

## Complex Maternal Problems Quick Reference Guide

Maternal Problem	Signs	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<b>Nipple Conditions:</b>  <b>Flat/Inverted</b>	<ul style="list-style-type: none"> <li>▪ Nipple appears flat</li> <li>▪ Nipple inverts when baby's gums compress areolar ridge</li> <li>▪ Nipple looks normal but flattens or inverts when compressed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adhesions keep nipples taut, causing:                             <ul style="list-style-type: none"> <li>• Nipple pain or damage</li> <li>• Poor milk transfer</li> </ul> </li> <li>• Low infant weight</li> <li>• Engorgement</li> <li>• Infant inability to latch</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Pinch™ test</li> <li>▪ Signs of a good latch</li> <li>▪ Signs of low milk production</li> <li>▪ Devices the mom is already using</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me how you have tried to coax your baby to latch. How did it go?</li> <li>▪ What did the HCP or RN tell you about your nipples?</li> <li>▪ What breastfeeding aids have you tried?</li> <li>▪ Describe any pain in your nipples or breasts.</li> <li>▪ What have you done to alleviate pain?</li> <li>▪ What does the baby's HCP say about your baby's weight?</li> <li>▪ What does your baby eat other than breastmilk?</li> </ul>	<ul style="list-style-type: none"> <li>▪ During pregnancy:                             <ul style="list-style-type: none"> <li>• Provide anticipatory guidance about the ability to breastfeed.</li> <li>• Offer solutions so mom can prepare.</li> <li>• Stress the importance of support.</li> </ul> </li> <li>▪ Help mom shape a teat:                             <ul style="list-style-type: none"> <li>• Massage and stimulate nipple.</li> <li>• Placing the thumb behind the nipple and fingers underneath</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if                             <ul style="list-style-type: none"> <li>• Baby has slow or faltered growth</li> <li>• Ineffective latch produced nipple damage or infection</li> </ul> </li> <li>▪ Refer to peer counselor for ongoing mom-to-mom support</li> </ul>

				How is it fed to the baby?	<p>and stretching back into her chest.</p> <ul style="list-style-type: none"><li>• Use breast pump before latching to draw out the nipple.</li><li>▪ Temporarily use a nipple shield.</li><li>▪ Breastfeed on unaffected breast (if applicable) and express milk from affected breast to stimulate and draw out nipple.</li></ul>	
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<p><b>Nipple Conditions:</b></p> <p><b>Nipple Variations</b></p>	<ul style="list-style-type: none"> <li>▪ Large or long nipples</li> <li>▪ Bifurcated nipple</li> <li>▪ Bulbous nipple</li> <li>▪ Extra nipple tissue</li> </ul>	<ul style="list-style-type: none"> <li>▪ Can cause nipple or breast pain due to:             <ul style="list-style-type: none"> <li>• Weak suck</li> <li>• Small mouth</li> <li>• Tongue tie</li> </ul> </li> <li>▪ Leaking and engorged tissue (extra nipple tissue)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Appearance of the nipple</li> <li>▪ How the nipple responds when compressed</li> <li>▪ Baby's latch attempts</li> <li>▪ Engorgement</li> <li>▪ Nipple fissures</li> <li>▪ Signs of infection</li> <li>▪ Infant anomalies that might make latch difficult</li> <li>▪ Mom's discomfort</li> <li>▪ Willingness to use a breastfeeding aid</li> </ul>	<ul style="list-style-type: none"> <li>▪ What did the HCP tell you about your nipples or ability to breastfeed? What advice did they give?</li> <li>▪ What feeding position do you find most comfortable?</li> <li>▪ Show me how your baby nurses.</li> <li>▪ What positions have been helpful in coaxing your baby to latch?</li> <li>▪ How do your breasts feel before, during, and after feedings?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vary positions and holds to help your baby take in a large amount of breast tissue.             <ul style="list-style-type: none"> <li>• Sandwich hold</li> <li>• Dancer hold</li> <li>• Football hold</li> <li>• Laid-back breastfeeding</li> </ul> </li> <li>▪ Feed on unaffected breast first and express on affected breast.</li> <li>▪ Use comfort measures for engorgement</li> <li>▪ Express milk until baby's oral anatomy grows to accommodation the variation.</li> <li>▪ Use a nipple shield for a firmer teat.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if:             <ul style="list-style-type: none"> <li>• Mom has signs of infected nipples.</li> <li>• Concerns of mastitis.</li> <li>• Mom wishes to take pain meds</li> </ul> </li> <li>▪ Refer to CPA to assess weight trends and tailor food package.