

PROBLEM SOLVING: COMMON LACTATION ISSUES

LEVEL 2 HANDOUT: COMMON LACTATION ISSUES SUMMARY

Lactation Problem	Signs	Causes	Questions to Ask	Tips/Solutions	When to Yield
Sore Nipples	<ul style="list-style-type: none"> ▪ Mild discomfort or tenderness ▪ Extreme pain ▪ Open breaks in nipple tissue ▪ Reddened tissue ▪ Presence of blood or pus 	<ul style="list-style-type: none"> ▪ Incorrect positioning and/or latch ▪ Poor feeding practices (e.g., delayed or shortened feedings) ▪ Artificial nipples (e.g., pacifiers, bottle nipples) ▪ Bacterial infection ▪ Yeast ▪ Tongue tie ▪ Skin rashes or inflammation ▪ Skin products 	<ul style="list-style-type: none"> ▪ Tell me when the pain started. ▪ Describe the pain. ▪ How long does the pain last? ▪ Describe any discoloration or signs of infection. ▪ Tell me how you are positioning and latching your baby for feedings. ▪ What have you already done to address the concerns? 	<ul style="list-style-type: none"> ▪ Prevention: <ul style="list-style-type: none"> • Ensure proper positioning and latch. • Feed frequently (10-2 times every 24 hours). • Allow baby to end the feedings. • Clean and dry nursing pads. • Seek help if concerned. ▪ Before Feedings <ul style="list-style-type: none"> • Start on the least sore side of breast/chest. • Vary positions. • Massage the breast/chest to help milk flow. ▪ During Feedings <ul style="list-style-type: none"> ▪ Ensure proper position and latch. ▪ Do not limit feedings. ▪ Remove milk by hand or pump if mom is too sore. ▪ After Feedings <ul style="list-style-type: none"> • Gently rub small amount of expressed milk onto nipples. • Avoid creams/lotions that must be wiped off. 	<ul style="list-style-type: none"> ▪ Yield to DBE if: <ul style="list-style-type: none"> • Basic solutions do not improve nipple pain. • Parent reports nipples are cracked and bleeding. • Parent reports baby has white patches on tongue or cheeks. • Mom reports a yeast infection or has taken

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Engorgement	<ul style="list-style-type: none"> ▪ Swollen or hard breast/chest ▪ Pain ▪ Low-grade fever (below 101°) 	<ul style="list-style-type: none"> ▪ Baby is too sleepy to wake for feedings ▪ Parent is busy and overlooked feedings ▪ Baby is pacified in other ways (e.g., pacifier) ▪ Baby is not latched properly to remove milk 	<ul style="list-style-type: none"> ▪ When did you first begin feeling full? ▪ Describe the fullness. ▪ What other changes did you notice (e.g., redness, warm to the touch)? ▪ Describe any lumpy areas you might be feeling. ▪ Tell me about other issues with latching your baby on your full breast/chest. ▪ If baby can latch, how often does the baby feed? How long do feedings last? ▪ What measures have you taken to alleviate the fullness? 	<ul style="list-style-type: none"> ▪ Before Feedings <ul style="list-style-type: none"> • Apply a warm (<i>not</i> hot) compress to the breast/chest. • Hand express some milk to relieve pressure. • Stand in a warm shower to relax and hand express. • Feed baby often to remove milk (every 1 ½ to 3 hours). ▪ After Feedings <ul style="list-style-type: none"> • Express enough milk by hand or pump until comfortable. • Apply ice packs for swelling. • Avoid underwire bra. 	<ul style="list-style-type: none"> ▪ Yield to the DBE if: <ul style="list-style-type: none"> • Parent reports tips and solutions offered do not resolve engorgement within 24 hours. • Parent reports fever > 101°F, has flu-like symptoms, or red areas on breast/chest. • Mom reports a breast/chest infection. ▪ Encourage parent to talk with her HCP about anti-inflammatory medications compatible with breast/chestfeeding.
Plugged Ducts	<ul style="list-style-type: none"> ▪ Tender, small lumpy area ▪ Reddened area ▪ Painful to the touch ▪ Small white plug at opening of milk duct on nipple 	<ul style="list-style-type: none"> ▪ Inadequate milk removal ▪ Engorgement ▪ Baby not latched well ▪ Missed or delayed feedings and milk not removed ▪ Pressure against the duct (e.g., seat belt, ill-fitting bra, diaper bag strap) ▪ 	<ul style="list-style-type: none"> ▪ Describe the lumpy area (e.g., skin reddened or warm to the touch). ▪ Describe any other symptoms (such as fever). ▪ Describe anything that might have put pressure on your breasts/chest. ▪ How does it feel when you press on the lumpy area? ▪ What have you already tried to address the concern? 	<ul style="list-style-type: none"> ▪ Before Feedings <ul style="list-style-type: none"> • Place a warm compress over the plugged area. • Gently lymphatic massage towards armpit. ▪ During Feedings <ul style="list-style-type: none"> • Breast/chest often. • Feed on the affected side first. • Align baby's chin or nose with the plug. 	<ul style="list-style-type: none"> ▪ Yield to the DBE if: <ul style="list-style-type: none"> • Comfort measures do not dislodge the plugged duct. • Parent reports fever >101°F, flu-like symptoms, or reddened area on breast. • Parent reports a breast/chest infection.

