

PROBLEM SOLVING: COMPLEX MATERNAL PROBLEMS

LEVEL 4 HANDOUT: COMPLEX MATERNAL PROBLEMS SUMMARY

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

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					<ul style="list-style-type: none"> ▪ Breastfeed on unaffected breast (if applicable) and express milk from affected breast to stimulate and draw out nipple. 	
<p>Nipple Conditions:</p> <p>Nipple Variations</p>	<ul style="list-style-type: none"> ▪ Large or long nipples ▪ Bifurcated nipple ▪ Bulbous nipple ▪ Extra nipple tissue 	<ul style="list-style-type: none"> ▪ Can cause nipple or breast pain due to: <ul style="list-style-type: none"> • Weak suck • Small mouth • Tongue tie ▪ Leaking and engorged tissue (extra nipple tissue) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Appearance of the nipple ▪ How the nipple responds when compressed ▪ Baby's latch attempts ▪ Engorgement ▪ Nipple fissures ▪ Signs of infection ▪ Infant anomalies that might make latch difficult ▪ Mom's discomfort ▪ Willingness to use a breastfeeding aid 	<ul style="list-style-type: none"> ▪ What did the HCP tell you about your nipples or ability to breastfeed? What advice did they give? ▪ What feeding position do you find most comfortable? ▪ Show me how your baby nurses. ▪ What positions have been helpful in coaxing your baby to latch? ▪ How do your breasts feel before, during, and after feedings? 	<ul style="list-style-type: none"> ▪ Vary positions and holds to help your baby take in a large amount of breast tissue. <ul style="list-style-type: none"> • Sandwich hold • Dancer hold • Football hold • Laid-back breastfeeding ▪ Feed on unaffected breast first and express on affected breast. ▪ Use comfort measures for engorgement ▪ Express milk until baby's oral anatomy grows to accommodate the variation. ▪ Use a nipple shield for a firmer teat. 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Mom has signs of infected nipples. • Concerns of mastitis. • Mom wishes to take pain meds ▪ Refer to CPA to assess weight trends and tailor food package. ▪ Refer to peer counselor for ongoing support.
<p>Nipple Conditions:</p>	<ul style="list-style-type: none"> ▪ Pain deep within breast ▪ Pain after latch 	<ul style="list-style-type: none"> ▪ Infection ▪ <i>Candida albicans</i> 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Breaks in the skin 	<ul style="list-style-type: none"> ▪ Tell me more about the pain. When did it begin? Does it happen before, 	<ul style="list-style-type: none"> ▪ Provide info on appropriate breast pump techniques and flanges 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Signs of infection • Rash or other skin conditions