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Nipple Conditions:</b></p> <p><b>Persistent Nipple Pain</b></p>	<ul style="list-style-type: none"> <li>▪ Pain deep within breast</li> <li>▪ Pain after latch</li> <li>▪ Pain throughout the feeding</li> <li>▪ Pain at the beginning of feeding</li> <li>▪ Physical signs in the nipple:               <ul style="list-style-type: none"> <li>• Flat or inverted</li> <li>• Open sores</li> <li>• Bleeding</li> <li>• Infection</li> <li>• Rashes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Infection               <ul style="list-style-type: none"> <li>• <i>Candida albicans</i></li> </ul> </li> <li>▪ Incorrect use of breast pump or incorrect shield size</li> <li>▪ Infant sucking disorder</li> <li>▪ Vasospasm</li> <li>▪ Nipple bleb</li> <li>▪ Plugged duct</li> <li>▪ Poor latch</li> <li>▪ Infant oral issues</li> <li>▪ Skin conditions (e.g., eczema)</li> <li>▪ Herpes Simplex</li> <li>▪ Incorrect nipple shield size</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Breaks in the skin</li> <li>▪ Swelling, discoloration, rashes, redness</li> <li>▪ Latch issues</li> <li>▪ Infant anatomical issues (e.g., tongue tie, torticollis, arched palate)</li> <li>▪ Mom's perception of pain               <ul style="list-style-type: none"> <li>• Sharp or burning</li> <li>• Dull ache</li> <li>• When latching</li> <li>• Constant</li> <li>• After feeding</li> <li>• Placement or size of pump flange, if being used</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about the pain. When did it begin? Does it happen before, during, or after nursing?</li> <li>▪ What have you already done to alleviate the pain?</li> <li>▪ If a solution worked in the past but pain returned, what changed?</li> <li>▪ Did you have similar pain with other babies you breastfed?</li> <li>▪ Tell me about your breast pump or other aids you are using.</li> <li>▪ What medical concerns are you aware of for yourself?</li> <li>▪ What does your HCP say?</li> <li>▪ What concerns do you have about your baby?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide info on appropriate breast pump techniques and flanges</li> <li>▪ Positioning and latch adjustments and variations</li> <li>▪ Sandwich hold or dancer hand hold</li> <li>▪ Educate about basic breast care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if:               <ul style="list-style-type: none"> <li>• Signs of infection</li> <li>• Rash or other skin conditions</li> <li>• Treatment needed</li> <li>• Infant oral anomalies</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Nipple Conditions:</b></p> <p><b>Cracked or Bleeding Nipples</b></p>	<ul style="list-style-type: none"> <li>▪ Open fissures or breaks</li> <li>▪ Bleeding</li> <li>▪ Signs of infection (oozing, redness, fever, pus, pain, warm to touch)</li> <li>▪ Blisters</li> <li>▪ Maternal fever</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nipple trauma due to poor latch (most common)</li> <li>▪ Infant oral or facial structures</li> <li>▪ Sucking issues</li> <li>▪ Use of artificial nipples</li> <li>▪ Engorgement</li> <li>▪ DOL</li> <li>▪ Overactive MER</li> <li>▪ Nipple trauma from breast pump or incorrect flange</li> <li>▪ Bacteria</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Pain history</li> <li>▪ Learn about: <ul style="list-style-type: none"> <li>• Size and location</li> <li>• Signs of infection</li> <li>• Nipple anomalies</li> <li>• Engorgement</li> <li>• Baby's oral anatomy</li> <li>• Appearance of nipple before and after feeding</li> <li>• Infant latch</li> <li>• How baby removed from breast</li> <li>• Signs of infection</li> </ul> </li> <li>▪ Mom's attempts to relieve the pain</li> <li>▪ Medications mom takes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me when you first noticed the crack.</li> <li>▪ What do you think is the cause?</li> <li>▪ Is there anything about your baby's suck that concerns you?</li> <li>▪ When did your breasts begin feeling fuller?</li> <li>▪ How do your breasts feel?</li> <li>▪ What do your nipples look like before and after a feeding?</li> <li>▪ What health concerns do you and your baby have?</li> <li>▪ What does the HCP say?</li> <li>▪ Tell me about any breastfeeding aids you are using.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Express milk until nipples begin healing.</li> <li>▪ Use a nipple shield.</li> <li>▪ Use breast shells to prevent friction of bra/clothing.</li> <li>▪ Use warm water compresses.</li> <li>▪ Contact HCP if there are signs of infection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• There are signs of infection.</li> <li>• Medications are needed.</li> <li>• Strategies do not resolve damage.