



Guide: Managing Breastfeeding Conditions:
Tools to Support Mothers

Lansinoh®

For Healthcare Professionals

Managing early breastfeeding conditions

Painful breasts or nipples are a common reason mothers cite for early cessation of breastfeeding.¹ But with the correct advice and support, mothers can be encouraged to breastfeed for longer. Women need to know that it is usual for both breasts to feel warm, full and heavy when their milk comes in at or around 3 days after birth and that brief discomfort when their milk lets down in the first few days is not uncommon. However, breastfeeding should not be painful. Women should be taught to seek advice promptly if pain persists.

Health professionals can help women to understand the common breastfeeding difficulties they may experience and how to use breast massage and express their breast milk to bring relief. It is useful if women learn these skills before difficulties arise as it will be easier to practise while the breasts are soft rather than engorged and tender.

Breast massage



Gentle breast massage can help:

- ✓ trigger the **milk-ejection reflex** and start milk flowing
- ✓ promote **efficient emptying** of the breast
- ✓ increase breast **milk production**
- ✓ encourage milk to flow to help **relieve engorgement, blocked ducts** and **mastitis**.^{2,3}

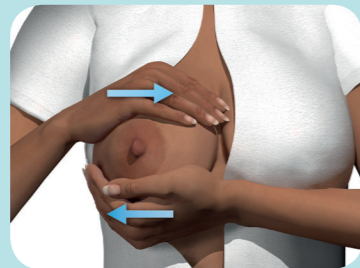
Basic breast massage technique

Ensure mother washes her hands with warm water and gets ready by thinking about her baby or having something with her baby's scent close by.

The right technique may vary for each individual so have her experiment to see what works best for her.



- 1 Use finger tips to lightly stroke or tap the breast. Gently "rake" the fingers from the base of the breast toward the nipple.



- 2 Place breast between hands, held horizontally move tissue back and forward or massage by rolling knuckles gently. Repeat with vertical movements.



- 3 One hand supports the breast. Place 3-4 fingertips of other hand flat on breast. Massage with small circular movements. Move fingers 2-3 cm/1 inch around the breast and repeat until entire breast has been massaged.

Hand expression of breast milk



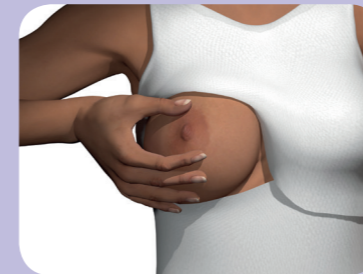
Knowing how to express by hand is a useful skill. As well as providing milk for babies who cannot feed directly from the breast, hand expression can:

- ✓ help **relieve pain** caused by engorgement or a blocked duct
- ✓ soften a full breast so that the **baby can attach** more easily
- ✓ **produce a few drops** of milk to apply to a tender nipple.

If the mother is expressing to soften her breast or produce a few drops of milk, she may only need to compress three or four times. If she is clearing a blocked duct, she should manipulate the blocked area until the lump clears.⁴

Hand expression technique⁵

Hand expression is effective, particularly for small volumes of colostrum. It can be used alone or in conjunction with pumping to improve milk production.⁶



- 1 Make a "C" with your thumb and index finger, then place them 5-7 cm/2-3 inches apart, centering your nipple between those fingers. This is the resting position.



- 2 Without spreading your fingers apart, gently apply pressure into the breast, back toward the chest wall.



- 3 Squeeze gently, keeping finger and thumb near the areola (do not squeeze the nipple itself). Try not to slide fingers over skin.



