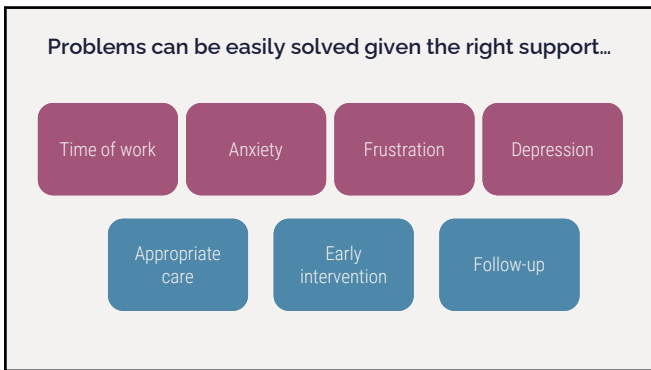
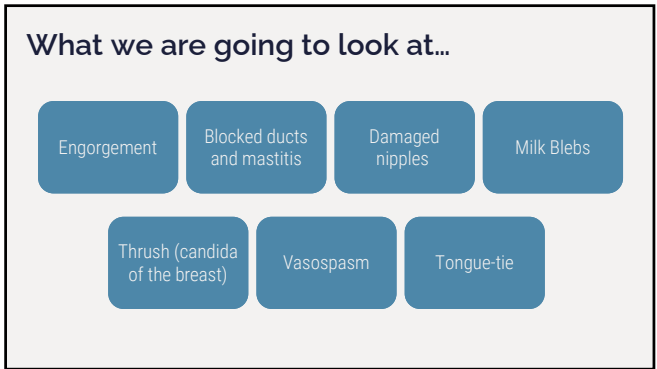


Breastfeeding Challenges

An Introduction to common conditions



Ineffective positioning

- ♥ Pain
- ♥ Nipple damage
- ♥ Ineffective feeding
- ♥ Ineffective breast drainage
- ♥ Infection

Full Vs Engorged

Although biochemical markers indicate that Lactogenesis II (the milk coming in) occurs at 30 -40 hours after birth, but not typically felt until 50-73 hours (2-3 days) after birth.
Kelly Bonyata, BS, IBCLC 2018

Appearance:
Full, rounded and marbled

NB: full breasts flow easily

Engorgement

Appearance:
Hard, shiny and swollen (they tend not to leak easily)

Causes

- ♥ Increased blood flow and milk supply in breasts.
- ♥ Both venous and milk engorgement is taking place.
- ♥ Infrequent and or ineffective drainage of the breast



Treatment for Engorgement

- ♥ Feed very regularly 8-10 times in 24 hours
- ♥ If breast are too difficult for the baby to get on to – hand express a little milk first
- ♥ Reverse pressure may be useful
<https://www.youtube.com/watch?v=QJYZrAG6cRA>
- ♥ Savoy Cabbage?? Use with caution
<https://www.healthline.com/health/breastfeeding/cabbage-leaves#for-engorgement>



Resource <https://kellymom.com/bf/concerns/mother/engorgement/>



Mastitis

- ♥ Inflammation of the breast
- ♥ Wedge-shape

Causes

- ♥ Ineffective drainage of the breast
- ♥ Infection from nipple injury

Mastitis – most common causes

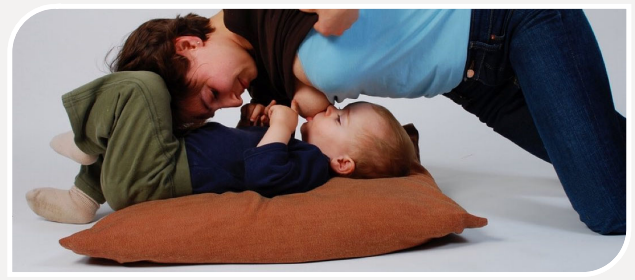
- ♥ Cracked Nipples
- ♥ Missed feeding
- ♥ Over supply
- ♥ Tight fitting clothing
- ♥ Maternal stress/fatigue
- ♥ Malnutrition



Treatment

- ♥ Frequent feeding
- ♥ Warm compresses
- ♥ Avoid tight fitting clothing
- ♥ Cold compresses between feeds
- ♥ Pain relief
- ♥ Consider therapeutic ultrasound

Dangle feeding



Thrush - Candida Yeast

Nipple thrush and oral thrush go hand-in-hand when it comes to breastfeeding.