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Persistent Nipple Pain	<ul style="list-style-type: none"> ▪ Pain throughout the feeding ▪ Pain at the beginning of feeding ▪ Physical signs in the nipple: <ul style="list-style-type: none"> • Flat or inverted • Open sores • Bleeding • Infection • Rashes 	<ul style="list-style-type: none"> ▪ Incorrect use of breast pump or incorrect shield size ▪ Infant sucking disorder ▪ Vasospasm ▪ Nipple bleb ▪ Plugged duct ▪ Poor latch ▪ Infant oral issues ▪ Skin conditions (e.g., eczema) ▪ Herpes Simplex ▪ Incorrect nipple shield size 	<ul style="list-style-type: none"> ▪ Swelling, discoloration, rashes, redness ▪ Latch issues ▪ Infant anatomical issues (e.g., tongue tie, torticollis, arched palate) ▪ Mom’s perception of pain <ul style="list-style-type: none"> • Sharp or burning • Dull ache • When latching • Constant • After feeding • Placement or size of pump flange, if being used 	<ul style="list-style-type: none"> during, or after nursing? ▪ What have you already done to alleviate the pain? ▪ If a solution worked in the past but pain returned, what changed? ▪ Did you have similar pain with other babies you breastfed? ▪ Tell me about your breast pump or other aids you are using. ▪ What medical concerns are you aware of for yourself? ▪ What does your HCP say? ▪ What concerns do you have about your baby? 	<ul style="list-style-type: none"> ▪ Positioning and latch adjustments and variations ▪ Sandwich hold or dancer hand hold ▪ Educate about basic breast care. 	<ul style="list-style-type: none"> • Treatment needed • Infant oral anomalies ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.
Nipple Conditions: Cracked/Bleeding Nipples	<ul style="list-style-type: none"> ▪ Open fissures or breaks ▪ Bleeding ▪ Signs of infection (oozing, redness, fever, pus, pain, warm to touch) ▪ Blisters ▪ Maternal fever 	<ul style="list-style-type: none"> ▪ Nipple trauma due to poor latch (most common) ▪ Infant oral or facial structures ▪ Sucking issues ▪ Use of artificial nipples ▪ Engorgement 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Pain history ▪ Learn about: <ul style="list-style-type: none"> • Size and location • Signs of infection • Nipple anomalies • Engorgement 	<ul style="list-style-type: none"> ▪ Tell me when you first noticed the crack. ▪ What do you think is the cause? ▪ Is there anything about your baby’s suck that concerns you? 	<ul style="list-style-type: none"> ▪ Express milk until nipples begin healing. ▪ Use a nipple shield. ▪ Use breast shells to prevent friction of bra/clothing. ▪ Use warm water compresses. 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • There are signs of infection. • Medications are needed. • Strategies do not resolve damage. ▪ Refer to CPA to tailor food package

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		<ul style="list-style-type: none"> ▪ DOL ▪ Overactive MER ▪ Nipple trauma from breast pump or incorrect flange ▪ Bacteria 	<ul style="list-style-type: none"> • Baby's oral anatomy • Appearance of nipple before and after feeding • Infant latch • How baby removed from breast • Signs of infection ▪ Mom's attempts to relieve the pain ▪ Medications mom takes 	<ul style="list-style-type: none"> ▪ When did your breasts begin feeling fuller? ▪ How do your breasts feel? ▪ What do your nipples look like before and after a feeding? ▪ What health concerns do you and your baby have? ▪ What does the HCP say? ▪ Tell me about any breastfeeding aids you are using. 	<ul style="list-style-type: none"> ▪ Contact HCP if there are signs of infection. 	<ul style="list-style-type: none"> and assess weight trends. ▪ Refer to peer counselor for ongoing support.
<p>Nipple Conditions:</p> <p>Fungal Infection</p>	<ul style="list-style-type: none"> ▪ Burning, stinging pain ▪ Shooting pains ▪ Itching ▪ Redness ▪ Thrush in baby ▪ Vaginal yeast infection of mom ▪ Fungal diaper rash in baby 	<ul style="list-style-type: none"> ▪ Overgrowth of <i>Candida albicans</i> ▪ Moist, dark environments ▪ Infant oral thrush ▪ Maternal diabetes ▪ Prior medication use 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Appearance of redness, bumps ▪ Previous <i>Candida</i> ▪ Description of pain ▪ Signs of infection (pus, fever) ▪ Previous medication use 	<ul style="list-style-type: none"> ▪ When does the pain occur and how long does it last? ▪ Tell me about any antibiotics you recently took. ▪ Describe any white patches in your baby's mouth. ▪ Describe the appearance of your nipples or changes you noticed. ▪ Tell me about the frequency of other types of yeast infections you have had. 	<ul style="list-style-type: none"> ▪ Take antifungal therapies as prescribed by HCP ▪ Practice good hygiene (wash hands before handling breasts and after changing diaper). ▪ Wash bottles and pumping supplies in hot soapy water. ▪ Check for vaginal infection. ▪ Use breast shells to keep nipples from touching bra ▪ Wash breast shells in hot soapy water. 	<ul style="list-style-type: none"> ▪ Refer to HCP if mom has symptoms of fungal infection. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