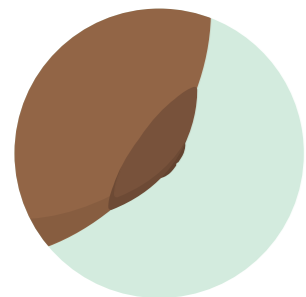
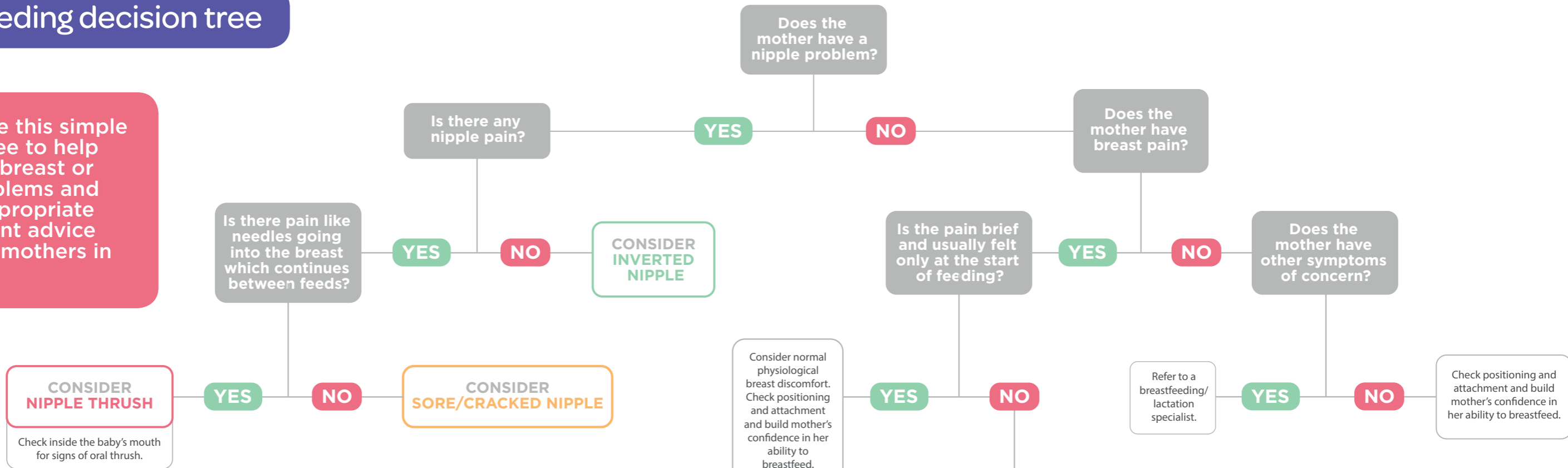
- 4 If milk does not flow, try moving your fingers slightly further away from nipple.



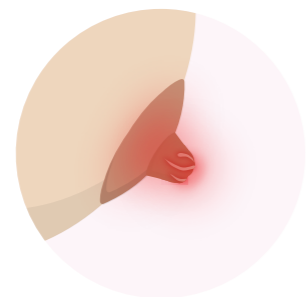
- 5 Rotate your fingers around the breast, repeating steps 1 through 4, so you drain the surrounding milk ducts. Find a rhythm of "press, compress, relax". Repeat for the other breast.

Early feeding decision tree

You can use this simple decision tree to help define any breast or nipple problems and find the appropriate management advice to support mothers in your care.