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Nipple Conditions:</b></p> <p><b>Fungal Infection</b></p>	<ul style="list-style-type: none"> <li>▪ Burning, stinging pain</li> <li>▪ Shooting pains</li> <li>▪ Itching</li> <li>▪ Redness</li> <li>▪ Thrush in baby</li> <li>▪ Vaginal yeast infection of mom</li> <li>▪ Fungal diaper rash in baby</li> </ul>	<ul style="list-style-type: none"> <li>▪ Overgrowth of <i>Candida albicans</i></li> <li>▪ Moist, dark environments</li> <li>▪ Infant oral thrush</li> <li>▪ Maternal diabetes</li> <li>▪ Prior medication use</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Appearance of redness, bumps</li> <li>▪ Previous <i>Candida</i></li> <li>▪ Description of pain</li> <li>▪ Signs of infection (pus, fever)</li> <li>▪ Previous medication use</li> </ul>	<ul style="list-style-type: none"> <li>▪ When does the pain occur and how long does it last?</li> <li>▪ Tell me about any antibiotics you recently took.</li> <li>▪ Describe any white patches in your baby's mouth.</li> <li>▪ Describe the appearance of your nipples or changes you noticed.</li> <li>▪ Tell me about the frequency of other types of yeast infections you have had.</li> <li>▪ What does your HCP say?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Take antifungal therapies as prescribed by HCP</li> <li>▪ Practice good hygiene (wash hands before handling breasts and after changing diaper).</li> <li>▪ Wash bottles and pumping supplies in hot soapy water.</li> <li>▪ Check for vaginal infection.</li> <li>▪ Use breast shells to keep nipples from touching bra</li> <li>▪ Wash breast shells in hot soapy water.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if mom has symptoms of fungal infection.</li> <li>▪ Refer to CPA to tailor food packages and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Nipple Conditions:</b></p> <p><b>Vasospasm</b></p>	<ul style="list-style-type: none"> <li>▪ Nipples appear pale or blanched, blue, purple, or red after feedings</li> <li>▪ Throbbing pain after baby detaches from breast</li> </ul>	<ul style="list-style-type: none"> <li>▪ Raynaud's Phenomenon</li> <li>▪ Auto-immune disease</li> <li>▪ Triggered by cold</li> <li>▪ Nipple cyanosis due to lack of oxygen; turns red as blood flow returns</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical history of Raynaud or auto immune disease</li> <li>▪ Nipple discoloration (appearance of nipple after feeding)</li> <li>▪ Mom's description of nipple pain</li> <li>▪ Current treatments underway</li> </ul>	<ul style="list-style-type: none"> <li>▪ Has your HCP mentioned "vasospasms" in relation to breastfeeding?</li> <li>▪ How does your nipple look and feel right after a feeding or milk expression?</li> <li>▪ When does the pain begin?</li> <li>▪ How does the pain feel after a feeding?</li> <li>▪ What has your HCP told you about any medications you are taking and effects on breastfeeding?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Keep breasts warm before and during feedings.</li> <li>▪ Apply warm compress over nipples immediately after a feeding or milk expression.</li> <li>▪ Keep room temperature warm.</li> <li>▪ Avoid vasoconstrictive agents (e.g., caffeine, nicotine).</li> <li>▪ Check about medications HCP prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if mom has concern of vasospasms in relation to breastfeeding.</li> <li>▪ Refer to CPA to tailor food package and assess infant weight trends if needed.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Nipple Conditions:</b></p> <p><b>Nipple Bleb</b></p>	<ul style="list-style-type: none"> <li>▪ Whitish or yellowish blister on tip of nipple pore</li> <li>▪ Pain to the touch and during feedings</li> <li>▪ Blister with cheesy consistency</li> </ul>	<ul style="list-style-type: none"> <li>▪ Can occur at any point in breastfeeding experience</li> <li>▪ Cyst that forms when milk leaks into nipple tissue</li> <li>▪ Can cause: <ul style="list-style-type: none"> <li>• Severe pain</li> <li>• Low milk production</li> <li>• Mastitis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Mom's description of pain</li> <li>▪ Signs and symptoms of a plugged milk duct</li> <li>▪ What the mom has done to alleviate the pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about the pain you are experiencing and where it hurts most.</li> <li>▪ Does the pain improve after feedings?</li> <li>▪ Describe the appearance of the nipple.</li> <li>▪ Where does the blister appear?</li> <li>▪ Describe painful or lumpy areas in your breasts.</li> <li>▪ Tell me about other issues (e.g., plugged ducts) you have experienced.</li> <li>▪ What have you tried to reduce your pain?</li> <li>▪ What does your HCP say?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Apply moist, warm compress over nipple before feedings.</li> <li>▪ Assure good positioning/latch.</li> <li>▪ Plugged duct strategies, if relevant.</li> <li>▪ Do not open bleb on your own.</li> <li>▪ Keep nipple area clean if bleb opens on its own</li> <li>▪ Apply ice packs between feedings</li> <li>▪ Massage to keep milk moving freely</li> <li>▪ Continue to breastfeed to keep breast well drained.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Bleb continues to cause pain</li> <li>• There are signs of infection</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends, if needed.