

## BREASTFEEDING COMPLICATIONS/MOTHER

(602 A-H)

**PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING WOMEN**  
**HIGH RISK.....NO**

### RISK DESCRIPTION:

A breastfeeding mother with any of the following complications or potential complications for breastfeeding:

- 602A – severe breast engorgement
- 602B – recurrent plugged ducts
- 602C – mastitis (fever or flu-like symptoms with localized breast tenderness)
- 602D – flat or inverted nipples
- 602E – cracked, bleeding, or severely sore nipples
- 602F – age ≥ 40 years old
- 602G – failure of milk to come in 4 days postpartum
- 602H – tandem nursing 2 siblings who are not twins

### ASK ABOUT:

- Typical feedings (if possible, observe a feeding to assess positioning, latch, evidence of the let-down reflex, and the quality of infant sucking and swallowing)
- Signs and symptoms of potential complications (e.g., open nipple cracks, tenderness or redness of the breast, flu-like symptoms, headache, nausea, fever, chills, malaise or fatigue)
- Mother's breastfeeding management strategies that may place her at risk for developing complications (e.g., change in nursing pattern resulting in erratic feedings or longer periods of time between feedings; prolonged pressure on the breast during feeding from a tight conventional bra, an underwire bra or bunched up clothing; a limited number of feeding positions are used, nipple care practices)
- Mother's breastfeeding management strategies that she is using to cope with the current complication
- Comfort measures for coping with the current complication (e.g., breast massage; warm or cold compresses; lanolin; alternative methods of milk expression including hand expression, manual pump, or an electric pump)
- Primary care provider's recommendations
- History of yeast infections in the infant or mother
- Infant tongue-tie
- Her support system (e.g., family, partner and peer support; worksite issues)

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## NUTRITION COUNSELING/EDUCATION TOPICS:

- Explain that although breastfeeding is natural, it is still a learned skill for mothers and infants.
- Encourage her to ask family and friends for help and identify specific kinds of help she could request (e.g., food preparation, shopping, laundry, other housework, caring for older children) so that she can focus her attention and energy on breastfeeding.
- Review the principles of milk supply and ways to tell if her infant is getting enough to eat.
- Discuss alternative methods of milk expression as needed to maintain or build milk supply.
- Review recommended nipple care practices.
- Remind her that taking care of herself will help her be healthy to take care of her infant. Review the basics of healthy eating for breastfeeding women using MyPlate as the foundation. Keep in mind the increased calorie and nutrient needs for pregnant women who are currently breastfeeding.
- Provide how-to information relevant to the breastfeeding complication she is currently experiencing.
  - Severe breast engorgement: Discuss the importance of frequent feedings and removal of milk from the breasts. Teach hand expression so that the mother can remove some milk from her breast which might help the baby latch better. Encourage alternative methods of milk expression, such as an electric breast pump, when the infant is unable to latch-on or nurse effectively. Severe breast engorgement is often caused by infrequent nursing and/or ineffective removal of milk. It causes the nipple-areola area to become flattened and tense, making it difficult for the baby to latch-on correctly. The result can be sore, damaged nipples and poor milk transfer during feeding leading to diminished milk supply.
  - Recurrent plugged ducts: Provide counseling on feeding frequency or method. Advise against wearing an overly tight bra or clothing. A plugged duct occurs when one or more of the lobes of the breast do not drain well resulting in incomplete emptying of milk.
  - Mastitis: Refer the mother to her health care provider for antibiotic therapy to treat mastitis (breast infection).
  - Flat or inverted nipples: Provide appropriate interventions that can improve nipple protractility. Skilled help in guiding a baby in proper breastfeeding technique can facilitate proper attachment.
  - Cracked, bleeding, or severely sore nipples: Review proper positioning and latch during breastfeeding. Improper latch-on not only causes sore nipples, but impairs milk flow and leads to diminished milk supply and inadequate infant intake. There are several other causes of severe or persistent nipple pain, including Candida or staph infection. If necessary, provide a referral to a lactation counselor and/or the mother's health care provider.

## **NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):**

- Age > 40: Follow-up closely to assure that an adequate milk supply is produced. Because involuntal breast changes can begin in the late 30's, older mothers may have fewer functioning milk glands than younger mothers, resulting in greater difficulty producing an abundant milk supply.
- Failure of milk to come in 4 days postpartum: Ask her about any recent illnesses or complications before or after birth as this can be a result and places the infant at nutritional and/or medical risk. Temporary supplementation may be necessary until a normal milk supply is established.
- Tandem nursing: Encourage her to provide the younger infant with first access to the milk supply. The mother who chooses to tandem nurse will have increased nutritional requirements to assure her adequate milk production.

## **POSSIBLE REFERRALS:**

- If she has not shared information about the breastfeeding complication with her primary care provider, refer her to the provider for follow-up.
- If she does not have a source of ongoing health care, refer to primary care providers in the community or the local public health department.
- If appropriate, provide access to a breast pump based on WIC policies to help the mother maintain or increase her milk supply. (Medical Assistance and private insurance also provide breast pumps.)
- If other breastfeeding equipment is needed such as breast shells or a supplemental nursing system, contact the state WIC office for guidance.
- If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.