

Maternal Breastfeeding Complications

Tip Sheet #602

SEVERE BREAST ENGORGEMENT

Occurs during the first week postpartum.
Causes overly full, tight, painful breasts.

Management

- Cover entire breasts and axilla with large ice pack for several minutes.
- Follow with hand expression or pumping. Then attempt to nurse.
- Massage any remaining firm areas of the breast as nursing continues.
- If no success nursing, hand express or pump. Repeat the ice pack.
- If no response to ice, immerse breast in a basin of very warm water and hand express while in the water. Attempt to nurse. If unsuccessful, pump.
- Repeat the cycle of ice or warm soak. Follow with pumping or nursing until engorgement resolves.

FLAT OR INVERTED NIPPLES

Nipples are not prominent or flatten as the baby attempts to latch on.

Management

- Nurse immediately after delivery and room-in postpartum.
- Pump prior to latch on to make nipple more prominent.
- Use the “football” or “clutch” hold and stimulate baby to open mouth wide for latch on.
- Attempt to nurse frequently. If no success, pump and give pumped milk to infant another way such as dropper or cup.
- Weigh infant every 2-3 days. Monitor daily stool and urine output.
- If nursing not successful within 5 days of life, refer to a Breastfeeding Resource Person.

FAILURE OF MILK TO COME IN BY DAY 4

Common causes include:

- Delayed initiation of breastfeeding
- Infrequent or timed feedings
- Ineffective nursing

- Postpartum complications
- Abnormal breast conditions

Management

- Increase nursing frequency to 8-12 x/day
- If unable to nurse often enough, pump.
- Weigh the baby. Refer to MD if 10% loss from birth weight.
- Supplement with expressed breastmilk or formula.
- Check infant's daily output – minimum 6 wets, 3 + stools/24 hrs.
- Follow up weight check in 2-3 days.
- If nursing is not succeeding once milk is in, refer to a Breastfeeding Resource Person.

CRACKED, BLEEDING, OR SEVERELY SORE NIPPLES

Fissures, abrasion, or ischemia of the nipple surface caused by incorrect technique, abnormal infant suckling, or difficult latch on.

Management

- Observe nursing technique for correct positioning and latch-on.
- Advise the mother to use:
 - Warm, wet soaks after nursing
 - More than one nursing position for feedings.
 - Acetaminophen or ibuprofen for pain.
 - Pumping when nursing is too painful or to allow healing.
 - Apply thin layer of lanolin or petroleum jelly to tender or chafed nipples and don't wash off.
 - For open fissures: A hydro-gel sheet wound dressing, available over-the-counter from pharmacies and home health supply stores can be used to promote moist healing and provide pain relief. **Call a BF Resource Person for more information.*
- Follow up frequently to assess the healing process.

MASTITIS

Causes fever, body aches, nausea, headache and a red, wedge shaped, warm area on the breast.

Management

- Advise patient to call MD and report symptoms.
- Usually requires antibiotics. Most antibiotics are safe for use during lactation.
- Continue nursing frequently. *Does not affect the milk and is not harmful to the infant*
- Use warm, wet soaks frequently until redness resolves.
- Take acetaminophen or ibuprofen for pain or fever.

RECURRENT PLUGGED DUCTS.

Is a temporary back up of milk. Results in the sudden occurrence of an easy to palpate painful lump.

Management

- Immerse breast in a basin of very warm water (shower or bath not effective).
- Hand express and massage the hard area while in the water.
- Position infant for nursing so that the nose points in the direction of the plugged duct.
- Massage the lump during nursing.
- Repeat cycle of soaks, nursing, and massage until plugged duct resolves.
- Refer to MD if not resolved in 24-48 hours.

TANDEM NURSING

Nursing two siblings who are not twins.

Management

- The younger baby must have first access to the milk supply.
- A multi- vitamin/mineral supplement is recommended for the mother.
- Maternal weight loss should not exceed the amount expected if nursing just one infant (2-4½ lbs. per month after the first month postpartum).

BREASTFEEDING WOMAN 40 YEARS OF AGE OR OLDER

Breast changes associated with aging may interfere with milk production.

