ARIZONA DEPARTMENT OF HEALTH SERVICES

Breastfeeding Code 602
Discussion Guide

GENERAL INSTRUCTIONS

Facilitators: Use this discussion guide as a companion to the Breastfeeding Complications Code 602 video for the group training session. The session is divided into topic sections when the video is paused while you facilitate discussion about the topic. Discussion questions are designed to generate ideas among WIC staff about how the information and associated WIC codes apply to working with participants and what staff experiences have been.

VIDEO PART 1: Introduction

This is an introduction to the video and overview of risk code 602: breastfeeding complications or potential complications. Breastfeeding complications may discourage some moms from starting or continuing breastfeeding. Support for working through complications may help moms meet their breastfeeding goals and avoid providing formula unnecessarily.

This training video will address all of the complications included in risk code 602:

- Severe breast engorgement
- Recurrent plugged ducts
- Mastitis
- Flat or inverted nipples
- Cracked, bleeding or severely sore nipples
- Age ≥ 40 years
- Failure of milk to come in by 4 days postpartum
- Tandem nursing (breastfeeding two siblings who are not twins)

Facilitator: Much of the content of this video should be review, especially for more experienced staff. However, if participants in your group are less experienced, it may be helpful to review the benefits of breastfeeding with them

as an introduction to this topic. You can use the summary of benefits below, share your own expertise, or ask others in the group to share what they know.

Overview of the Importance of Breastfeeding
It is well documented that breastfeeding provides benefits to the baby well beyond optimal nutrition. Babies who are provided breastmilk have fewer health problems than babies who are not. The effects of breastfeeding can last a lifetime, thus leading to a greater chance for a healthier life as an adult.

Breastfeeding not only helps to ensure a healthier body, but also helps mental and cognitive development for the infant. Breastfeeding allows babies to regulate their intake, thus growing their autonomy or self-regulation. Research also attributes breastfeeding to helping children to be more emotionally secure and more protected against mental health problems and addictions compared to children who were not breastfed.

Mothers also receive benefits from breastfeeding and producing breastmilk. Mothers who breastfeed immediately after birth reduce uterine bleeding. Also, breastfeeding helps the uterus return to its pre-pregnancy size. Moms also receive the long-term benefit of decreased risk of breast and ovarian cancer depending on their length of breastfeeding experience. Breastfeeding women return to their pre-pregnancy weight sooner than those who are not.

Research also shows that moms who breastfeed actually get better sleep than those who bottle feed. They also have fewer incidences of postpartum depression, especially in the first two months of breastfeeding. Breastfeeding moms also release oxytocin, which has a relaxing effect and can help reduce feelings of stress. Moms who primarily breastfed their babies at six months had lower levels of the stress hormone cortisol than those who primarily formula-fed their babies.

The act of breastfeeding is a strong means for mothers to bond with their infant. While it is not the only means to form a strong bond, research has shown nursing mothers hold their babies more than bottle-feeding mothers even when they are not nursing. These are just a few reasons why breastfeeding is an integral part of a health community.

Many organizations support breastfeeding. The American Academy of Pediatrics recommends exclusive breastfeeding for six months, and then to continue

breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mom and child.

DISCUSSION POINT 1: Your Questions

In your current work, what complications related to Risk Code 602 do you see most often? Which complications do you see least often with participants? What challenges or questions do you have working with participants with breastfeeding complications that you hope will be addressed during this training?

Facilitator: Listen for any differences between what staff share. This doesn't need to be a long discussion, but it may help you identify how much people already know about this topic so you can adjust for later discussions if needed. Make a list of any questions or challenges that your group identifies to address during later discussion points or at the end of the training.

When you are finished discussing these questions with your group, click NEXT to continue to the next video.

Facilitator: If during discussion, staff share different experiences, especially about client concerns or confusion, encourage them to share what they have found helpful in addressing client needs.

If they don't bring up different experiences, ask them if their experience is the same or differs from what other staff share.

VIDEO PART 2: Severe Breast Engorgement

This section of the video explains severe breast engorgement, or breasts that are overly full of breastmilk, usually causing pain and difficulty breastfeeding. Engorgement can be due to little to no milk transfer or an overproduction of milk. The video shares prenatal and postnatal anticipatory guidance, assessment questions, signs and symptoms, action care, and impact of engorgement.

DISCUSSION POINT 2: Severe Engorgement

You're working with Meredith, a new mom. She complains that her breasts have been sore and hard since about 4 days after her son was born. She has a fever of about 100 degrees.