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				<ul style="list-style-type: none"> What does your HCP say? 		
<p>Nipple Conditions:</p> <p>Vasospasm</p>	<ul style="list-style-type: none"> Nipples appear pale or blanched, blue, purple, or red after feedings Throbbing pain after baby detaches from breast 	<ul style="list-style-type: none"> Raynaud’s Phenomenon Auto-immune disease Triggered by cold Nipple cyanosis due to lack of oxygen; turns red as blood flow returns 	<ul style="list-style-type: none"> Medical history of Raynaud or auto immune disease Nipple discoloration (appearance of nipple after feeding) Mom’s description of nipple pain Current treatments underway 	<ul style="list-style-type: none"> Has your HCP mentioned “vasospasms” in relation to breastfeeding? How does your nipple look and feel right after a feeding or milk expression? When does the pain begin? How does the pain feel after a feeding? What has your HCP told you about any medications you are taking and effects on breastfeeding? 	<ul style="list-style-type: none"> Keep breasts warm before and during feedings. Apply warm compress over nipples immediately after a feeding or milk expression. Keep room temperature warm. Avoid vasoconstrictive agents (e.g., caffeine, nicotine). Check about medications HCP prescribed. 	<ul style="list-style-type: none"> Refer to HCP if mom has concern of vasospasms in relation to breastfeeding. Refer to CPA to tailor food package and assess infant weight trends if needed. Refer to peer counselor for ongoing support.
<p>Nipple Conditions:</p> <p>Nipple Bleb</p>	<ul style="list-style-type: none"> Whitish or yellowish blister on tip of nipple pore Pain to the touch and during feedings Blister with cheesy consistency 	<ul style="list-style-type: none"> Can occur at any point in breastfeeding experience Cyst that forms when milk leaks into nipple tissue Can cause: <ul style="list-style-type: none"> Severe pain Low milk production Mastitis 	<ul style="list-style-type: none"> Breastfeeding history Mom’s description of pain Signs and symptoms of a plugged milk duct What the mom has done to alleviate the pain 	<ul style="list-style-type: none"> Tell me more about the pain you are experiencing and where it hurts most. Does the pain improve after feedings? Describe the appearance of the nipple. Where does the blister appear? Describe painful or lumpy areas in your breasts. 	<ul style="list-style-type: none"> Apply moist, warm compress over nipple before feedings. Assure good positioning/latch. Plugged duct strategies, if relevant. Do not open bleb on your own. Keep nipple area clean if bleb opens on its own 	<ul style="list-style-type: none"> Refer to HCP if: <ul style="list-style-type: none"> Bleb continues to cause pain There are signs of infection Refer to CPA to tailor food package and assess weight trends, if needed. Refer to peer counselor for ongoing support.

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				<ul style="list-style-type: none"> ▪ Tell me about other issues (e.g., plugged ducts) you have experienced. ▪ What have you tried to reduce your pain? ▪ What does your HCP say? 	<ul style="list-style-type: none"> ▪ Apply ice packs between feedings ▪ Massage to keep milk moving freely ▪ Continue to breastfeed to keep breast well drained. 	
Breast Conditions Unresolved Engorgement	<ul style="list-style-type: none"> ▪ Breast swollen, hard, tight, and/or shiny ▪ Breast warm to the touch ▪ Baby unable to latch ▪ Mom unable to express milk ▪ Intolerable pain 	<ul style="list-style-type: none"> ▪ Milk overproduction ▪ Poor drainage ▪ Impaired MER ▪ Mom unable to relax due to pain ▪ Incorrect milk expression techniques ▪ Defective pump ▪ Obstruction in breast (lesion or mass) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Signs of milk transfer ▪ Birth experiences ▪ Early practices ▪ Prior breast surgeries ▪ Milk expression techniques ▪ Strategies mom has already tried ▪ Mom's comfort using breastfeeding aids ▪ Family history of breast cancer 	<ul style="list-style-type: none"> ▪ Tell me when your breasts first became engorged. ▪ What are you doing to alleviate the discomfort? ▪ Describe how you are expressing milk. How often are you doing so? ▪ What breastfeeding aids (e.g., nipple shield) are you using? ▪ Describe how your breasts are feeling. ▪ What has your HCP told you about your symptoms? 	<ul style="list-style-type: none"> ▪ Encourage milk ejection reflex through: <ul style="list-style-type: none"> • Warm compresses • Deep relaxation breaths • Therapeutic breast massage ▪ Use reverse pressure softening. ▪ Express milk using therapeutic massage. ▪ Express to comfort (not to empty the breast). 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Mom needs pain meds. • There are signs of breast infection or abscess. • There is a lump or hardened area that does not respond to usual massage and milk expression. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.
Breast Conditions Unresolved Plugged Duct	<ul style="list-style-type: none"> ▪ Hard, lumpy area that does not respond to usual strategies ▪ Nipple bleb or blister 	<ul style="list-style-type: none"> ▪ Infant with latch issues or tongue tie ▪ Overproduction of milk not removed ▪ Baby sleepy or gaining poorly 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ History of plugged ducts or mastitis ▪ Mom's description of breasts/lumpy area 	<ul style="list-style-type: none"> ▪ How long have you been experiencing this? ▪ Describe how you are massaging your breasts. 	<ul style="list-style-type: none"> ▪ Apply warm compress before feedings ▪ Use therapeutic massage ▪ Firm localized massage over lumpy 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Pain meds are needed. • Area is infected • There are signs of mastitis or abscess.