Management

- Teach optimal positioning and latch-on.
- Advise frequent nursing (at least every 2½- 3 hours during the day). Allow infant to end the feeding.
- Check infant's weight within the first 3-5 days of life and as needed until above birth weight and gain established.
- Observe for signs of milk exchange:
 - Audible swallowing.
 - Appropriate infant output for age.
 - Breast changes appropriate to stage of lactation.

FUNGAL BREAST INFECTIONS (OPTIONAL INFORMATION NOT A PART OF #602)

Spread to the mother by a nursing infant who has oral thrush. Causes pain in both breasts throughout the feeding, in a mother who was previously pain free. Nipples may be very pink (in dark skinned women – gray and scaly appearing) to very red with small, raised, red papules.

Management

- Simultaneous treatment for mother and infant is necessary (if the infant has no signs of thrush, refer the mother to a Breastfeeding Resource Person and do not recommend treatment).
- Refer infants with oral thrush to a MD for treatment.
- The mother can use an over-the-counter anti-fungal cream to treat herself. **Call a BF Resource Person for more information.*

For additional help, call WIC Breastfeeding Services at 1-800-445-6175. Be prepared to give infant's weight, age, wets & stools past 24 hours, frequency & duration of nursing, and feeding history.

*Examples of Breastfeeding Resource Persons: Nurses, Nutritionists, and Home Economists who have had lactation education; Lactation Consultants (IBCLC); Area Breastfeeding Coordinators; and Breastfeeding Peer Counselors

Infant Breastfeeding Potential Complications

Tip Sheet # 603

BREASTFED INFANT WITH JAUNDICE

Causes a yellowing of the skin, eyes and mucous membranes.

- Breastmilk Jaundice
 - **May** warrant a 24-36 hour interruption of breastfeeding and breastmilk.
- Breastfeeding Jaundice
 - Intake of milk is inadequate.
 - Weight gain is below recommendations.

Management

- Refer any evidence of jaundice to MD.
- Assess for correct suck and latch.
- Listen for audible swallowing.
- Instruct to wake infant for feedings.
- Encourage breastfeeding every 2-2½ hr.
- Recommend pumping if evidence of low milk supply is apparent.
- Supplement infant with expressed breastmilk or formula if needed.
(Not water)

BREASTFED INFANT WITH WEAK SUCK OR INEFFECTIVE SUCK

May result in inadequate milk intake, underweight infant or diminished milk supply.

Management

- Assist mother in optimizing the positioning and latch.
- Assist the mother in obtaining an electric or manual pump.
- Instruct to pump after nursing to enhance milk production.
- Instruct to supplement the infant with expressed breastmilk or formula using a spoon, dropper, cup or bottle.
- Arrange for follow-up weekly weight checks until weight gain stabilized.
- Contact your Breastfeeding Resource Person for further guidance as needed.

BREASTFED INFANT WITH DIFFICULTY LATCHING ONTO MOTHER'S BREAST.

Possibly due to flat or inverted nipples, engorgement, or incorrect breastfeeding.

Management

- Check the infant's weight.
- Refer to Breastfeeding Resource Person or peer counselor immediately.
- If unavailable, observe the breastfeeding.
- Assist in optimizing the infant's positioning and latch.

Infant body position

- Head neck and back are well supported.
- Face, body and knees are in a straight alignment on side facing mother.

Infant latch

- Mouth is opened wide to latch-on.
- Tongue is over the lower gum and cups the nipple.
- Lips are flared like "Donald Duck"
- Chin and the tip of baby's nose touches the breast.
- Issue a manual pump. Instruct to pump breast to elongate nipple before latching infant on.
- If weight is below expected gain, recommend supplement of expressed breastmilk or formula.
- Recommend frequent pumping to maintain milk supply.

BREASTFED INFANT WITH INADEQUATE STOOLING FOR AGE, AND/OR LESS THAN 6 WET DIAPERS PER DAY

- Inadequate stooling and wetting may be the result of not enough milk intake.