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: Meredith has already provided information related to some of the suggested assessment questions, but you may ask these questions as well:
Do your breasts feel warm?
Do your breast feel heavy?
Do your breasts feel tight?
Have you had a difficult time latching the baby to the breast?

For immediate care, use cold compresses on the breast for 10 to 15 minutes to decrease swelling. Then, feed the baby or use a breast pump if the baby isn't able to latch. This process of using cold compresses followed by removing milk can be repeated several times in a single sitting to relieve severe engorgement.

Assign risk code 602 and refer Meredith to an IBCLC or RD for ongoing care.

Facilitator: Listen for any differences between what staff share. Facilitate a discussion about best practices for supporting participants with severe breast engorgement.

VIDEO PART 3: Recurrent Plugged Ducts

The video shares prenatal and postnatal anticipatory guidance, assessment questions, signs and symptoms, action care, and impact of recurrent plugged ducts.

DISCUSSION POINT 3: Recurrent Plugged Ducts

You're working with Donnetta, who has asked for your help. She has some localized hardness in her left breast, and it feels warm to the touch. She explains, "This has happened twice before, but it usually goes away in a day if I massage my breasts and nurse more often."

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: To understand Donnetta's situation, you may ask follow-up questions such as:

- Have you had a difficult time latching the baby to the breast?
- How often do you feed your baby?
- How long do you feed on each side? Does your breast feel soft after feeding?
- How often are these plugged ducts happening?

For immediate care, Donnetta can continue to massage her breasts before and between feedings. She can also use cold compresses. She may need to do several rotations of cold compresses followed by nursing to relieve the plugged duct. Assign risk code 602 and refer Donnetta to an IBCLC or RD for ongoing care.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or to IBCLCs. You can share this information or skip it depending on what would be helpful to your group.

Plugged ducts may be Segmental, or Lactiferous, or Terminal.

Women with plugged ducts which are not resolved after 24 hours should be referred to an IBCLC for evaluation of complications and for a management care plan. A referral for ultra sound treatment, or body work may be an option. The mom should be evaluated for anemia and possible treatment because anemia is associated with recurring plugged ducts and mastitis. Her diet and hydration should also be evaluated. Moms who have a too much saturated fat in their diet are prone to having recurring plugged ducts, as are moms who do not take in enough fluids.

VIDEO PART 4: Mastitis

Mastitis is an inflammation of breast tissue that may be caused by different underlying conditions. Encourage moms to breastfeed frequently and to continue even if they have mastitis. You may refer her to an IBCLC or her primary care provider.

If mastitis isn't identified and treated, it can result in decreased milk supply, systemic infection, and mucus, pus, or blood in the breastmilk.

DISCUSSION POINT 4: Mastitis or Not?

You're working with Ebony, a new mom. She's having trouble breastfeeding because her left breast has been hurting.

How would you determine if she has mastitis or another complication like plugged ducts?

Checklist of Questions

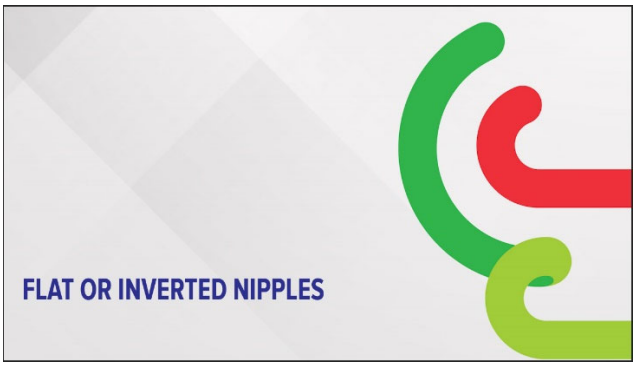
- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer:
You will likely need to ask several questions to differentiate between mastitis and a plugged duct or other problems. These are good options:

- When did the pain begin?
- Is it on both breasts or only the one?
- How do your breasts feel after feeding the baby?
- How does the baby act at the breast when feeding?
- Have you tried anything for comfort?
- Do you feel “hard” spots on your breasts?
- Do you have redness coming from the affected area of your breast?
- Do you have a fever?
- Are you feeling generally unwell?
- How long has this been a concern?

Assign risk code 602 and refer Ebony to an IBCLC or RD for ongoing care.

Facilitator: If time allows, ask this follow-up question:
What actions would you take if you determine that Ebony shows the signs and symptoms of mastitis?



VIDEO PART 5: Flat or Inverted Nipples

Flat or inverted nipples usually aren't a cause for concern, but inverted nipples may cause more discomfort for the mom, especially when she starts breastfeeding. Inverted nipples don't need to be treated, but you can help by facilitating a deep latch. Addressing a mom's concerns regarding her nipple and breast size, shape, or color may alleviate any concerns about her ability to breastfeed or produce milk.