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	<ul style="list-style-type: none"> ▪ Thick or stringy milk ▪ Breast pain ▪ Baby unable to latch ▪ Recurring plugged ducts 	<ul style="list-style-type: none"> ▪ Incorrect use of nipple shield or breast pump 	<ul style="list-style-type: none"> ▪ Feeding practices and appropriate latch ▪ signs of mastitis, abscess, or scarring ▪ Techniques mom has already tried 	<ul style="list-style-type: none"> ▪ Tell me how the baby latches and feeds. ▪ What is a typical day like breastfeeding your baby? ▪ What prior breast surgeries or procedures have you experienced? ▪ What does your HCP say? 	<p>areas toward the nipple</p> <ul style="list-style-type: none"> ▪ Hand express. ▪ Feed frequently. ▪ Use reverse pressure softening. ▪ Address bleb, if applicable ▪ Express extra milk ▪ Cool packs after feedings ▪ Rest, fluids, nutritious foods ▪ Anticipatory guidance on signs of mastitis and abscess 	<ul style="list-style-type: none"> • Hard, lumpy area that does not respond to usual strategies. • Breast has a pau d'orange appearance. ▪ Refer to CPA to tailor food package and assess weight trends ▪ Refer to peer counselor for ongoing support.
<p>Breast Conditions</p> <p>Recurrent Mastitis</p>	<ul style="list-style-type: none"> ▪ Tender, hot, swollen, red ▪ Fever 101.3° or > ▪ Fatigue ▪ Nausea ▪ Breast pain ▪ Prior plugged ducts ▪ Occurs in one or both breasts 	<ul style="list-style-type: none"> ▪ Nipple damage that allowed bacteria (especially <i>Staph</i>) to enter ▪ Structural issues (e.g., scarring) ▪ Unclean breastfeeding aids ▪ Unresolved nipple trauma ▪ Antibiotic resistance ▪ Improper use of nipple shield ▪ Maternal fatigue or stress ▪ Poor milk drainage ▪ Pressure against milk ducts 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn about: <ul style="list-style-type: none"> • Signs of mastitis • Location of reddened area • Signs of trauma or nipple abrasion • Scarring from breast surgeries • Signs of infection ▪ Medical conditions of mom or baby ▪ Missed feedings ▪ Persistent plugged ducts ▪ Unresolved nipple trauma ▪ Maternal fatigue 	<ul style="list-style-type: none"> ▪ Tell me more about previous issues with mastitis. ▪ Did it reoccur in the same breast? ▪ Which areas of the breast are prone to mastitis? ▪ Describe your nipples and continued pain or damage you have had. ▪ Tell me about your activity or stress levels before mastitis episodes. ▪ Describe any issues with plugged ducts. 	<ul style="list-style-type: none"> ▪ Provide anticipatory guidance for early prevention and management of mastitis symptoms. ▪ Address continued issues with nipple trauma. ▪ Keep aids that touch breast tissue clean. ▪ Keep breasts well drained. ▪ Follow HCP's treatment plan fully. 	<ul style="list-style-type: none"> ▪ Refer to HCP if mom reports symptoms of mastitis. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

