. Nevertheless, keep the affected breast empty by manual expression. Drug may not work properly without drainage and keeping breast empty, which can lead to recurrent pus collection.
- ☹ If antibiotics and normal expression of milk does not work with in four days, drain the abscess surgically. Breast-feeding can continue after operation. This is painful condition.
- ☺ Assure mother to continue breast-feeding.

## **ENGORGED BREASTS**

In the initial days of breast-feeding, when “milk comes in” it may be in excess of baby’s requirements and its ability to drain the breast by sucking. This can lead to engorged (full and heavy) breasts. Engorged breasts are painful, heavy & may become hard like stone, with skin over it swollen, tight and shiny. Fever may develop for a day. Breast milk cannot come out. Baby cannot breast feed, as areola is hard. This may lead to sore nipple.

### **Remedies:**

- ✓ Start breastfeeding early and do it frequently.
- ✓ It is important to empty the breast either by feeding or by manual removal. If baby can feed, feed it as frequently as possible. If manual removal is not possible, remove milk by breast pump. Contact a doctor or experienced nurse.
- ✓ Apart from manual expression, hot fomentation of breast and hot bath can help. Once mother feels better, & baby can feed easily and remove any remaining milk manually. This may be required for 10 to 15 days.
- ✓ Massage mother’s back and neck. Massage breasts with warm towels.
- ✓ If breasts are swollen, use ice packs after breast feeding or manual removal of milk.
- ✓ Advise correct brassiere to give adequate support to the breast.
- ✓ Use painkillers and sedatives as last resort under doctor’s supervision.
- \* Do not try drugs to decrease the output of breast milk.
- 🔔 Contact a doctor at the earliest sign of pus



## **PLUGGED DUCTS**

When any duct carrying milk from areola to nipple becomes blocked (plugged), the milk in the gland behind it gets dammed (collected) leading to area of breast which is hard, tender red (milk nodule).

### **Why this happens?**

- ◆ **Infrequent feeding:** In case of a busy mother, a working mother, a mother having to go on a trip and a weakly sucking by baby.
- ◆ **Pressure on ducts:** Position during sleep, tight brassiere, pressure with hands during breast-feeding
- ◆ **Injury:** Fall or trauma by baby's legs or head are frequent reasons.
- ◆ **Large breasts:** Milk tends to collect in the dependent position.

### **Solution:**

- ✓ Frequent breast-feeding.
- ✓ Warm fomentation.
- ✓ Change of baby's position during breast-feeding
- ✓ While baby feeds, do massage from the hard area towards the nipple. The blocked duct will open, dried up milk will be push towards the nipple and may come out also (is safe for baby, if swallowed)
- ✓ Child should be nursed on healthy side first and then on affected side.
- ✓ Remove milk manually, if required.
- ✓ Generally resolved in 24 hours
- ✓ Working mothers should take rest.
- 🚫 Contact doctor if situation worsens in 24 hours.

