Breastfeeding has a major role to play in optimising public health. It promotes health and prevents disease in the short and long-term for both mother and baby. Ireland has one of the lowest breastfeeding rates in the world and easily the lowest rate in Europe. The ‘Growing Up in Ireland’ report 2014 showed 56 per cent babies received breastmilk, 40 per cent were breastfeeding leaving hospital, but only 70 per cent of those babies were still breastfed at one month, and half were breastfed at three months. Sometimes breastfeeding can be challenging for both the mother and baby, but it can be successful with support and education from practice nurses and GPs, lactation consultants, public health nurses and breastfeeding support groups. The most common reasons reported for stopping breastfeeding include the mother not having enough milk, sore nipples and engorged breasts. The delivery of primary care management of these common breastfeeding problems will promote longer breastfeeding duration.

**Common breastfeeding problems encountered in general practice**

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**Sore nipples**
Sore nipples are a common complaint of breastfeeding mothers and rank in the top two or three reasons why mothers terminate breastfeeding early in the lactation experience.

**Reasons**
- Poor latch and positioning
- Tongue tie
- Trauma from incorrect flange size on a breast pump
- Skin conditions such as eczema and dermatitis
- Staph aureus infections
- Mastitis
- Engorgement
- Vasospasm
- Nipple blisters or ‘blebs’

**Signs and symptoms**
- Crusty appearance – staph infection
• Peaked diamond shaped nipple post feed – shallow latch
• Shiny red appearance – thrush
• Yellow exudate – bacterial infection
• Bright red – eczema, dermatitis
• White nipple post feed – vasospasm
• Pink/ red – candida infection

Treatment
• Correct the latch and positioning.
• Wash nipple with soap and water twice daily.
• Change breast pads regularly.
• There are many options for nipple ointments on the market. Lanolin, coconut oil and peppermint gel. A study showed 22 per cent of a group of breastfeeding mothers that used a placebo as a prophylactic measure developed cracked nipples compared to 6.9 per cent who used lanolin and 3.8 per cent who used peppermint gel.2
• If nipple skin is broken, moist wound healing is recommended such as Medihoney or Activon, or Breast Angels; a type of silverette cup.
• Hydrogel wound dressings can be used if open sore or cracks present with exudate.4
• If scab absent and exudate present, an antibiotic should be added.
• Bactroban cream, which contains the active ingredient mupirocin is excellent for both bacterial and fungal infection. Please note adequate human and animal data on use during lactation are not available.
• If the mother cannot tolerate the baby latching on, nipple shields can be used short-term.
• APNO cream – all purpose nipple cream, is a highly successful cream for all types of nipple pain. The ingredients are as follows and must be made up on an individual basis by a pharmacist; Mupirocin two per cent, betamethasone 0.1 per cent ointment 15g, miconazole powder added so the final concentration of miconazol is two per cent. No need to wash off pre feeds. The mother can apply to nipples post each feed until nipple soreness improves fully.5
• If nothing else works, time often does help heal the nipples. The mother can take baby off breast and feed the baby expressed milk until nipples heal.

A swab probably not helpful as damaged nipples are most likely colonised with staphaureus especially within the first 14 weeks post partum.6

Nipple and breast thrush
Breast and nipple thrush is the overgrowth of Candida albicans on the nipples and in the breast ducts, which causes significant breast and nipple pain.

Signs and symptoms
• Itching or burning of the skin over the nipple/areola.
• Severe pain initially when the baby latches on, it may ease a little during the feeding but becomes severe again towards the end of a feed, often continuing after the feeding is over.
• Pain is often described as ‘knifelike’ or ‘stabbing’ and often the pain may radiate into the mother’s back and shoulders.
• Skin looks shiny and bright pink.
• Cracked nipples may be present and won’t heal.
• Pain may be on one breast or nipple or may be bilateral.
• There may be evidence of white fungus on the nipple, or there may not be.
• Frequently it begins after a period of pain free nursing for the mother. Sore nipples from a poor latch usually develop shortly after the baby’s birth.

Signs and symptoms for baby
• White patches on gums, cheeks, palate and tonsils.
• Fidgety during a feed, pulling off while feeding.
• Clicking sound while feeding.
• Baby may become fretful and ‘windy’.
• Baby may also have nappy rash.