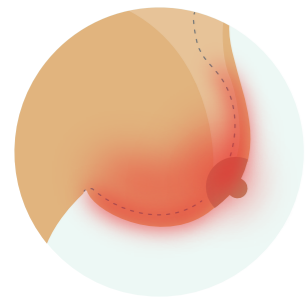
INVERTED NIPPLE



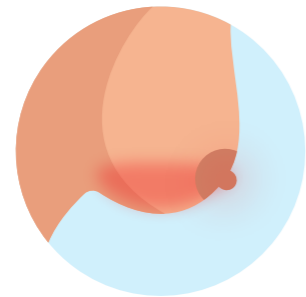
SORE/CRACKED NIPPLE



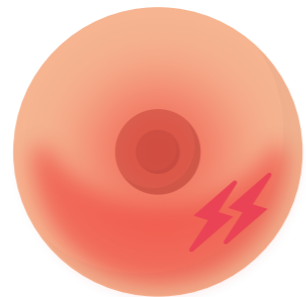
NIPPLE THRUSS



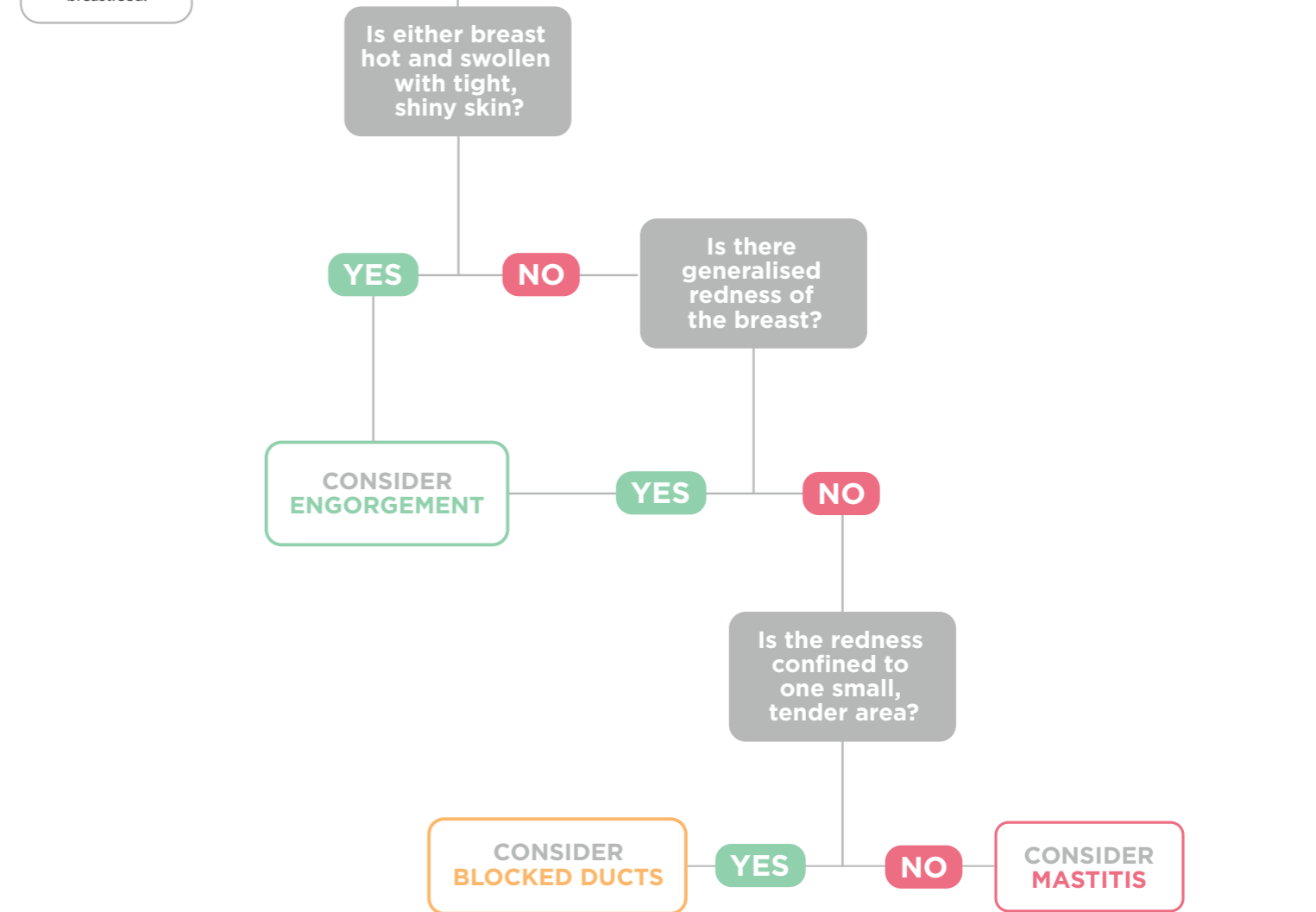
ENGORGEMENT



BLOCKED DUCTS



MASTITIS



INVERTED NIPPLES

With correct positioning and attachment, inverted or flat nipples should not affect breastfeeding. Nipple protractility usually improves during pregnancy and in the first week postpartum as the connective tissue slackens after a baby suckles for a time, and babies can usually breastfeed, regardless of the size and shape of the mother's nipple.

Management of inverted nipples

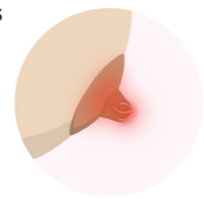
- Offer extra support to build the mother's confidence in her ability to breastfeed.
- Advise mother to gently roll her nipple to stimulate the erectile muscle.
- Consider using a nipple everting device (e.g. LatchAssist™) to help gently evert the nipple prior to a feed.
- Consider using nipple shields to address short-term latch-on issues (with a plan to move on to feeding directly from the breast).

**SORE OR CRACKED NIPPLES**

Sore nipples are most common about 3-7 days into breastfeeding. The most common cause is uncomfortable attachment of the baby at the breast. Pain may be due to the nipple being pulled or rubbed against the palate, or due to the pressure exerted.

Management of sore or cracked nipples

- Check positioning and attachment and encourage mother to continue breastfeeding.
- Encourage the mother to apply expressed breastmilk to her nipples after feeds.⁷
- Consider applying a pea-sized amount of hypoallergenic purified anhydrous (HPA) lanolin to the entire nipple area after each feed, or more often if required.
- If symptoms persist, consider whether infection is present.

**NIPPLE THRUSH**

Thrush may be the cause of nipple pain, especially if the pain starts after a period of trouble-free feeding. This is caused by *Candida albicans* and often arises after the mother is given antibiotics. Symptoms may include:

- sore nipples with pain like needles going into the breast, during and between feeds
- red/pink or flaky rash on the areola, sometimes with itching and depigmentation
- white or creamy spots inside baby's mouth or on the tongue, which can't be removed easily
- feeding difficulties or refusal.