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Unresolved Engorgement</b></p>	<ul style="list-style-type: none"> <li>▪ Breast swollen, hard, tight, and/or shiny</li> <li>▪ Breast warm to the touch</li> <li>▪ Baby unable to latch</li> <li>▪ Mom unable to express milk</li> <li>▪ Intolerable pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Milk overproduction</li> <li>▪ Poor drainage</li> <li>▪ Impaired MER</li> <li>▪ Mom unable to relax due to pain</li> <li>▪ Incorrect milk expression techniques</li> <li>▪ Defective pump</li> <li>▪ Obstruction in breast (lesion or mass)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Signs of milk transfer</li> <li>▪ Birth experiences</li> <li>▪ Early practices</li> <li>▪ Prior breast surgeries</li> <li>▪ Milk expression techniques</li> <li>▪ Strategies mom has already tried</li> <li>▪ Mom's comfort using breastfeeding aids</li> <li>▪ Family history of breast cancer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me when your breasts first became engorged.</li> <li>▪ What are you doing to alleviate the discomfort?</li> <li>▪ Describe how you are expressing milk. How often are you doing so?</li> <li>▪ What breastfeeding aids (e.g., nipple shield) are you using?</li> <li>▪ Describe how your breasts are feeling.</li> <li>▪ What has your HCP told you about your symptoms?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage milk ejection reflex through: <ul style="list-style-type: none"> <li>• Warm compresses</li> <li>• Deep relaxation breaths</li> <li>• Therapeutic breast massage</li> </ul> </li> <li>▪ Use reverse pressure softening.</li> <li>▪ Express milk using therapeutic massage.</li> <li>▪ Express to comfort (not to empty the breast).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Mom needs pain meds.</li> <li>• There are signs of breast infection or abscess.</li> <li>• There is a lump or hardened area that does not respond to usual massage and milk expression.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Unresolved Plugged Duct</b></p>	<ul style="list-style-type: none"> <li>▪ Hard, lumpy area that does not respond to usual strategies</li> <li>▪ Nipple bleb or blister</li> <li>▪ Thick or stringy milk</li> <li>▪ Breast pain</li> <li>▪ Baby unable to latch</li> <li>▪ Recurring plugged ducts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Infant with latch issues or tongue tie</li> <li>▪ Overproduction of milk not removed</li> <li>▪ Baby sleepy or gaining poorly</li> <li>▪ Incorrect use of nipple shield or breast pump</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ History of plugged ducts or mastitis</li> <li>▪ Mom's description of breasts/lumpy area</li> <li>▪ Feeding practices and appropriate latch</li> <li>▪ signs of mastitis, abscess, or scarring</li> <li>▪ Techniques mom has already tried</li> </ul>	<ul style="list-style-type: none"> <li>▪ How long have you been experiencing this?</li> <li>▪ Describe how you are massaging your breasts.</li> <li>▪ Tell me how the baby latches and feeds.</li> <li>▪ What is a typical day like breastfeeding your baby?</li> <li>▪ What prior breast surgeries or procedures have you experienced?</li> <li>▪ What does your HCP say?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Apply warm compress before feedings</li> <li>▪ Use therapeutic massage</li> <li>▪ Firm localized massage over lumpy areas toward the nipple</li> <li>▪ Hand express.</li> <li>▪ Feed frequently.</li> <li>▪ Use reverse pressure softening.</li> <li>▪ Address bleb, if applicable</li> <li>▪ Express extra milk</li> <li>▪ Cool packs after feedings</li> <li>▪ Rest, fluids, nutritious foods</li> <li>▪ Anticipatory guidance on signs of mastitis and abscess</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Pain meds are needed.</li> <li>• Area is infected</li> <li>• There are signs of mastitis or abscess.</li> <li>• Hard, lumpy area that does not respond to usual strategies.</li> <li>• Breast has a pau d'orange appearance.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Recurrent Mastitis</b></p>	<ul style="list-style-type: none"> <li>▪ Tender, hot, swollen, red</li> <li>▪ Fever 101.3° or &gt;</li> <li>▪ Fatigue</li> <li>▪ Nausea</li> <li>▪ Breast pain</li> <li>▪ Prior plugged ducts</li> <li>▪ Occurs in one or both breasts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nipple damage that allowed bacteria (especially <i>Staph</i>) to enter</li> <li>▪ Structural issues (e.g., scarring)</li> <li>▪ Unclean breastfeeding aids</li> <li>▪ Unresolved nipple trauma</li> <li>▪ Antibiotic resistance</li> <li>▪ Improper use of nipple shield</li> <li>▪ Maternal fatigue or stress</li> <li>▪ Poor milk drainage</li> <li>▪ Pressure against milk ducts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Learn about: <ul style="list-style-type: none"> <li>• Signs of mastitis</li> <li>• Location of reddened area</li> <li>• Signs of trauma or nipple abrasion</li> <li>• Scarring from breast surgeries</li> <li>• Signs of infection</li> </ul> </li> <li>▪ Medical conditions of mom or baby</li> <li>▪ Missed feedings</li> <li>▪ Persistent plugged ducts</li> <li>▪ Unresolved nipple trauma</li> <li>▪ Maternal fatigue</li> <li>▪ How aids are cleaned</li> <li>▪ Advice from HCP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about previous issues with mastitis.