



Level 2 Clinical Summary

Problem Solving Common Maternal Issues

Maternal Problem	Signs	Causes	Questions to Ask	Tips/Solutions	When to Yield
Sore Nipples	<ul style="list-style-type: none"> ▪ Mild discomfort or tenderness. ▪ Extreme pain. ▪ Open breaks in nipple tissue. ▪ Reddened tissue. ▪ Presence of blood or pus. 	<ul style="list-style-type: none"> ▪ Incorrect positioning and/or latch. ▪ Poor feeding practices (e.g., delayed, or shortened feedings). ▪ Artificial nipples (e.g., pacifiers, bottle nipples). ▪ Bacterial infection. ▪ Yeast. ▪ Tongue tie. ▪ Skin rashes or inflammation. ▪ Skin products. 	<ul style="list-style-type: none"> ▪ Tell me when the pain started. ▪ Describe the pain. ▪ How long does the pain last? ▪ Describe any discoloration or signs of infection. ▪ Tell me how you are positioning and latching your baby for feedings. ▪ What have you already done to address the concerns? 	<p>Prevention:</p> <ul style="list-style-type: none"> • Ensure proper positioning and latch. • Feed frequently (8-12 times every 24 hours). • Allow baby to end the feedings. • Clean and dry nursing pads. • Seek help if concerned. <p>Before Feedings</p> <ul style="list-style-type: none"> • Start on the least sore breast. • Vary positions. • Massage the breast to help milk flow. <p>During Feedings</p> <ul style="list-style-type: none"> • Ensure proper position and latch. • Do not limit feedings. • Remove milk by hand or pump if lactating parent is too sore. <p>After Feedings</p> <ul style="list-style-type: none"> • Gently rub small amount of expressed milk onto nipples. • Avoid creams/lotions that must be wiped off. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Basic solutions do not improve nipple pain. • Parent reports nipples are cracked and bleeding. • Parent reports baby has white patches on tongue or cheeks. • Lactating parent reports a yeast infection or has taken antibiotics recently.

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Engorgement	<ul style="list-style-type: none"> ▪ Swollen or hard breasts ▪ Pain ▪ Low-grade fever (below 101°) 	<ul style="list-style-type: none"> ▪ Baby is too sleepy to wake for feedings ▪ Parent is busy and overlooked feedings ▪ Baby is pacified in other ways (e.g., pacifier) ▪ Baby is not latched properly to remove milk 	<ul style="list-style-type: none"> ▪ When did you first begin feeling full? ▪ Describe the fullness. ▪ What other changes did you notice (e.g., redness, warm to the touch)? ▪ Describe any lumpy areas you might be feeling. ▪ Tell me about other issues with latching your baby on your full breasts. ▪ If baby can latch, how often does the baby feed? How long do feedings last? ▪ What measures have you taken to alleviate the fullness? 	<p>Before Feedings</p> <ul style="list-style-type: none"> ▪ Apply a warm (<i>not</i> hot) compress to the breast. ▪ Gently massage breasts. ▪ Hand express some milk to relieve pressure. ▪ Stand in a warm shower to relax and hand express. ▪ Feed baby often to remove milk (every 1 ½ to 3 hours). <p>After Feedings</p> <ul style="list-style-type: none"> ▪ Express enough milk by hand or breast pump until comfortable. ▪ Apply ice packs for swelling. ▪ Avoid underwire bra. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Parent reports tips and solutions offered do not resolve engorgement within 24 hours. • Lactating parent reports fever > 101°F, has flu-like symptoms, or red areas on breast. • Parent reports a breast infection. • Encourage mom to talk with her HCP about anti-inflammatory medications compatible with breastfeeding.