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			<ul style="list-style-type: none"> How aids are cleaned Advice from HCP 	<ul style="list-style-type: none"> Tell me how you clean your breastfeeding aids after you use them. What does your HCP tell you about how to treat it? 		
Breast Conditions Breast Abscess	<ul style="list-style-type: none"> Breast pain Localized red area on breast that oozes pus Symptoms of mastitis (fever, flu-like signs) Fatigue 	<ul style="list-style-type: none"> Current or previous nipple trauma Inadequate breast drainage Prior mastitis Unresolved plugged duct 	<ul style="list-style-type: none"> Breastfeeding history Signs of infection Prior history of mastitis, plugged duct or unresolved nipple trauma Maternal fever Compliance with treatment programs advised by the HCP 	<ul style="list-style-type: none"> Tell me about your pain. Where do you feel pain? Describe red or sore areas on your breast. What breastfeeding issues did you face? How were they resolved? What has your HCP told you about your symptoms? 	<ul style="list-style-type: none"> The HCP can treat with antibiotics and drain the abscess if appropriate. Breastfeed on affected breast if HCP advises. If baby rejects affected breast, express to drain milk. Assess milk production and monitor baby's weight w/CPA. Rest and practice good hygiene. 	<ul style="list-style-type: none"> Refer to HCP if mom has symptoms of abscess. Refer to CPA to tailor food package and assess weight trends. Refer to peer counselor for ongoing support.
Breast Conditions Skin Conditions	<ul style="list-style-type: none"> Rashes or reddened areas Lesions of various sizes or colors Dry, scaly areas Itching Pain 	<ul style="list-style-type: none"> Allergies Viruses Contact with irritants Creams or meds Baby might reject affected breast 	<ul style="list-style-type: none"> Breastfeeding history Possible skin irritants Treatment already underway Advice form HCP 	<ul style="list-style-type: none"> Describe the skin condition. Describe any previous history with allergies to things that touch your skin. Tell me how your breast feels with this condition. 	<ul style="list-style-type: none"> Instruct on milk expression if needed. Express affected breast while baby nursing on unaffected breast. If milk from affected breast must be discarded (e.g., HSV or chicken pox on 	<ul style="list-style-type: none"> Refer to HCP if: <ul style="list-style-type: none"> Skin conditions are reported. Safety of continuing to breastfeed is questioned. Refer to CPA to tailor food package and assess weight trends.

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				<ul style="list-style-type: none"> ▪ How long have you experienced these skin symptoms? ▪ What does your HCP say? 	<p>the breast), feed more often on unaffected breast.</p> <ul style="list-style-type: none"> ▪ Monitor baby's growth and mom's milk production. ▪ Practice good hygiene habits and clean breastfeeding devices. 	<ul style="list-style-type: none"> ▪ Refer to peer counselor for ongoing support.
<p>Breast Conditions</p> <p>Insufficient Glandular Tissue</p>	<ul style="list-style-type: none"> ▪ Small, underdeveloped breast(s) ▪ Tubular shape ▪ Large intramammary space ▪ Asymmetry ▪ Lack of veining ▪ Low milk production ▪ Poor infant weight gain ▪ Augmentation surgery 	<ul style="list-style-type: none"> ▪ Hypoplasia associated with high risk for low milk production 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn about: <ul style="list-style-type: none"> • Visual signs of insufficient tissue • Mom's MER • Signs of milk transfer • Prior milk production problems • Early breastfeeding challenges (e.g., DOL) • Prior surgery • Breast changes during pregnancy • Signs of inadequate intake in infant 	<ul style="list-style-type: none"> ▪ Describe the appearance of your breasts and any differences. ▪ How did breastfeeding go with your last baby? ▪ Tell me about any breast surgeries you have had. ▪ What changes did you notice in your breasts during pregnancy? ▪ After your baby was born, when did you begin feeling fuller? ▪ How do your breasts feel before a feeding? How do they change after a feeding? ▪ What has your HCP say about your baby's growth? 	<ul style="list-style-type: none"> ▪ Develop a plan before birth, if possible. ▪ Follow up closely after birth. ▪ Feed frequently and express milk after feedings to protect and build production. ▪ Use a nursing supplementer if supplements are needed. 	<ul style="list-style-type: none"> ▪ Refer to HCP if baby's weight is at risk. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