Treatment
• Continue feeding.
• Ibuprofen can help deep breast pain.
• Baby – Nystatin/Daktarin drops, one drop four to eight times daily for one week, then one drop daily for one week after signs and symptoms resolve.7
• Mother – apply Nystatin cream after every feed. The cream absorbs better than using nystatin gel. No need to wash off before a feed.
• If pain is in both the nipple and the breast and the pain is described as persistent and deep (ducts), fluconazol orally is required. 400mg stat, then 100mg BD until the mother is pain free for a full week. Continue to use topical treatment for mother and baby.8
• It is safe to continue feeding while taking fluconazol. Amounts excreted into breastmilk are less than the neonatal fluconazol dosage.9
• No benefits to culture a swab. ‘Castle study’ Australia showed 38 per cent of swabs cultured from first time mothers and babies were colonised with Candida.6
• It is important to treat both the mother and baby, even when there are no signs of Candida in the baby’s mouth, or when a breastfed baby has oral thrush, and the mother is symptom free, both should be treated to eliminate cross infection.

Management
• Be diligent when using the treatment, especially for one week when symptom free.
• Boil pacifiers, teats, pumps daily for 20 minutes while thrush is active.
• Do not freeze milk while thrush is active.
• Hot temperatures will kill thrush, cold does not.
• Change breast pads after each feed, or when damp.
• Hot wash any clothing, towels in contact with the breasts.
• Strict hand hygiene.
• Dietary advice – limit sugars. Add garlic and probiotics.

Engorgement
Defined as ‘the swelling and distension of the breasts, usually in the early days of initiation of lactation, caused by vascular dilation as well as the arrival of the early milk’.10 Engorgement symptoms occur most commonly between days three and five, with more than two-thirds of women with tenderness at day five, but some as late as day nine to 10.11

Symptoms
• Painful, oedematous breasts, especially nipples feeling tight.
• Shiny in appearance.
• Milk not flowing.
• Usually bilateral.
• May be associated with low grade pyrexia.

Treatment
• Do not rest the breasts. Urge the mother to continue feeding.
• Make sure correct positioning and good latch is present so milk is extracted more easily.
• If breasts are very oedematous, feeding while lying down may help maintain a good latch.
• Warm compresses or showering pre-feed will assist let down and milk flow. Use cold compresses post feed.
• If the baby is unable to latch on correctly, or if severe engorgement is present, a breast pump should be used.
• The mother can apply the green of the cabbage head around the breast for approximately 20 minutes after a feed three to four times a day. As soon as engorgement is decreasing, the mother should stop using cabbage leaves as they could decrease milk supply.
• Reverse pressure softening technique is very beneficial to use before a feed to help to soften the areola and will also stimulate the milk ejection reflex. (Search Jean Cotterman on YouTube for video demonstration).
• Express post feeds to make sure the breast is emptied. This may increase milk supply, but more importantly it will decrease the engorgement and pain.
• Anti-inflammatory medication can be used if the mother is very sore and uncomfortable.
• Encourage the mother to wear a well supported fitting bra.

**Blocked ducts**
A blocked duct is described as a hard, painful swelling that may include a significant part of the breast. A blocked duct will usually improve within 24 to 48 hours, regardless of whether a mother treats it. It is usually not associated with a high temperature. Blocked ducts are often associated with a mother who has an abundant milk supply and when a baby does not empty the breast. Usually the milk flow is not affected, but sometimes it can be.

**Signs and symptoms**
- Tender red spot on breast not accompanied by a fever.
- Can be painful.
- Slower flow in milk.

**Treatment**
- Massage in front of plug to ease path towards nipple.
- Change position of feeding to help drainage. Position baby at breast with his chin pointed towards blocked duct.
- Attention to finishing and emptying breast.
- Avoid tightly fitted nursing bras and underwired bras.
- Pain relief can be used such as ibuprofen.
- Use heat packs pre feeds.
- Cabbage leaves will not help blocked ducts.
- If the above does not work, then ultrasound treatment by physiotherapists has been proven to be beneficial, and often prevents blocked ducts reoccurring.

**Inverted nipples, flat nipples**
An inverted nipple is one that sinks down into the breast rather than protruding. Inverted nipples can make it more difficult to latch the baby on, but it not impossible.