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Plugged Ducts	<ul style="list-style-type: none"> ▪ Tender, small lumpy area. ▪ Plugged area reddened. ▪ Painful to the touch. ▪ Small white plug at opening of milk duct on nipple 	<ul style="list-style-type: none"> ▪ Inadequate milk removal. ▪ Engorgement. ▪ Baby not latched well. ▪ Missed or delayed feedings and milk not removed. ▪ Pressure against the duct (e.g., seat belt, ill-fitting bra, diaper bag strap). 	<ul style="list-style-type: none"> ▪ Describe the lumpy area (e.g., skin reddened or warm to the touch). ▪ Describe any other symptoms (such as fever). ▪ Describe anything that might have put pressure on your breasts. ▪ How does it feel when you press on the lumpy area? ▪ What have you already tried to address the concern? 	<p>Before Feedings</p> <ul style="list-style-type: none"> • Place a warm compress over the plugged area. • Gently massage over and behind the plugged area stroking toward the nipple • Soak the affected breast (lean over basin of warm water while massaging). <p>During Feedings</p> <ul style="list-style-type: none"> • Breastfeed often. • Feed on the affected breast first. • Align baby’s chin or nose with the plug. • Vary feeding positions. • Ensure good position and latch. • Gently massage breast during the feeding. • Allow baby to feed as long as desired on the affected breast. <p>After Feedings</p> <ul style="list-style-type: none"> • Express milk if breast still feels full. • Avoid constricted clothing or objects. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Comfort measures do not dislodge the plugged duct. • Mom reports fever. • >101°F, flu-like symptoms, or reddened area on breast. • Lactating parent reports breast infection.

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Mastitis	<ul style="list-style-type: none"> ▪ Fever >101°F. ▪ Chills. ▪ Body aches. ▪ Painful breasts. ▪ Breasts red or hot to the touch. ▪ Baby's sudden refusal to feed on affected breast. 	<ul style="list-style-type: none"> ▪ Bacteria from cracked and bleeding nipples or nipple piercings. ▪ Parent stressed and/or excessively fatigued. ▪ Mom overdoing activity. ▪ Other medical conditions (e.g., diabetes, overproduction of milk). 	<ul style="list-style-type: none"> ▪ Tell me more about how you feel overall. ▪ Have you seen your HCP for any fever? ▪ Describe how your breasts look and feel (e.g., red, warm). ▪ What happens when you feed your baby on the affected side? ▪ How has your activity level increased recently? 	<p>Prevention</p> <ul style="list-style-type: none"> • Avoid missing feedings. • Keep breasts well drained. • Avoid excessive activity in the early days. • Get prompt help for nipple pain to avoid fissures. <p>Comfort Measures.</p> <ul style="list-style-type: none"> ▪ Express milk if baby refuses to feed on affected side. <p>Seek medical attention.</p>	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Lactating parent reports signs or symptoms of mastitis.
Abscess	<ul style="list-style-type: none"> ▪ Reddened area that is raised and swollen and hot to the touch. ▪ Swollen tissue around the affected area. ▪ Lactating parent has high fever. 	<ul style="list-style-type: none"> ▪ Bacteria that enters breast tissue through cracked nipple or other openings in the skin. ▪ Unresolved mastitis. ▪ Milk not removed from an infected breast. 	<ul style="list-style-type: none"> ▪ What worries you most about your breast? ▪ What changes have you noticed? ▪ Describe any redness or fever. ▪ When did you first begin noticing a problem? ▪ Tell me about any problems with sore/cracked nipples. ▪ What has your healthcare provider (HCP) said? 	<ul style="list-style-type: none"> ▪ Seek medical attention as soon as possible. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Mom reports signs or symptoms of mastitis or an abscess.

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Structural Concerns	<ul style="list-style-type: none"> ▪ No breast changes during pregnancy. ▪ Large nipple or areola. ▪ Flat or inverted nipple. ▪ Extra mammary tissue. ▪ Asymmetrical breasts. ▪ Breast surgery. 	<ul style="list-style-type: none"> ▪ Hormonal issues. ▪ Breast surgery affected the ability to produce milk. ▪ Occasional variations do not always compromise latch. ▪ Some variations do affect successful breastfeeding. 	<ul style="list-style-type: none"> ▪ What worries you most about your nipples or breasts? ▪ What has your HCP told you about your ability to breastfeed? ▪ Describe any breast changes during your pregnancy. ▪ What have you already learned about your ability to breastfeed with your nipple/breast condition? ▪ What are your breastfeeding goals? 	<ul style="list-style-type: none"> ▪ Babies breastfeed, not <i>nipple</i> feed; may be able to latch onto flat or inverted nipples with deep latch. ▪ Check the condition of the nipple. ▪ Track wet and dirty diapers. ▪ Encourage skin to skin and feeding baby early and often. ▪ Allow baby to detach on own. ▪ Inform lactating parent that they may be able to produce some milk despite breast surgery. 	<p>Use Scope of Practice to determine which Level 3 or 4 staff to refer to:</p> <ul style="list-style-type: none"> • Parent has questions about size, shape, or function of their breasts. • Mom reports baby is unable to latch.

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