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				<ul style="list-style-type: none"> • Vary feeding positions. • Ensure good position and latch. • Allow baby to feed as long as desired on the affected breast. ▪ After Feedings <ul style="list-style-type: none"> • Cold compress • Avoid constricted clothing or objects. 	
Mastitis	<ul style="list-style-type: none"> ▪ Fever >101°F ▪ Chills ▪ Body aches ▪ Painful breasts ▪ Breast/chest red or hot to the touch ▪ Baby's sudden refusal to feed on affected side 	<ul style="list-style-type: none"> ▪ Bacteria from cracked and bleeding nipples or nipple piercings ▪ Other medical conditions (e.g. diabetes, overproduction of milk) 	<ul style="list-style-type: none"> ▪ Tell me more about how you feel overall. ▪ Have you seen your HCP for any fever? ▪ Describe how your breast/chest looks and feels\ (e.g., red, warm). ▪ What happens when you feed your baby on the affected side? ▪ How has your activity level increased recently? 	<ul style="list-style-type: none"> ▪ Prevention <ul style="list-style-type: none"> • Avoid missing feedings. • Keep breast/chest well drained. • Avoid excessive activity in the early days. • Get prompt help for nipple pain to avoid fissures. ▪ Comfort Measures <ul style="list-style-type: none"> • Seek medical attention. • Express milk if baby refuses to feed on affected side. • Keep breast well drained. 	<ul style="list-style-type: none"> ▪ Yield to the DBE if: <ul style="list-style-type: none"> • Parent reports signs or symptoms of mastitis
Abscess	<ul style="list-style-type: none"> ▪ Reddened area that is raised and swollen and hot to the touch ▪ Swollen tissue around the affected area 	<ul style="list-style-type: none"> ▪ Bacteria that enters mammary tissue through cracked nipple or other openings in the skin ▪ Unresolved mastitis ▪ Milk not removed from an infected side 	<ul style="list-style-type: none"> ▪ What worries you most about your breast/chest? ▪ What changes have you noticed? ▪ Describe any redness or fever. 	<ul style="list-style-type: none"> ▪ Seek medical attention as soon as possible. 	<ul style="list-style-type: none"> ▪ Yield to the DBE if ▪ Parent reports signs or symptoms of mastitis or an abscess.

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	<ul style="list-style-type: none"> ▪ has high fever 		<ul style="list-style-type: none"> ▪ When did you first begin noticing a problem? ▪ Tell me about any problems with sore/cracked nipples. ▪ What has your healthcare provider (HCP) said? 		
Structural Concerns	<ul style="list-style-type: none"> ▪ No breast/chest changes during pregnancy ▪ Large nipple or areola ▪ Flat or inverted nipple ▪ Extra mammary tissue ▪ Asymmetrical mammary tissue ▪ Breast surgery 	<ul style="list-style-type: none"> • Hormonal issues. changes during pregnancy • Breast/chest surgery affected the pregnancy ability to produce milk. • Occasional variations do not always compromise latch. • Some variations do affect successful breast/chestfeeding 	<ul style="list-style-type: none"> ▪ What worries you most about your nipples or mammary tissue? ▪ What has your HCP told you about your ability to breast/chestfeed? ▪ Describe any breast/chest changes during your pregnancy. ▪ What have you already learned about your ability to breast/chestfeed with your nipple/breast condition? ▪ What are your breast/chestfeeding goals? 	<ul style="list-style-type: none"> ▪ Babies breast/chestfeed, not <i>nipple</i> feed; may be able to latch onto flat or inverted nipples with deep latch. ▪ Check the condition of the nipple. ▪ Track wet and dirty diapers. ▪ Encourage skin to skin and feeding baby early and often ▪ Allow baby to detach on own. ▪ Inform parent that she may be able to produce some 	<ul style="list-style-type: none"> ▪ Yield to the DBE if: <ul style="list-style-type: none"> • Parent has questions about size, shape, or function of her mammary tissue. • Parent reports baby is unable to latch

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