DISCUSSION POINT 5: Inverted Nipples

You're working with Gabriela, who is pregnant with her second child. She explains that she couldn't breastfeed last time because her nipples are inverted. She was disappointed because she wanted to breastfeed, but she's sure she can't.

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: Ask about what she tried last time for breastfeeding, if anything. Ask if she fed the baby formula or expressed breastmilk last time. After asking permission, share education messages about facilitating a deep latch. You may provide a referral to IBCLC for additional support.

Facilitator: Listen for any differences between what staff share. If your group includes any IBCLCs, ask them to share how they might approach this and what additional support they would be able to provide.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or IBCLC*s. You can share this information or skip it depending on what would be helpful to your group.*

A nipple can be drawn out using the Hoffman's technique, but this should be done postnatally as the stimulation may bring on early contractions.

An IBCLC can assist the mom and with latch. An IBCLC can also devise a feeding plan to assist baby's latch, aid nutritional needs, and to preserve or establish the mom's milk supply.

VIDEO PART 6: Cracked, Bleeding, or Severely Sore Nipples

While a little discomfort is normal, severely sore nipples may be a sign of trauma to the nipple. Ask questions to assess how breastfeeding is going and identify the cause of cracked, bleeding, or severely sore nipples. Address any problems with the latch and recommend comfort measures like a cold compress or breast shells. Provide referrals if needed, especially if she has signs of mastitis or an infection. If you don't identify and address these problems, women with severely sore nipples are at risk for decreased milk supply, systemic infection, mastitis, an increase in supplementation, or the mom stopping breastfeeding.

DISCUSSION POINT 6: Assessing Pain

You're working with Isabel, a mom with a newborn son. When you ask how breastfeeding is going, Isabel says, "I was really looking forward to breastfeeding, but it has been so painful!"

What follow-up questions would you ask to determine if this is normal discomfort or something more?

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: You can ask a number of questions as part of your assessment.

- Is there any visible damage? Participants will often show the damage, which can help in your assessment.
- Is it on both sides? Tugging happens on both sides, but damage tends to happen on one side at a time.
- Is it painful throughout the feeding? If yes, it's probably poor latch. If it's only painful on the initial latch, this is normal and should subside within a minute. This pain usually resolves within a week.
- Is a sharp or stabbing pain? That's likely due to a poor latch.
- Is it a pulling sensation? That can be normal, but usually resolves within a week. She can use comfort measures before or after feedings.
- Assign risk code 602 and refer Isabel to an IBCLC or RD for ongoing care.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or IBCLC*s. You can share this information or skip it depending on what would be helpful to your group.*

An IBCLC can provide further support, starting with an evaluation of problem and complications such as decreased milk production, infection, abscess. An IBCLC can create a management care plan that may involve using alternative ways to feed the infant while the mom has nipple rest.

VIDEO PART 7: Age Over 40

Women at age 40 or over who have children have a higher risk of complications that affect their milk supply. Encourage the mom to share any medical issues that may impact her breastfeeding so you can develop a breastfeeding management plan. Monitor the baby's diapers and weight gain, and watch for signs of low milk supply. If these complications aren't identified, the mom may be at risk of low or no mature milk supply. Her baby may be at risk of failure to thrive and low weight gain.

DISCUSSION POINT 7: 42-Year-Old Mom

You're working with Melanie, a 42-year-old first-time mom. Melanie had minimal breast changes during her pregnancy and no changes to her breasts in the week after her daughter was born. Her baby is now 3 weeks old. She has 1 poopy diaper and 4 wet diapers per day.

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: You can ask these follow-up questions:

- How is breastfeeding going?
- What does baby's poopy diaper look like? Is it dark or yellow?
- Describe the wet diapers? Heavy?

- When you say “a day” are we talking from morning till night? How many wet diapers in 24 hours?
- Tell me how your breasts have changed since delivery.
- Has your baby gained weight?
- How many times have you breastfed your baby in the last 24 hours?
- Have you been able to rest? How about eat?

Facilitator: Listen for what questions the group suggests. If they miss any of these suggestions, share the additional questions.