Management

- Observe latch-on and positioning.
- Ask about nursing frequency:
 - 8-12 times per day for birth-4 months
 - 5 + times per day for 4-6 months
 - 4-5 + times per day for 6-8 months
 - 3-4 + times per day for 9-12 months

- Ask about evidence of milk production:
 - Infant swallowing heard?
 - Milk leaking from opposite breast during feeding?
 - Breast softened after nursing?
- Calculate the infant's weight gain or loss.
- **Notify MD if there is a 10% or greater weight loss or signs of dehydration. These conditions are serious and require prompt medical intervention.**
- Recommend supplementation if the weight loss is excessive or inadequate (weight gain less than 5 ounces per week in the first three months).
- To calculate the amount needed:
 - Use pumped breastmilk and/or formula (any iron-fortified formula if no family history of allergy).
 - Divide the birthweight (BW) in ounces by 6. If above BW use current weight i.e. $7\# 2 \text{ oz}$ converts to $114 \text{ oz} \div 6 = 19$. (This is the total volume of milk in ounces needed per day).
 - Divide the total volume of milk needed by 8 feedings to determine volume to offer per feeding i.e. $(19 \text{ ounces} \div 8 = \sim 2\frac{1}{3} \text{ ounces per feedings})$.
- Instruct mother to:
 - Offer one-half to full amount of supplement after breastfeeding until catch-up gain achieved.
 - Use a supplemental nursing system, spoon, cup, dropper or bottle.
 - Keep a daily record of breastfeeding, output, and supplements.
 - Gradually decrease supplement as weight gain improves.
- Advise pumping to increase the mother's milk supply.
 - An electric pump is best. Issue a manual pump if other pumps not available.
 - Instruct to pump 6-8 times per day until milk supply increases (usually 3-4 days with an electric pump, longer with a manual).
- Expect 1 to 2 ounce gain per day for catch-up gain. After catch-up, expect average gain of 5 to 7 ounces per week or $1\frac{1}{4}$ to 2 pounds per month.
- Re-check weight at least weekly until appropriate gain is well established.
- Schedule follow-up with nutritionist.

ADEQUATE STOOLING AND WETTING FOR AGE

Soft yellow stools by the 3rd day of life.

Six or more wets per day by the 3rd day of life.

Multiple yellow (liquid or soft) stools per day during the first 6 weeks of life.

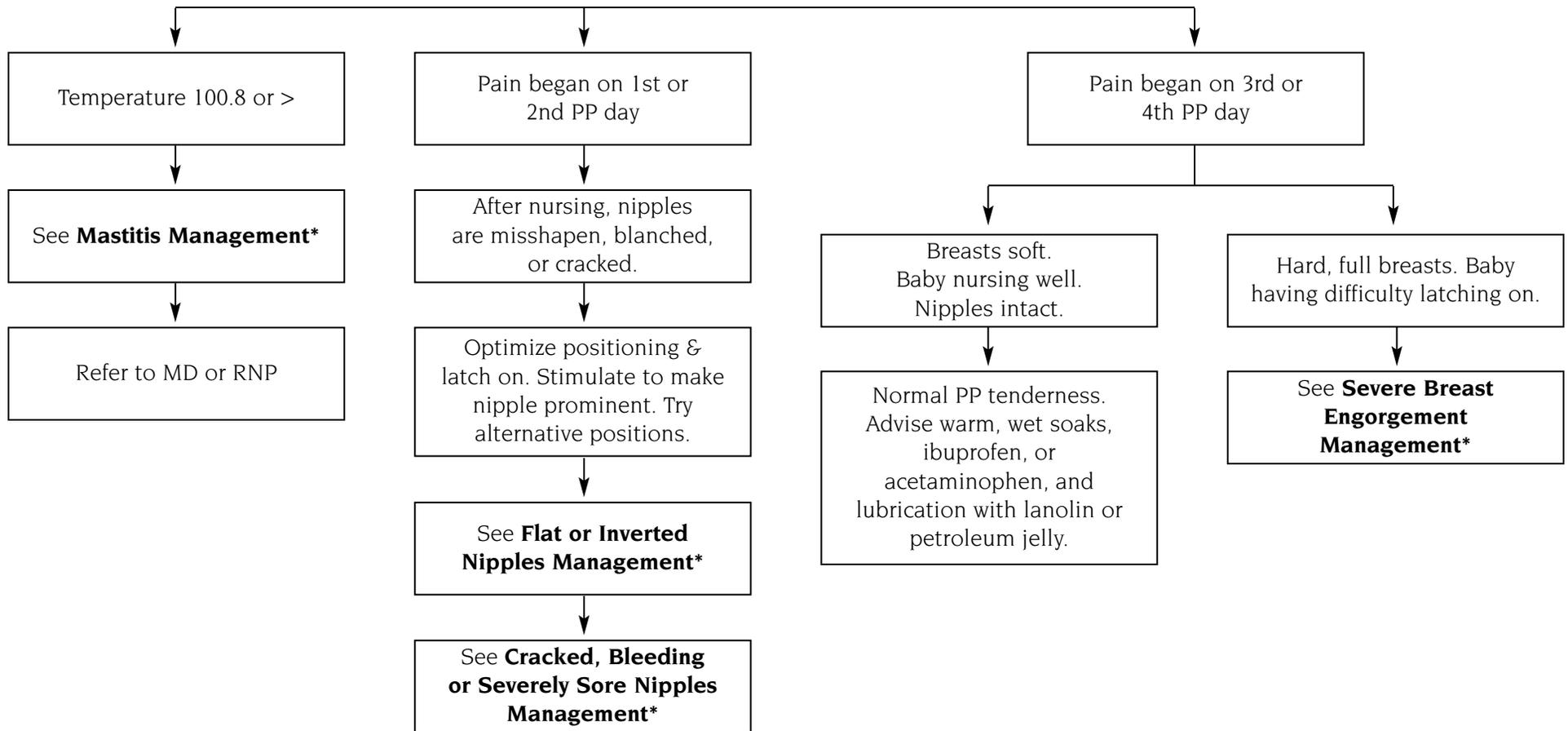
A gradual decrease in stools to one soft stool per day or one in several days after 6-8 weeks of age.

