

Breastfeeding Complications or Potential Complications (Women)

Definition/ cut-off value

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

- a. severe breast engorgement
- b. recurrent plugged ducts
- c. mastitis (fever or flu-like symptoms with localized breast tenderness)
- d. flat or inverted nipples
- e. cracked, bleeding or severely sore nipples
- f. age \geq 40 years
- g. failure of milk to come in by 4 days postpartum
- h. tandem nursing (breastfeeding two siblings who are not twins)

Participant category and priority level

Category

Priority

Breastfeeding Women

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Justification

- a. Severe engorgement is often caused by infrequent nursing and/or ineffective removal of milk. This severe breast congestion 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 attempts. This ultimately results in diminished milk supply. When the infant is unable to latch-on or nurse effectively, alternative methods of milk expression are necessary, such as using an electric breast pump.
- b. A clogged duct is a temporary back-up of milk that occurs when one or more of the lobes of the breast do not drain well. This usually results from incomplete emptying of milk. Counseling on feeding frequency or method or advising against wearing an overly tight bra or clothing can assist.
- c. Mastitis is a breast infection that causes a flu-like illness accompanied by an inflamed, painful area of the breast - putting both the health of the mother and successful breastfeeding at risk. The woman should be referred to her health care provider for antibiotic therapy.
- d. Infants may have difficulty latching-on correctly to nurse when nipples are flat or inverted. Appropriate interventions can improve nipple protractility and skilled help guiding a baby in proper breastfeeding technique can facilitate proper attachment.
- e. Severe nipple pain, discomfort lasting throughout feedings, or pain persisting beyond one week postpartum is atypical and suggests the baby is not positioned correctly at the breast. Improper infant latch-on not only causes sore nipples, but impairs milk flow and leads to diminished milk supply and inadequate infant intake. There are several

Justification (cont)

- other causes of severe or persistent nipple pain, including Candida or staph infection. Referrals for lactation counseling and/or examination by the woman's health care provider are indicated.
- f. Older women (over 40) are more likely to experience fertility problems and perinatal risk factors that could impact the initiation of breastfeeding. Because involuntional breast changes can begin in the late 30's, older mothers may have fewer functioning milk glands resulting in greater difficulty producing an abundant milk supply.
 - g. Failure of milk to come in by 4 days postpartum may be a result of maternal illness or perinatal complications. This may place the infant at nutritional and/or medical risk, making temporary supplementation necessary until a normal breast milk supply is established.
 - h. With tandem nursing the older baby may compete for nursing privileges, and care must be taken to assure that the younger baby has first access to the milk supply. The mother who chooses to tandem nurse will have increased nutritional requirements to assure her adequate milk production.
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**Clarifications/
Guidelines**

Breastfeeding complications are identified through the infant diet history and client interview. If the mother is currently experiencing a complication or has experienced any of the mentioned complications, which are interfering with or challenging the breastfeeding relationship, use this risk code.

This risk code does NOT apply to the pregnant breastfeeding mother. If a pregnant woman answers yes to breastfeeding complications on the Health History form, counsel and make appropriate referrals. It is NOT possible to assign this risk code number to a pregnant woman, however, she will qualify with another risk code specific to her pregnant category.

References

1. Akre, J (Ed): Infant Feeding: the physiological basis; Who Bulletin OMS; Supplement; 1989; 67:19.
 2. De Coppman J: Breastfeeding after pituitary resection: Support for a theory of autocrine control of milk supply? J Hum. Lact.; 1993; 9:35.
 3. Mohrbacher, N., Stock, J.: The Breastfeeding Answer Book; Revised Edition; Schaumburg, IL: La Leche League Internal.; 1997.
 4. Neifert, M.: Early assessment of the breastfeeding infant; Contemporary Pediatric.; 1996; 13:142.
 5. Neifert, M.: The optimization of breastfeeding in the perinatal period; Clinics in Perinatology; June 1988 (In Press); 25.
 6. Riordan, J., and Auerbach, K.: Breastfeeding and Human Lactation; 1993.
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References (cont)

7. Lawrence, R.: Breastfeeding: A guide for the medical profession; 4th Edition; 1994.
8. Alexander, J., Grant, A. and Campbell, M.: Randomized controlled trial of breast shells and Hoffman's exercises for inverted and non protractile nipples; 1992; 304:1030.
9. The MAIN Trial Collaborative Group: Preparing for breastfeeding: treatment of inverted and non-protractile nipples in pregnancy; Midwifery; 1994; 10:200.
10. Amier, L, Garland, SM, Dennerstein, L, et al.: Candida albicans: Is it associated with nipple pain in lactating women? Gynecol Obstet. Invest; 1996; 41:30-34.
11. Lingstone, VH, Willis, CE, Berkowitz, J: Staphylococcus aureus and sore nipples; Can Family Physician; 1996; 42:654-659.
12. Woolridge, MW: Aetiology of sore nipples; Midwifery; 1986; 2:172.
13. Neifert, M., Seacat, J. and Jobe, W.: Lactation failure due to insufficient glandular development of the breasts; Pediatrics; 1985; 76:823.