Management of thrush

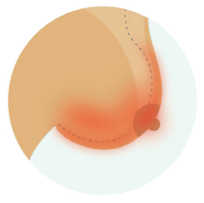
- Treat mother and baby together, with antifungal cream for the mother and oral drops/gel for the baby.
- Encourage the mother to continue breastfeeding.
- Offer simple analgesia compatible with breastfeeding if necessary (e.g. paracetamol).
- Encourage good hygiene and, if used, frequent changes of breast pads.
- After treatment, check attachment and positioning is comfortable for mother and baby.

**ENGORGEMENT**

Engorgement is painful overfilling of the breasts. It often occurs when milk is not removed effectively (e.g. when baby has difficulty sucking or the mother is separated from her baby).⁸ The milk, blood and lymph become congested and stop flowing well, which results in swelling and oedema.⁴ The breasts become hot, hard and painful, and look tight and shiny. The nipple may be stretched tight and flat, making it difficult for the baby to attach. This can lead to sore, cracked nipples and mastitis.

Management of engorgement

- Advise frequent unlimited breastfeeding including prolonged feeding from the affected breast.
- Encourage breast massage and, if necessary, hand expression to soften breasts and help the baby attach.
- Try increasing skin-to-skin contact to stimulate the oxytocin reflex and encourage milk to flow.
- Offer simple analgesia compatible with breastfeeding (e.g. paracetamol).
- Consider a warm compress to get milk flowing and a cold compress for comfort between feeds.
- Encourage mothers to rest and reduce stress.

**BLOCKED DUCTS**

A tender, localised lump in one breast, with redness in the overlying skin can indicate that a milk duct is blocked by thickened milk. The mother usually has no fever and feels otherwise well. This can arise when there is a failure to remove milk from part of the breast, due to infrequent breastfeeds, poor attachment, restrictive clothing or trauma to the breast.

Management of blocked ducts

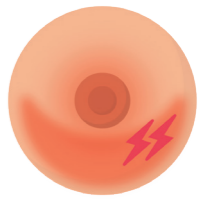
- Encourage frequent breastfeeding with gentle massage over the lump toward the nipple.
- Consider applying a warm compress before feeding.
- Try varying the breastfeeding position (e.g. putting baby across the mother's body or under her arm).
- Advise the mother that a string of thickened milk may come out through the nipple, followed by a stream of milk, providing rapid relief.

**MASTITIS**

Mastitis is common in the first 2-3 weeks postpartum but can occur at any time.⁹ It presents as a hard swelling in the breast (usually in a wedge-shaped distribution) with hot, red overlying skin and severe pain.¹⁰ Usually only part of one breast is affected. The woman may have a fever and feel unwell. Infection may ensue if the condition persists, or a cracked nipple becomes infected. The condition then becomes infective mastitis. Women should report any signs of mastitis promptly. Mastitis is easily treated, but if treatment is delayed it can lead to serious complications, such as breast abscess, mammary duct fistula and sepsis.

Management of mastitis

- Advise frequent breastfeeding and hand expression with gentle massage to overcome any blockage (varying the breastfeeding position and positioning baby's chin over the painful area may help).
- Advise a warm compress, or bathing or showering in warm water, to relieve pain and help milk flow.
- Try increasing skin-to-skin contact to stimulate the oxytocin reflex and encourage milk to flow.
- Offer simple analgesia compatible with breastfeeding (e.g. paracetamol).
- Advise to increase fluid intake.
- Give oral antibiotics if there is an infected nipple fissure, if symptoms do not improve after 12-24 hours despite effective milk removal, or if breast milk culture is positive.¹⁰



Signs of successful feeding

Mothers should be taught to recognise the signs of successful breastfeeding (see panels below). A comprehensive breastfeeding assessment can help reassure a mother that her baby is getting enough milk and identify any breastfeeding difficulties.



In babies

- mouth wide open
- chin touching breast with less areola visible below the chin than above the nipple
- lower lip rolled down and nose free
- audible and visible swallowing
- cheeks rounded and full
- sustained rhythmic suck
- relaxed arms and hands
- moist mouth
- regular wet and dirty nappies.

In mothers

- no breast or nipple pain
- breast softening
- no compression of the nipple at the end of the feed
- mother feels relaxed
- Mothers require more fluid when breastfeeding (suckling sends nerve impulses in the hypothalamus which stimulates a thirst response simultaneous with oxytocin release; in the blood)¹¹

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