**Treatment**
- Use breast pump to draw nipple out.
- Massaging or rolling nipple between thumb and index finger can help draw nipple out.
- Use of nipple shields.

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**Mastitis**
This is defined as ‘inflammation of the mammary gland in the breast or udder typically due to bacterial infection via a damaged nipple or teat’.

**Symptoms**
- Usually only one breast is affected.
- Breastfeeding mothers usually present with a temperature greater than 38.5°C, with a tender, hot swollen area on the breast.
- Inflammation of the breast may not involve a bacterial infection.
- Redness, pain, and heat may also be present when an area of the breast is engorged or ‘blocked’.
  
**At least two breast symptoms:**
- Breast pain
- Lump
- Redness

**At least one systemic symptom**
- Fever
- Flu like symptoms (headache, lethargy, nausea)

**Predisposing factors**
- Damaged nipple, especially if colonised with staphylococcus aureus.
- Infrequent feeding, or missing a feed.
- Poor attachment, leading to inefficient removal of milk.
- Illness of the baby/mother.
- Oversupply of milk.
- Rapid weaning, or introduction of bottle feeding.
- Pressure on the breast eg, a tight bra.
- Thrush.
- Infant has tongue tie.
- Use of pacifier.

Mastitis is most common in the second and third week postpartum with most reports indicating that 74 per cent to 95 per cent of cases occur in the first 12 weeks.

**Management and treatment:**
The most important management is milk removal
- Frequent breastfeeding, ensuring to empty both breasts, but especially the affected side.
- Breast massage during feeding, massaging from problem area towards nipple.
- Expressing milk after feeding to ensure breast is empty.
- Cold compresses to breasts post feeds.
- Hot compresses before a feed.
- Rest for mother.
- Adequate fluids and nutrition for mother.
- Apply cold cabbage leaves, but only for 20 minutes at a time.

**Pharmacological management**
- Analgesia.
- Antibiotics orally if no improvement in 24 hours.
- Flucoxacinil 500mg QDS or if penicillin allergy cephalexin 500mg QDS. Experts recommend a 10 day course.
- Breastmilk culture is necessary if no response to antibiotics within two days, or for a history of recurring mastitis.

**Prevention**
- Feeding should not be restricted, ensuring breasts are emptied.
post feeding.
• Attachment should be improved to ensure adequate milk removal.
• Educate mother in relation to signs and symptoms of mastitis, and how to manage early symptoms.
• Encourage mother to attend breastfeeding support group.

Vasospasm
Vasospasm or Raynaud’s phenomenon occurs when the blood vessels constrict or tighten. Vasospasm can occur in any blood vessels in the body. Less commonly, blood vessels in the nipples are affected, causing pain during, immediately, after or between breastfeeds.17

Signs and symptoms
• Commonly pain occurs after the feeding is over.
• Intense nipple pain, described as a burning throbbing pain, worst when the mother is cold.
• When the baby is off the breast a few seconds, the nipple or part of the nipple starts to turn white. This is caused by the nipple going into spasm, the blood then does not get into the nipple.
• The nipple then turns red or blue and frequently throbs with pain. It may turn white again associated with burning pain, and then throbbing that may last up to an hour.5
• It is often secondary to other causes of nipple pain such as poor latch, Candida, sore nipples.

Treatment
• Keep nipples warm. This may relieve pain immediately.
• Wear extra clothing.
• Heat packs on nipples.
• Avoid cold exposure, do not air dry your nipples.
• Warm bathroom before showering.
• Fish oils, or evening primrose supplements may improve blood vessel relaxation.
• Vitamin B6 100-200mg daily as a single dose for four days, then 25mg daily.
• Nifedipine 30mg daily if symptoms persist, can be titrated up to 60mg daily.5

Management
• Avoid known triggers such as cold, wet towels and damp breast pads.
• Fix the latch and positioning.
• Smoking can trigger vasospasm, as can caffeine.

Tongue tie
This is defined as the ‘Embryological remnant of tissue in the midline between the under surface of the tongue and the floor of the mouth that restricts normal tongue movement’ by the International Association of Tongue Tie professionals.
The tongue cups to hold the breast, seals the oral cavity, and stabilises the nipple in the mouth. It elevates and drops to create a vacuum to draw milk out. The elevation of the tongue is most important in breastfeeding.
Between four to 10 per cent of the population has tongue tie. It often runs in families. One study showed a 40 per cent incidence in families.18
There are four types of tongue tie – simple, classic, and two types of posterior.