*For additional help, call WIC Breastfeeding Services at **1-800-445-6175**. Be prepared to give infant's weight, age, wets & stools past 24 hours, frequency & duration of nursing, and feeding history.*

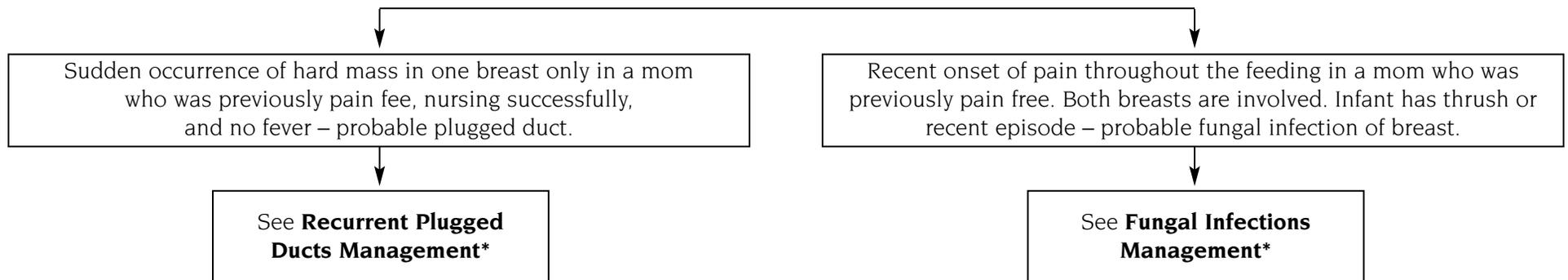
*Examples of Breastfeeding Resource Persons: Nurses, Nutritionists, and Home Economists who have had lactation education; Lactation Consultants (IBCLC); Area Breastfeeding Coordinators; and Breastfeeding Peer Counselors

PAIN WITH BREASTFEEDING TIP SHEET

(PAIN IN THE EARLY WEEKS)



(PAIN IN THE LATER WEEKS)



Call 1-800-445-6175 or 1-501-661-2905 if you need help with the flowchart.

*See Tip Sheet #602



Breastfeeding Assessment Guide

Proceed through steps 1- 8 to assess breastfeeding adequacy and utilize the tips.

1. FREQUENCY OF NURSING

Appropriate If:

Birth-4 months8-12 times/day
4-6 months5+ times /day
6-8 months4-5 times/day*
9-12 months3-4 times/day*
13 months1-3 times/day*

Frequency could increase during growth spurts that occur typically at 7-14 days, 1 month, 2 months, 3 months and 6 months.

** Assess age appropriate solid food intake if nursing more than expected for age.*

2. LENGTH OF NURSING**

Healthy newborns should be allowed to determine the feeding length. Most will nurse 20 to 40 min/feeding.