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Breast Conditions: Breast Surgery	<ul style="list-style-type: none"> ▪ Prior breast surgeries or procedures ▪ Surgical scars present ▪ Low milk production ▪ Slow infant weight gain ▪ Engorgement ▪ Plugged ducts 	<ul style="list-style-type: none"> ▪ Breast biopsy (mom can usually breastfeed) ▪ Augmentation (may be okay but might be at risk for engorgement or plugged ducts) ▪ Reduction (might affect production if nerves severed) ▪ Liposuction (may have minimal impact on production) ▪ Lumpectomy (might impact if nerves and ducts were severed) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Learn about: <ul style="list-style-type: none"> • Type of surgery and location of scars • When surgery was conducted • Signs of milk transfer • Infant weight trends 	<ul style="list-style-type: none"> ▪ Tell me more about the scars on your breast. ▪ What kind of surgery did you have? ▪ Why did you decide to have this surgery? ▪ Describe any follow-up surgeries or treatments. ▪ How long ago did the surgery occur? ▪ What did the surgeon tell you about your ability to breastfeed after undergoing this surgery? 	<ul style="list-style-type: none"> ▪ Encourage mom to breastfeed. ▪ Follow up frequently and monitor milk production and transfer. ▪ Provide anticipatory guidance on preventing and managing engorgement, plugged ducts. ▪ Educate about signs of milk transfer. ▪ Discuss breastfeeding aids if supplements become necessary. 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Milk production is compromised • Baby's weight gain is insufficient. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.
Induced Lactation	<ul style="list-style-type: none"> ▪ Mom who has not been pregnant wishes to establish milk production 	<ul style="list-style-type: none"> ▪ Reasons mom might induce: <ul style="list-style-type: none"> • Adoption • Fostering • Baby born to surrogate • Same sex partnership • Emotional and nutritional benefits • Fulfillment of parents 	<ul style="list-style-type: none"> ▪ Maternal or breastfeeding history ▪ Structural issues that might affect milk production ▪ Medical issues that might affect production ▪ Reasons for inducing and goals for full or partial feedings ▪ Mom's knowledge and interest in breastfeeding aids 	<ul style="list-style-type: none"> ▪ Tell me a little more about your decision to begin lactating. ▪ How old is/will the baby be when you want to establish production? ▪ What medical issues might affect your ability to breastfeed? ▪ What are your thoughts about using a breast pump or nursing supplementer? ▪ What does HCP say? 	<ul style="list-style-type: none"> ▪ Realistic expectations (some produce milk and some do not). ▪ Help mom define success in terms of relationship with baby. ▪ Express with electric pump. ▪ Put baby to breast as soon as possible after birth. ▪ Provide skin-to-skin contact. ▪ Use a nursing supplementer. 	<ul style="list-style-type: none"> ▪ Refer to HCP for medications as advised by HCP for inducing lactation. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