Signs and symptoms
Signs and symptoms for baby
• Difficulty in latching, remaining attached on the breast

Almost continuous feeding
• Poor weight gain
• Unsettled, falling asleep during an incomplete feed
• Colic and reflux

Symptoms for bottle fed infants
• Prolonged feeds
• Small frequent feeds
• Dribbling milk during feeds
• Colic, reflux
• Slow weight gain

Maternal signs and symptoms
• Soreness
• Nipple vasospasm
• Inadequate milk supply
• Mastitis – blocked ducts

Reasons for slow weight gain
• Not getting enough milk.
• Baby not able to physically transfer milk adequately due to anatomical reasons, such as tongue tie.
• Infection.
• Vomiting or reflux.

Reasons for low milk supply
• Exhaustion
• Stress
• Introduction of supplementary feeds
• Pacifiers
• Infection
• Insufficient glandular tissue
• Hormonal, endocrine issues
• Return of menses
• Previous surgery
• Birth control
• Certain medications, eg, pseudoephedrine, atrovent
• Some herbal remedies, eg, sage, peppermint, parsley

Solutions
• Breastfeed two to three hourly and especially during the night, ensuring breast is emptied at each feed.
• Check latch is correct.
• Pump one hour after feed for approx 10 minutes to increase milk supply.
• Breast massage and breast compression.
• Rest as much as possible. Drink plenty of water and eat well balanced meals.
• Use of galactogogues; herbal and pharmaceutical.
• Relaxation techniques.
• Motilium (Domperidone) is the pharmaceutical drug of choice. It increases prolactin and can have a dramatic effect on milk production. The recommended dosage is 10 to 30mg three to four times daily, dose not to exceed 90mgs daily.9

Common queries in the early stages of breastfeeding

Smoking
• The benefits of breastfeeding outweigh the risk of nicotine exposure. Nicotine is no longer listed as a drug contraindicated during breastfeeding.
• Milk nicotine levels peak 30 to 60 minutes after smoking one to two cigarettes. It takes three hours for nicotine to clear from the body.
• It reduces milk production.
• It tastes the milk.

Alcohol
• Alcohol is highest in breastmilk 30 to 60 minutes post consumption, nursing should take place three hours or longer after alcohol intake to minimise its concentration in the ingested milk.19
• ‘Pumping and dumping’ will not speed up the elimination of alcohol from milk.9
• Two drinks plus may inhibit let down.
• Research has shown daily consumption of alcohol may cause slow weight gain in infants.
• Mothers who ingest alcohol in moderate amounts can generally return to breastfeeding as soon as they feel neurologically normal.9

Medications
• Most over the counter medications will state if not safe in pregnancy or lactation.
• For prescribed medication, drugs with a short half life are more suitable while breastfeeding, or those that are protein bound, eg, insulin, heparin.
• Cough mixtures can reduce milk production.
• Common drugs such as paracetomol and ibuprofen, iron and vitamin supplements and most antibiotics are safe to take while breastfeeding.

Diet
All babies have fussy periods, reactions to food are rare. It is common for breastfed babies to be windier through their nappies. If the mother feels certain foods are affecting baby, they should be advised it takes about four hours for food to enter milk and 24 hours to leave it. If there is a concern about an allergy the mother should cut out the suspected food for a few days, then introduce it slowly again into the diet.
• No restrictions unless the baby has issues, then eliminate most likely foods, such as nuts, caffeine, chocolate, spicy foods.
• Mother should have a well balanced diet, with three to five calcium portions daily.

Conclusion
In summary, practice nurses have a major role to play in the promotion of prolonged breastfeeding in the antenatal and postnatal period. Ongoing support from peer groups, breastfeeding support groups and primary caregivers increases breastfeeding rates nationally. Encourage attendance at an antenatal breastfeeding preparation class. There are many useful resources online such as www.breastfeeding.ie and www.alcireland.ie. Prompt advice and treatment on the common problems breastfeeding mothers present with in general practice will prevent early cessation of breastfeeding.

References
19. Carmen Fernando, Tongue Tie From Confusion to Clarity.