Appropriate If:

Infant's weight gain is within the normal recommended limits **and** the infant ends the feedings.

Inappropriate If:

- A. Infant's weight gain is below recommended normal limits.
- B. One or more of the following is present:
- Mother limits the time or schedules the nursing;
 - Infant's (newborn to 4 months) nursing averages less than 5 minutes per feedings;
 - Infant's nursing averages 60 minutes or more per feeding. *This may indicate the infant has a poor or ineffective suck.*

*** The length of time that a baby nurses varies greatly among infants. The length of feeding alone is not sufficient to assess the adequacy of breastfeeding.*

3. NUMBER OF WET DIAPERS*** (In a 24-Hour Period)

Should be 3 or more after the 3rd day of life. Ask if the infant is receiving anything other than breastmilk.

**** Water, glucose water, or other liquids given as a supplement will cause the number of wets to be falsely reassuring.*

4. NUMBER OF STOOLS****

- By the 4th day of life — at least 3 soft yellow stools.
 - During the first 6 weeks of life — multiple yellow (liquid or soft) stools per day.
 - Six weeks and over — stool pattern varies. Many older babies only stool once over several days.
- Do not use laxatives, etc. if the infant:
- ✓ Is nursing as usual;
 - ✓ Is active as usual; and
 - ✓ Seems comfortable

***** Formula supplements will change the frequency and consistency of the stool.*

5. INFANT BODY TONE

Make note of the infant's body tone when obtaining weights and lengths.

Good Tone: Infant has good strength and supports his body well when held.

Poor Tone: Infant's body feels floppy or difficult to hold onto.

Poor body tone may indicate ineffective suck. This is usually temporary. Emphasize optimal infant whole body support and additional breast stimulation.

6. POSITIONING FOR NURSING

If baby is less than one month old, ask the mother to show you how she puts her baby to the breast.

Observe:

- Is mother using good posture? Does she look comfortable?
- Are mother's fingers off the areola and out of the infant's way?
- Is the infant turned tummy to tummy with the mother?
- Is the infant's body well aligned — ear, shoulder, hip in a line?
- Are infant's lips flanged out and easily visible?
- Is the infant's nose and chin touching the mother's breast?
- Can you hear swallowing?
- Is the breast softer after nursing?

“**Appropriate**” if the answer to all eight questions is “Yes”.

“**Inappropriate**” if the answer to one or more questions is “No”.

7. MOTHER'S PERCEPTION OF NURSING

“**Appropriate**” if mother's perception of the nursing matches the available objective data.

Example: The mother of a thriving 4-week-old with appropriate weight gain thinks breastfeeding is going well.

“**Inappropriate**” if the mother's perception of the nursing is not consistent with the objective data.

Example: The mother of a 3-week-old thinks that breastfeeding is going well but the baby's weight is 8 ounces below birth weight.

8. TIPS FOR BREASTFEEDING SUCCESS

The more often a baby breastfeeds, the more milk a mother produces. The same goes for pumping the milk while away from the baby.

**Drained or emptied
breasts make milk
faster.**

**Full or un-emptied
breasts make milk
slower.**

Artificial nipples prevent effective suckling at the breast. Formula supplements delay hunger and feeding frequency needed in the early weeks of life. Both can cause less milk to be produced.

The highest milk volume is reached at 4 to 6 weeks postpartum and it is more difficult to increase later. The following steps are *critical to achieve optimal breastfeeding and adequate milk production*:

1. Help mothers **correct latch & positioning problems immediately**, especially before the first growth spurt (7 to 14 days).
2. Encourage **exclusive frequent nursing** during the first 4 weeks to help produce the highest milk volumes possible.
3. Emphasize that nursing the healthy baby **at the breast during the first 4 weeks** versus using a pump results in the best chance for building and maintaining the milk.
4. Assist mothers separated from hospitalized sick and premature infants in obtaining an appropriate breast pump **as soon as requested**.

For additional help:

- *Tip Sheet #602
Maternal Breastfeeding Complications*
- *Tip Sheet #603
Infant Breastfeeding Complications*
- *Tip Sheet
Pain With Breastfeeding*

**WIC Nutrition and Breastfeeding Helpline
1-800-445-6175**