You should assign code 602 and refer her to an IBCLC and primary care provider. The educational messages will be the same as what they would provide to any mom in a similar situation, regardless of age.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or IBCLC*s. You can share this information or skip it depending on what would be helpful to your group.*

VIDEO PART 8: Failure of Milk to Come in

Colostrum is milk, but this complication refers to mature milk not coming in by four days postpartum. Several underlying medical conditions increase the risk of delayed milk production. Encourage skin-to-skin care and on-demand feedings. Watch for signs of delayed onset of milk production, including breasts that don't undergo primary engorgement and babies not gaining weight as expected. If the delayed onset of milk production isn't identified and addressed, it increases the risk of supplementation.

DISCUSSION POINT 8: Sleepy Baby Possible "Inadequate Milk Supply"

You're working with Lissa, a mom of a two-week-old baby. She says, "I feel so lucky! He's already such a good sleeper. He sleeps for 5 or 6 hours straight at night, and often 4 hours at a stretch during the day."

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: You may ask follow-up questions like these:

- What cues is your baby giving you when you start a feed?
- Have you noticed any of your own body cues that you need to breastfeed?
- Thinking about a 24-hour period, how many times does your baby feed?

- What cues does your baby show you when she wants to start a feed or is hungry?
- What do the poopy diapers look like?
- How many wet diapers does the baby have in 24 hours?
- What has the baby's doctor said about his weight?
- Has the baby been diagnosed with Jaundice?
- Is the medical doctor aware of how much the infant is sleeping?

Evaluate the milk transfer and provide education to correct the latch if necessary. If he's latching and feeding appropriately, refer her to an IBCLC and her primary care provider for further care. Temporary supplementation may be necessary while she establishes her milk supply.

If there are signs of an inadequate milk supply, assign risk code 602 and refer Lisa to an IBCLC or RD for ongoing care.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or IBCLC*s. You can share this information or skip it depending on what would be helpful to your group.*

IBCLCs can evaluate milk transfer and create a management care plan that may involve using alternative way to feed infant while increasing milk production if needed.

Moms should be referred to her primary care for medical evaluation for underlying concerns of delayed onset of milk production. She may need to be evaluated for retained placenta, thyroid issues, hormonal levels.

VIDEO PART 9: Tandem Nursing

Tandem nursing means breastfeeding two children from separate pregnancies. Moms should work with their healthcare provider to determine if it's safe to continue breastfeeding an older child during pregnancy. She may experience a decrease in milk supply during pregnancy. Help the mom ensure she's meeting her nutrition, fluid, and rest needs so she can produce milk for two children. The infant should be fed first, before the older sibling. Refer her to an IBCLC if she needs additional support or must wean suddenly for medical reasons. Babies who don't get enough milk are at risk of not gaining the appropriate amount of weight.

DISCUSSION POINT 9: Toddler and Baby

Estella is breastfeeding her 1-year-old, Diego, and her 2-week-old baby, Miguel. She explains, "Diego wants to breastfeed even more now that Miguel is here. I know I should feed Miguel first, but sometimes Diego gets aggressive and angry when I feed Miguel. Breastfeeding Diego first helps calm him down."

Checklist of Questions

- What follow-up questions would you ask?
- What educational messages would you share?
- What actions would you take?
- What referrals would you offer, if any?

Answer: Toddlers may have a hard time communicating their feelings. Sometimes it is easier for them to act out their feelings. Having a new sibling is a

change for them, just as it is for the whole family. Acknowledging Diego's feelings can ease tensions and aggression.

Facilitator: Listen for additional strategies staff may suggest in this situation.

Facilitator: The additional information provided below may be of interest to RDs/DTRs or IBCLC*s. You can share this information or skip it depending on what would be helpful to your group.*

If mom needs to wean abruptly for medical reasons, an IBCLC can help devise a care plan and manage complications from abrupt weaning. Otherwise, evaluate the milk transfer and review feeding plan that incorporates optimal feedings for the infant and for the older sibling. Ensure the mom is meeting her nutritional needs and her physical needs. Support the mom's decision to tandem feed.

Facilitator: Check the list of questions and challenges you noted during the first discussion point. Have all of those questions been addressed? If not, spend some time as a group helping each other. After the summary video, you may ask some or all of these reflection questions.

- *What is one important thing you learned during this training?*
- *What do you still need to learn more about (or what are you confused about)?*
- *What is one thing you will change due to this training?*

Citations and Resources

CDC. Infertility FAQs. US Centers for Disease Control and Prevention. https://www.cdc.gov/reproductivehealth/infertility/

Nicholson BT, Harvey JA, Cohen MA. Nipple areolar complex: normal anatomy and benign and malignant processes. *Radiographics*. 2009;29:509–523.

Sanuki J, Fukuma E, Uchida Y. Morphologic study of nipple-areola complex in 600 breasts. *Aesthetic Plast Surg*. 2009;33:295–297.