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					<ul style="list-style-type: none"> ▪ Temporarily use nipple shield. ▪ Rest, hydrate, and eat healthy. 	
Relactation	<ul style="list-style-type: none"> ▪ Mom wants to re-establish lactation after it ended ▪ Signs of concerns: <ul style="list-style-type: none"> • Breast tissue atrophy • Baby resistant after receiving bottles • Mom not aware of time and persistence needed • Long time since lactation ceased 	<ul style="list-style-type: none"> ▪ Reasons for relactation: <ul style="list-style-type: none"> • Infant medical concerns • Maternal medical concern • Mom missing bond • Baby not tolerating formula well • Caring for another baby • No access to safe water, formula, or feeding supplies during an emergency (e.g., natural disaster) 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Reasons mom discontinued breastfeeding ▪ Learn about: <ul style="list-style-type: none"> • Structural concerns (e.g., underdeveloped breasts, asymmetry) • Demands of daily life • Mom’s knowledge and expectations • Mom’s comfort using breastfeeding devices 	<ul style="list-style-type: none"> ▪ What were your original goals for breastfeeding? ▪ What challenges did you experience? How were they resolved? ▪ Did your baby breastfeed directly at the breast? ▪ What are your feelings about relactation? ▪ What are your goals moving forward? ▪ What efforts have you made to coax your baby back to the breast? ▪ Describe a typical day for you. How do you feel extra pumping sessions will fit with your life? ▪ What has your HCP told you about relactating? ▪ Tell me more about your baby’s growth 	<ul style="list-style-type: none"> ▪ Use the usual principles of rebuilding milk production: <ul style="list-style-type: none"> • Remove milk 8-12 times /24 hours. • Breast pump to stimulate production • Use a nursing supplementer if baby is able to latch. • Increase oxytocin through skin to skin, massage, and warm compresses. ▪ Coax baby back to breast: <ul style="list-style-type: none"> • Hold baby skin to skin. • Offer breast when baby is sleepy or calm. • Don’t make it a battle; try later. • Temporarily use a nipple shield. 	<ul style="list-style-type: none"> ▪ Refer to HCP if there are infant weight concerns. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

Maternal Problem	Signs	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
				<p>and what your baby's HCP says.</p> <ul style="list-style-type: none"> What types of aids have you used? How comfortable are you using them to help regain production? 	<ul style="list-style-type: none"> Provide anticipatory guidance on signs of higher production: <ul style="list-style-type: none"> Breasts feel fuller. Amount of milk pumped increases. Baby's stools become softer and change colors to yellow. 	
Hormonal Conditions	<ul style="list-style-type: none"> Postpartum hemorrhaging DOL Lack of breast changes Low milk production 	<ul style="list-style-type: none"> Placental retention PCOS Insulin sensitivity Pituitary dysfunction 	<ul style="list-style-type: none"> Breastfeeding history Unusual breast presentations Early feeding practices Breast changes Symptoms of placental retention Mom's hormonal conditions 	<ul style="list-style-type: none"> Describe breast changes during your pregnancy. Is postpartum bleeding subsiding? What medical conditions do you have? Describe your early breastfeeding experience. What concerns did you experience? When do you recall your milk volume began to increase? 	<ul style="list-style-type: none"> Encourage mom to speak with HCP about treatment before baby is born. Ensure optimal early feeding practices Seek help in hospital if concerned. Breast pump to stimulate production Use a nursing supplementer if supplements are needed 	<ul style="list-style-type: none"> Refer to HCP for treatment and needed medications. Refer to CPA to tailor food package and assess weight trends. Refer to peer counselor for ongoing support.
Bariatric Surgery	<p>Signs of lactation difficulties:</p> <ul style="list-style-type: none"> DOL Low milk production Uncomfortable positioning/latch 	<ul style="list-style-type: none"> Sagging or long, pendulous breasts Breast surgery to correct sagging Vitamin B-12 deficiencies 	<ul style="list-style-type: none"> Breastfeeding history Previous breast surgeries Signs of breast ptosis (e.g., sagging) Infant weight trends 	<ul style="list-style-type: none"> How long ago did you have gastric bypass surgery and how did it go? What weight changes did you 	<ul style="list-style-type: none"> Provide anticipatory guidance during pregnancy on importance of early breastfeeding practices. 	<ul style="list-style-type: none"> Refer to HCP if surgery resulted in vitamin deficiencies that affect infant growth Refer to CPA to tailor food package