</li> <li>▪ Did it reoccur in the same breast?</li> <li>▪ Which areas of the breast are prone to mastitis?</li> <li>▪ Describe your nipples and continued pain or damage you have had.</li> <li>▪ Tell me about your activity or stress levels before mastitis episodes.</li> <li>▪ Describe any issues with plugged ducts.</li> <li>▪ Tell me how you clean your breastfeeding aids after you use them.</li> <li>▪ What does your HCP tell you about how to treat it?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide anticipatory guidance for early prevention and management of mastitis symptoms.</li> <li>▪ Address continued issues with nipple trauma.</li> <li>▪ Keep aids that touch breast tissue clean.</li> <li>▪ Keep breasts well drained.</li> <li>▪ Follow HCP's treatment plan fully.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if mom reports symptoms of mastitis.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Breast Abscess</b></p>	<ul style="list-style-type: none"> <li>▪ Breast pain</li> <li>▪ Localized red area on breast that oozes pus</li> <li>▪ Symptoms of mastitis (fever, flu-like signs)</li> <li>▪ Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current or previous nipple trauma</li> <li>▪ Inadequate breast drainage</li> <li>▪ Prior mastitis</li> <li>▪ Unresolved plugged duct</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Signs of infection</li> <li>▪ Prior history of mastitis, plugged duct or unresolved nipple trauma</li> <li>▪ Maternal fever</li> <li>▪ Compliance with treatment programs advised by the HCP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me about your pain.</li> <li>▪ Where do you feel pain?</li> <li>▪ Describe red or sore areas on your breast.</li> <li>▪ What breastfeeding issues did you face? How were they resolved?</li> <li>▪ What has your HCP told you about your symptoms?</li> </ul>	<ul style="list-style-type: none"> <li>▪ The HCP can treat with antibiotics and drain the abscess if appropriate.</li> <li>▪ Breastfeed on affected breast if HCP advises.</li> <li>▪ If baby rejects affected breast, express to drain milk.</li> <li>▪ Assess milk production and monitor baby's weight w/CPA.</li> <li>▪ Rest and practice good hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if mom has symptoms of abscess.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Skin Conditions</b></p>	<ul style="list-style-type: none"> <li>▪ Rashes or reddened areas</li> <li>▪ Lesions of various sizes or colors</li> <li>▪ Dry, scaly areas</li> <li>▪ Itching</li> <li>▪ Pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allergies</li> <li>▪ Viruses</li> <li>▪ Contact with irritants</li> <li>▪ Creams or meds</li> <li>▪ Baby might reject affected breast</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Possible skin irritants</li> <li>▪ Treatment already underway</li> <li>▪ Advice form HCP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Describe the skin condition.</li> <li>▪ Describe any previous history with allergies to things that touch your skin.</li> <li>▪ Tell me how your breast feels with this condition.</li> <li>▪ How long have you experienced these skin symptoms?</li> <li>▪ What does your HCP say?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Instruct on milk expression if needed.</li> <li>▪ Express affected breast while baby nursing on unaffected breast.</li> <li>▪ If milk from affected breast must be discarded (e.g., HSV or chicken pox on the breast), feed more often on unaffected breast.</li> <li>▪ Monitor baby's growth and mom's milk production.</li> <li>▪ Practice good hygiene habits and clean breastfeeding devices.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Skin conditions are reported.</li> <li>• Safety of continuing to breastfeed is questioned.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions</b></p> <p><b>Insufficient Glandular Tissue</b></p>	<ul style="list-style-type: none"> <li>▪ Small, underdeveloped breast(s)</li> <li>▪ Tubular shape</li> <li>▪ Large intramammary space</li> <li>▪ Asymmetry</li> <li>▪ Lack of veining</li> <li>▪ Low milk production</li> <li>▪ Poor infant weight gain</li> <li>▪ Augmentation surgery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hypoplasia associated with high risk for low milk production</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Learn about: <ul style="list-style-type: none"> <li>• Visual signs of insufficient tissue</li> <li>• Mom's MER</li> <li>• Signs of milk transfer</li> <li>• Prior milk production problems</li> <li>• Early breastfeeding challenges (e.g., DOL)</li> <li>• Prior surgery</li> <li>• Breast changes during pregnancy</li> <li>• Signs of inadequate intake in infant</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Describe the appearance of your breasts and any differences.