

Common Breast Problems During Postpartum Period

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Objectives

By the end of this session, the students will be able to:

- List common breast problems during puerperium
- Describe the symptoms and signs of the breast problems during puerperium and manage them

Common Breast Problems/Complications

Breast Engorgement

- Occurs on 3rd/4th day postpartum
- Breasts-hard, oedematous, painful and sometimes flushed
- An indication that baby is not suckling well during breastfeeding



Sore and Damaged Nipple

- Painful nipples due to:
- loss of surface epithelium
 - a fissure situated at the tip/base of nipple
 - occur due to incorrect attachment of the baby to the breast during feeding

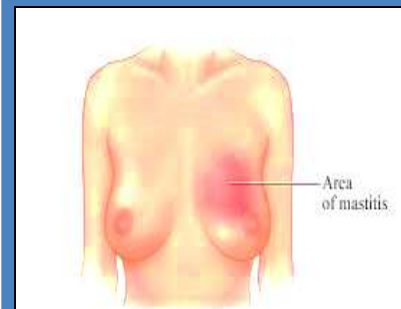


Mastitis

- Inflammation of the breast tissue due to milk stasis
- Redness and pain in the affected breast
- Infection may supervene

Types:

1. Infective
2. Non-infective



Breast Abscess

A fluctuant swelling:

- in a previously inflamed area
- Pus discharge from nipple or the skin over the abscess
- Painful breast



Causes

- **Breast Engorgement**
- Feeds delayed/restricted
- Inefficient feeding due to poor attachment to breast
- **Sore and cracked nipples**
- Trauma from baby's mouth
- Poor hygiene
- Retracted nipple

- **Mastitis**
- Milk stasis
- Infection may supervene
- **Breast Abscess**
- Abscess develops in a previously inflamed area

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- **Failing Lactation**
- Debilitating state of mother
- Elderly primi gravida
- Failure to suckle regularly
- Depression/ anxiety state
- Premature baby
- Painful lesions
- Poor breast development

Prevention of Breast Engorgement

- Initiate breastfeeding early and feed at frequent intervals
- Exclusive breastfeeding on demand
- Feeding in correct position



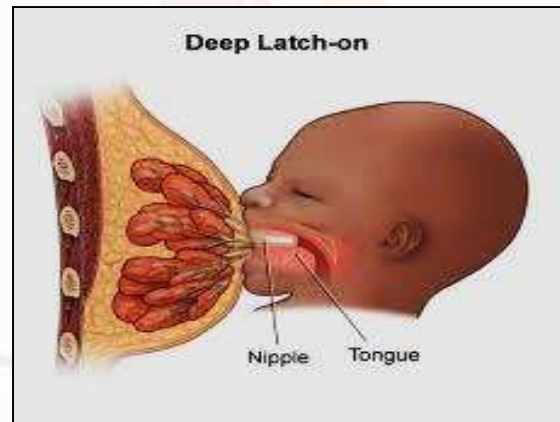
Management of Breast Engorgement

- Manual expression or use of breast pump, relieves fullness
- Feeding at shorter intervals and empty the breast after feeding by manual expression
- analgesics for pain
- cold and hot compress alternately
- cause of poor sucking should be corrected



Prevention of Sore and Damaged Nipple

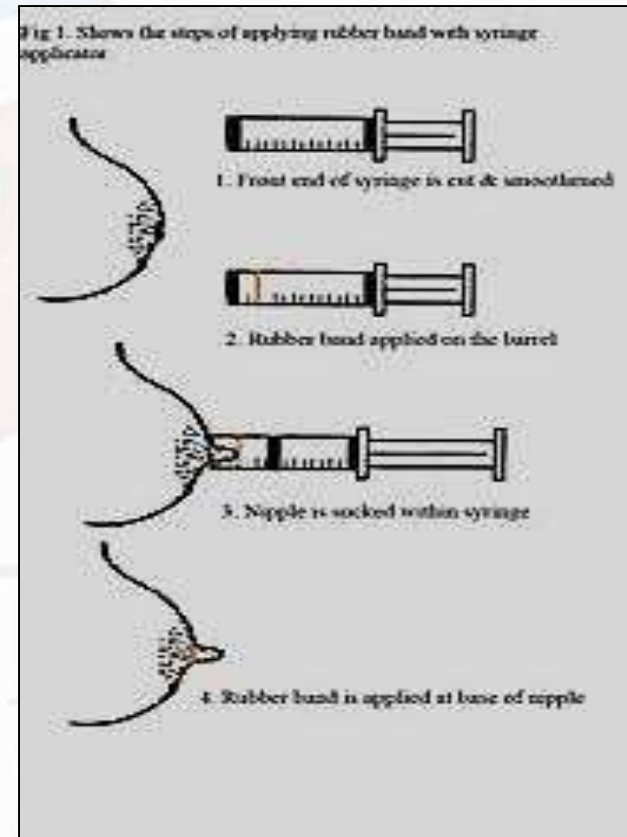
- Correct positioning and attachment during breastfeeding



- Local cleanliness during pregnancy and puerperium

Management of Sore and Damaged Nipple

- Correction of faulty attachment during breastfeeding
- Application of expressed human milk and saliva on sore nipples helps healing of epithelium
- If infected, apply antiseptic cream
- Rest the nipples to enable healing. Feed baby expressed milk
- For retracted nipple, nipple is pulled out by applying suction with a disposable syringe



Prevention and Management of Mastitis

- Prevent breast engorgement by regular feeding
- Breast engorged-soften it by manual expression of milk
 - **Non-infective mastitis**
 - Continue breast feeding
 - Encourage mother to improve her feeding technique
 - Administer analgesics
 - **Infective mastitis**
 - Feed from unaffected breast
 - Express milk from affected side
 - Antibiotics (eg:Cephalexin,flucloxacillin)
 - Administer analgesics

Management of Breast Abscess

- Simple needle aspiration/incision and drainage
- Discontinue breastfeeding for a few days
- Continue milk removal
- Breastfeeding should recommence as soon as it is possible to reduce recurrence

Prevention and Management of Failing Lactation

- Antenatal
- Educate about advantages of breastfeeding
- Correction of abnormalities like retracted nipple
- Performing breast hygiene
- Improve general health status of mother

- Postnatal
- Encourage adequate fluid intake
- Nurse the baby regularly
- Treat painful lesions promptly
- Express residual milk after feeding to empty the breasts
- Drugs like thyroid extracts and prolactin are useful

Summary

- Common problems of breast are engorgement, sore and damaged nipples, mastitis, breast abscess and failing lactation
- Engorgement, mastitis, abscess and failing lactation can be prevented by frequent breast feeding and emptying of the breasts after feeds
- Sore nipples can be prevented by proper attachment of baby to breast and managed by applying hind milk or ointment to sore nipple and giving the baby expressed milk until healed
- Breast abscess has to be drained and feeding from the other breast can continue

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