Maternal Problem	Signs	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
	<ul style="list-style-type: none"> ▪ Slow or faltered weight in baby ▪ Lack of breast changes in pregnancy and early postpartum 		<ul style="list-style-type: none"> ▪ Issues with milk production (DOL, lack of breast changes) ▪ Diagnosed maternal vitamin deficiencies 	<p>experience since the surgery?</p> <ul style="list-style-type: none"> ▪ Did your HCP diagnose any vitamin/mineral deficiencies? What vitamin and mineral supplements were you advised to take? ▪ Tell me about any changes in your breasts during pregnancy. 	<ul style="list-style-type: none"> ▪ Hold baby skin to skin. ▪ Use laid-back position to help baby latch to pendulous or sagging breasts. 	<p>and assess weight trends</p> <ul style="list-style-type: none"> ▪ Refer to PC for ongoing support
Chronic Illness	<ul style="list-style-type: none"> ▪ Autoimmune diseases ▪ Rheumatoid arthritis ▪ Musculoskeletal injuries ▪ Neurological injuries ▪ Cancer 	<p>Illness can cause variety of issues depending on the disease:</p> <ul style="list-style-type: none"> ▪ Vasospasm ▪ Physical challenges ▪ Meds/treatments not compatible w/breastfeeding 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Chronic conditions and treatments ▪ Maternal fatigue levels ▪ HPC advice on ability to breastfeed ▪ Knowledge about breastfeeding with her condition 	<ul style="list-style-type: none"> ▪ How are you sleeping? ▪ What symptoms of your illness affect your ability to breastfeed? ▪ What worries you most about breastfeeding with your condition? ▪ What has the HCP said about your ability to breastfeed? ▪ What do you know about the ability to breastfeed with this illness? 	<ul style="list-style-type: none"> ▪ Help mom find solutions to fatigue ▪ Share positioning options ▪ Explore support options for practical help ▪ Offer breastfeeding aids, if needed, to maintain or build production ▪ Keep breasts well drained with therapeutic massage, feeding, expressing milk 	<ul style="list-style-type: none"> ▪ Refer to HCP if: <ul style="list-style-type: none"> • Mom has questions about safety of meds and breastfeeding • Mom has questions about treatment options. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support.

Maternal Problem	Signs	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
Physical Challenges	<ul style="list-style-type: none"> ▪ Spinal cord injury ▪ Congenital ▪ Stroke ▪ Visual impairment ▪ Surgery in postpartum period 	<ul style="list-style-type: none"> ▪ Inability to hold baby comfortably ▪ Fatigue ▪ Low milk production ▪ Impaired MER ▪ Negative comments from family/friends 	<ul style="list-style-type: none"> ▪ Breastfeeding history ▪ Nature of mom's physical challenges ▪ Early breastfeeding issues ▪ Mom's solutions for addressing physical challenges ▪ Advice from HCPs 	<ul style="list-style-type: none"> ▪ Tell me more about your physical challenge. How long have you experienced it and what changes have you made in your life? ▪ What concerns you about your ability to breastfeed? ▪ Tell me more about why you want to breastfeed. ▪ What have you heard about breastfeeding with physical challenges? 	<ul style="list-style-type: none"> ▪ Breastfeeding might be easier than bottle feeding. ▪ Creative positions: <ul style="list-style-type: none"> • Hold baby in sling for direct access to breast • Ask family member to bring baby for feedings • Use the side-lying position. • Roll wheelchair to table, counter, or changing table to feed. • Elevate feet in wheelchair to raise lap. ▪ If unable to feed on one side, it is possible to fully breastfeed on the other side. ▪ Breast pump can help express milk if desired. 	<ul style="list-style-type: none"> ▪ Refer to HCP if concerns with infant weight arise. ▪ Refer to CPA to tailor food package and assess weight trends. ▪ Refer to peer counselor for ongoing support. ▪ Refer moms to local support groups and/or online networks and resources.