</li> <li>▪ How did breastfeeding go with your last baby?</li> <li>▪ Tell me about any breast surgeries you have had.</li> <li>▪ What changes did you notice in your breasts during pregnancy?</li> <li>▪ After your baby was born, when did you begin feeling fuller?</li> <li>▪ How do your breasts feel before a feeding? How do they change after a feeding?</li> <li>▪ What has your HCP say about your baby's growth?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a plan before birth, if possible.</li> <li>▪ Follow up closely after birth.</li> <li>▪ Feed frequently and express milk after feedings to protect and build production.</li> <li>▪ Use a nursing supplementer if supplements are needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if baby's weight is at risk.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Breast Conditions:</b></p> <p><b>Breast Surgery</b></p>	<ul style="list-style-type: none"> <li>▪ Prior breast surgeries or procedures</li> <li>▪ Surgical scars present</li> <li>▪ Low milk production</li> <li>▪ Slow infant weight gain</li> <li>▪ Engorgement</li> <li>▪ Plugged ducts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breast biopsy (mom can usually breastfeed)</li> <li>▪ Augmentation (may be okay but might be at risk for engorgement or plugged ducts)</li> <li>▪ Reduction (might affect production if nerves severed)</li> <li>▪ Liposuction (may have minimal impact on production)</li> <li>▪ Lumpectomy (might impact if nerves and ducts were severed)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Learn about: <ul style="list-style-type: none"> <li>• Type of surgery and location of scars</li> <li>• When surgery was conducted</li> <li>• Signs of milk transfer</li> <li>• Infant weight trends</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about the scars on your breast.</li> <li>▪ What kind of surgery did you have?</li> <li>▪ Why did you decide to have this surgery?</li> <li>▪ Describe any follow-up surgeries or treatments.</li> <li>▪ How long ago did the surgery occur?</li> <li>▪ What did the surgeon tell you about your ability to breastfeed after undergoing this surgery?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage mom to breastfeed.</li> <li>▪ Follow up frequently and monitor milk production and transfer.</li> <li>▪ Provide anticipatory guidance on preventing and managing engorgement, plugged ducts.</li> <li>▪ Educate about signs of milk transfer.</li> <li>▪ Discuss breastfeeding aids if supplements become necessary.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Milk production is compromised</li> <li>• Baby's weight gain is insufficient.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Induced Lactation</b></p>	<ul style="list-style-type: none"> <li>▪ Mom who has not been pregnant wishes to establish milk production</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reasons mom might induce:             <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Fostering</li> <li>• Baby born to surrogate</li> <li>• Same sex partnership</li> <li>• Emotional and nutritional benefits</li> <li>• Fulfillment of parents</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Maternal or breastfeeding history</li> <li>▪ Structural issues that might affect milk production</li> <li>▪ Medical issues that might affect production</li> <li>▪ Reasons for inducing and goals for full or partial feedings</li> <li>▪ Mom's knowledge and interest in breastfeeding aids</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me a little more about your decision to begin lactating.</li> <li>▪ How old is/will the baby be when you want to establish production?</li> <li>▪ What medical issues might affect your ability to breastfeed?</li> <li>▪ What are your thoughts about using a breast pump or nursing supplementer?</li> <li>▪ What does HCP say?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Realistic expectations (some produce milk and some do not).</li> <li>▪ Help mom define success in terms of relationship with baby.</li> <li>▪ Express with electric pump.</li> <li>▪ Put baby to breast as soon as possible after birth.</li> <li>▪ Provide skin-to-skin contact.</li> <li>▪ Use a nursing supplementer.</li> <li>▪ Temporarily use nipple shield.</li> <li>▪ Rest, hydrate, and eat healthy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP for medications as advised by HCP for inducing lactation.