Symptoms of nipple thrush include:

- ♥ Itchy, flaky, or shiny skin on the areola or nipples
- ♥ Red or cracked nipples
- ♥ Stabbing feeling deep within your breasts during or between feedings



Thrush - Candida Yeast

Symptoms of oral thrush for a baby include:

- ♥ Raised white lesions on the tongue or inside of cheeks
- ♥ Redness or irritation around lips
- ♥ Bleeding or cracking on lips
- ♥ It's also possible the baby won't have any symptoms.



<https://pedclerk.bsd.uchicago.edu/page/thrush-oral-candidiasis>

Signs it's more likely to be a "milky tongue":

- ♥ There is a "stripe" on the tongue and near the tip it's clean
- ♥ The coating can range from a thin even white layer to a thicker coating
- ♥ The white areas are limited only to the tongue



'White' or 'Milky-Tongue'

Thrush



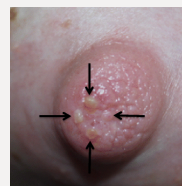
Signs it's more likely to be thrush

- ♥ Thrush - fungal unlikely to be limited to just the tongue - it affects the lips, cheeks and gums
- ♥ Baby may also have fungal nappy rash
- ♥ If left untreated, oral candidiasis will resolve in 3-8 weeks, but in most instances topical antifungal agents are used. Mild cases may be watched without treatment.

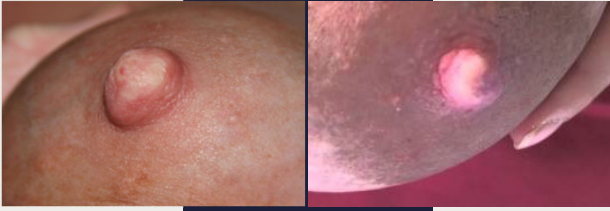


<https://pedclerk.bsd.uchicago.edu/page/thrush-oral-candidiasis>

Blisters from a nipple shield



Vasospasm



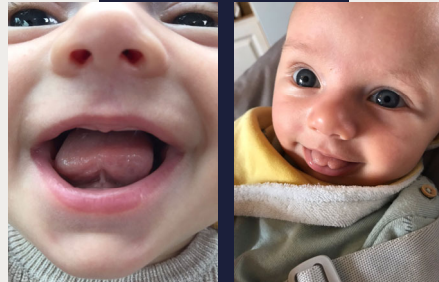
<https://www.breastfeedingsupport.ie/vasospasm-raynauds-what-you-need-to-know-about-the-effect-on-breastfeeding/>

Diagnostic Features

- ♥ Pain which worsens in the cold e.g. passing fridges in the supermarket or even exposure of the nipple to feed
- ♥ Bi or tri-phasic colour changes immediately after feeds
- ♥ History of circulation problems or close family history of circulation problems
- ♥ History of migraines
- ♥ Early delivery of baby or small baby – due to vasoconstriction of placental blood vessels
- ♥ Optimisation of attachment should be undertaken before considering medical treatment.

Self-help measures

- ♥ Don't smoke!
- ♥ Limit Caffeine
- ♥ Don't allow the nipples to get cold
- ♥ Rub warm oil in to the nipple after feeding or cover with a warm compress
- ♥ Avoid decongestants (in cold remedies), the contraceptive pill and Fluconazole, as all of these make the symptoms worse



Tongue-tie Assessment – The Complexities of Definition and Diagnosis

Should babies keep feeding?

[Dr. Jack Newman's Guide to Breastfeeding \(updated edition\)](#), Newman and Pitman, 2014

The best protection for the baby is to continue breastfeeding. This is true even if a bacterial culture shows the mother's infection is due to MRSA (methicillin-resistant *Staphylococcus aureus*). Many health care providers have an exaggerated fear of MRSA. True, it is difficult to treat and therefore nasty, but that's even more reason to keep the baby breastfeeding. The treatment options are limited, because the baby has already been exposed to the bacteria. What will protect him? Continued breastfeeding. The immune factors in the milk will help keep the baby from getting sick or help fight off the infection if he does.

Scope of practice

Infant feeding Coaches have demonstrated specialised knowledge and clinical expertise in breastfeeding and human lactation and are accredited by FEDANT and Birth, Baby and You.

The Scope of Practice encompasses the activities for which Infant Feeding Coaches are educated and in which they are authorised to engage.

If feeding issues are identified outside of the Infant feeding Coaches' knowledge and competence, then it is imperative that a referral is made to the appropriate health professional; Midwife, Lactation Consultant, Health Visitor, or GP.

Infant Feeding Coach Scope of Practice 2021