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Relactation</b></p>	<ul style="list-style-type: none"> <li>▪ Mom wants to re-establish lactation after it ended</li> <li>▪ Signs of concerns:               <ul style="list-style-type: none"> <li>• Breast tissue atrophy</li> <li>• Baby resistant after receiving bottles</li> <li>• Mom not aware of time and persistence needed</li> <li>• Long time since lactation ceased</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Reasons for relactation:               <ul style="list-style-type: none"> <li>• Infant medical concerns</li> <li>• Maternal medical concern</li> <li>• Mom missing bond</li> <li>• Baby not tolerating formula well</li> <li>• Caring for another baby</li> <li>• No access to safe water, formula, or feeding supplies during an emergency (e.g., natural disaster)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Reasons mom discontinued breastfeeding</li> <li>▪ Learn about:               <ul style="list-style-type: none"> <li>• Structural concerns (e.g., underdeveloped breasts, asymmetry)</li> <li>• Demands of daily life</li> <li>• Mom's knowledge and expectations</li> <li>• Mom's comfort using breastfeeding devices</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ What were your original goals for breastfeeding?</li> <li>▪ What challenges did you experience? How were they resolved?</li> <li>▪ Did your baby breastfeed directly at the breast?</li> <li>▪ What are your feelings about relactation?</li> <li>▪ What are your goals moving forward?</li> <li>▪ What efforts have you made to coax your baby back to the breast?</li> <li>▪ Describe a typical day for you. How do you feel extra pumping sessions will fit with your life?</li> <li>▪ What has your HCP told you about relactating?</li> <li>▪ Tell me more about your baby's growth and what</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use the usual principles of rebuilding milk production:               <ul style="list-style-type: none"> <li>• Remove milk 8-12 times /24 hours.</li> <li>• Breast pump to stimulate production</li> <li>• Use a nursing supplementer if baby is able to latch.</li> <li>• Increase oxytocin through skin to skin, massage, and warm compresses.</li> </ul> </li> <li>▪ Coax baby back to breast:               <ul style="list-style-type: none"> <li>• Hold baby skin to skin.</li> <li>• Offer breast when baby is sleepy or calm.</li> <li>• Don't make it a battle; try later.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if there are infant weight concerns.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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				<p>your baby's HCP says.</p> <ul style="list-style-type: none"> <li>▪ What types of aids have you used? How comfortable are you using them to help regain production?</li> </ul>	<ul style="list-style-type: none"> <li>• Temporarily use a nipple shield.</li> <li>▪ Provide anticipatory guidance on signs of higher production: <ul style="list-style-type: none"> <li>• Breasts feel fuller.</li> <li>• Amount of milk pumped increases.</li> <li>• Baby's stools become softer and change colors to yellow.</li> </ul> </li> </ul>	
<b>Hormonal Conditions</b>	<ul style="list-style-type: none"> <li>▪ Postpartum hemorrhaging</li> <li>▪ DOL</li> <li>▪ Lack of breast changes</li> <li>▪ Low milk production</li> </ul>	<ul style="list-style-type: none"> <li>▪ Placental retention</li> <li>▪ PCOS</li> <li>▪ Insulin sensitivity</li> <li>▪ Pituitary dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Unusual breast presentations</li> <li>▪ Early feeding practices</li> <li>▪ Breast changes</li> <li>▪ Symptoms of placental retention</li> <li>▪ Mom's hormonal conditions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Describe breast changes during your pregnancy.</li> <li>▪ Is postpartum bleeding subsiding?</li> <li>▪ What medical conditions do you have?</li> <li>▪ Describe your early breastfeeding experience.</li> <li>▪ What concerns did you experience?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage mom to speak with HCP about treatment before baby is born.</li> <li>▪ Ensure optimal early feeding practices</li> <li>▪ Seek help in hospital if concerned.</li> <li>▪ Breast pump to stimulate production</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP for treatment and needed medications.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>

				<ul style="list-style-type: none"> <li>▪ When do you recall your milk volume began to increase?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a nursing supplementer if supplements are needed</li> </ul>	
<b>Bariatric Surgery</b>	<b>Signs of lactation difficulties:</b> <ul style="list-style-type: none"> <li>▪ DOL</li> <li>▪ Low milk production</li> <li>▪ Uncomfortable positioning/latch</li> <li>▪ Slow or faltered weight in baby</li> <li>▪ Lack of breast changes in pregnancy and early postpartum</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sagging or long, pendulous breasts</li> <li>▪ Breast surgery to correct sagging</li> <li>▪ Vitamin B-12 deficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Previous breast surgeries</li> <li>▪ Signs of breast ptosis (e.g., sagging)</li> <li>▪ Infant weight trends</li> <li>▪ Issues with milk production (DOL, lack of breast changes)</li> <li>▪ Diagnosed maternal vitamin deficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ How long ago did you have gastric bypass surgery and how did it go?</li> <li>▪ What weight changes did you experience since the surgery?</li> <li>▪ Did your HCP diagnose any vitamin/mineral deficiencies? What vitamin and mineral supplements were you advised to take?</li> <li>▪ Tell me about any changes in your breasts during pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide anticipatory guidance during pregnancy on importance of early breastfeeding practices.</li> <li>▪ Hold baby skin to skin.</li> <li>▪ Use laid-back position to help baby latch to pendulous or sagging breasts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if surgery resulted in vitamin deficiencies that affect infant growth</li> <li>▪ Refer to CPA to tailor food package and assess weight trends</li> <li>▪ Refer to PC for ongoing support</li> </ul>

<b>Chronic Illness</b>	<ul style="list-style-type: none"> <li>▪ Autoimmune diseases</li> <li>▪ Rheumatoid arthritis</li> <li>▪ Musculoskeletal injuries</li> <li>▪ Neurological injuries</li> <li>▪ Cancer</li> </ul>	<p>Illness can cause variety of issues depending on the disease:</p> <ul style="list-style-type: none"> <li>▪ Vasospasm</li> <li>▪ Physical challenges</li> <li>▪ Meds/ treatments not compatible w/breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Chronic conditions and treatments</li> <li>▪ Maternal fatigue levels</li> <li>▪ HPC advice on ability to breastfeed</li> <li>▪ Knowledge about breastfeeding with her condition</li> </ul>	<ul style="list-style-type: none"> <li>▪ How are you sleeping?</li> <li>▪ What symptoms of your illness affect your ability to breastfeed?</li> <li>▪ What worries you most about breastfeeding with your condition?</li> <li>▪ What has the HCP said about your ability to breastfeed?</li> <li>▪ What do you know about the ability to breastfeed with this illness?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Help mom find solutions to fatigue</li> <li>▪ Share positioning options</li> <li>▪ Explore support options for practical help</li> <li>▪ Offer breastfeeding aids, if needed, to maintain or build production</li> <li>▪ Keep breasts well drained with therapeutic massage, feeding, expressing milk</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if: <ul style="list-style-type: none"> <li>• Mom has questions about safety of meds and breastfeeding</li> <li>• Mom has questions about treatment options.</li> </ul> </li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>
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<p><b>Physical Challenges</b></p>	<ul style="list-style-type: none"> <li>▪ Spinal cord injury</li> <li>▪ Congenital</li> <li>▪ Stroke</li> <li>▪ Visual impairment</li> <li>▪ Surgery in postpartum period</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inability to hold baby comfortably</li> <li>▪ Fatigue</li> <li>▪ Low milk production</li> <li>▪ Impaired MER</li> <li>▪ Negative comments from family/friends</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding history</li> <li>▪ Nature of mom's physical challenges</li> <li>▪ Early breastfeeding issues</li> <li>▪ Mom's solutions for addressing physical challenges</li> <li>▪ Advice from HCPs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about your physical challenge. How long have you experienced it and what changes have you made in your life?</li> <li>▪ What concerns you about your ability to breastfeed?</li> <li>▪ Tell me more about why you want to breastfeed.</li> <li>▪ What have you heard about breastfeeding with physical challenges?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeeding might be easier than bottle feeding.</li> <li>▪ Creative positions: <ul style="list-style-type: none"> <li>• Hold baby in sling for direct access to breast</li> <li>• Ask family member to bring baby for feedings</li> <li>• Use the side-lying position.</li> <li>• Roll wheelchair to table, counter, or changing table to feed.</li> <li>• Elevate feet in wheelchair to raise lap.</li> </ul> </li> <li>▪ If unable to feed on one side, it is possible to fully breastfeed on the other side.</li> <li>▪ Breast pump can help express milk if desired.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to HCP if concerns with infant weight arise.</li> <li>▪ Refer to CPA to tailor food package and assess weight trends.</li> <li>▪ Refer to peer counselor for ongoing support.</li> <li>▪ Refer moms to local support groups and/or online networks and resources.</li> </ul>
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