Educational Topic 14: Lactation

Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient.

Intended Learning Outcomes:

A student should be able to:

• List the normal physiologic and anatomic change of the breast during pregnancy and postpartum.
• Recognize and know how to treat common postpartum abnormalities of the breast.
• List the benefits of breast feeding.
• Describe the resources and approach to determining medication safety during breast feeding.
• Describe common challenges in the initiation and maintenance of lactation.

TEACHING CASE

CASE: A 22 year-old primagravida comes to the office for an urgent visit 4 days postpartum. She states that she has not been feeling well, has had a fever at home, and has a tender swollen area on her left breast. She has no problems with her right breast. Her previous medical history is significant for severe depression for which she was taking lithium prior to pregnancy, but currently she is taking sertraline. On examination, she is in no distress but appears tired. Her temperature is 100.7°C and BP is 130/70. On breast examination, she has an erythematous tender 4 cm area on her left breast. Her left nipple is also tender and has some cracks. The right breast is normal. She really would like to breast feed, because she has heard it is good for her baby. However it has been causing her a lot of distress, and she feels she has not had adequate milk production. In addition, she is concerned about how it will affect her sleep and how often she would have to do it, especially at night. She also would like to resume taking lithium as her symptoms of severe depression are returning.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

• Patient care
• Medical knowledge
• Practice-based learning and improvement
• Interpersonal and Communication Skills
• Systems Based Practice
1. What is the differential diagnosis? What signs and symptoms led to your diagnosis?

- The differential diagnosis includes:
  - Plugged duct/galactocele
  - Engorgement
  - Mastitis
  - Breast abscess
- This patient has mastitis: tender mass, fever, and systemic symptoms.
- Engorgement is bilateral.
- Symptoms of abscess are similar to mastitis, but a fluctuant mass is also present.
- A plugged duct/galactocele should not produce a fever or systemic symptoms, and is unilateral.

2. What treatment do you recommend for her breast condition?

- Antibiotics for mastitis with coverage for Staph aureus, group A or B streptococci, beta Haemophilus species and Escherichia coli. Dicloxacillin or cephalixin 500 mg four times daily if no penicillin allergy. In the setting of a beta lactam allergy, clindamycin (300 mg orally four times daily) may be used.
- She should continue nursing from the affected breast.
- If she resumes the lithium, she should stop breastfeeding.
- Warm compresses to the breast and a water-based cream such as lanolin, or A and D ointment for the cracked nipple would be appropriate.

3. List the benefits of breastfeeding.

- Improved infant nutrition
- Protection against infection
- Protection against allergic reactions
- Convenience
- Decreased cost

4. How do you address this patient’s concern about inadequate milk production?

- You reassure her that colostrum is produced in the first 5 days and is gradually replaced by milk on the third to sixth day of infant life. You further tell her that colostrum protects the baby against infection and that the infant will usually get adequate fluids and nutrition during this transition.
- You inform her that regular breastfeeding or pumping is essential to milk let down and adequate lactation.
- Along with the above concern, other common challenges include:
  - Inverted nipples
  - Prior breast surgery or augmentation
  - Proper latching to avoid maternal discomfort
  - Nipple cracking
  - Adequate milk production and logistics if return to workplace

5. What do you tell her about how frequently and how long to breastfeed with each feed?

- In the absence of definitive evidence, it is common practice to refer these patients to a lactation consultant for individual recommendations.
- There is no definite frequency or length of time that she should breast feed. She should base this on infant demand.

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6. What do you tell her about the safety of using lithium while breastfeeding?

- You tell her that lithium is possibly unsafe to use while breastfeeding because of the high rate of transfer into the breast milk and lack of available safety data in nursing infants.
- Recommend that the patient continue her current therapy and close follow up with her psychiatrist or therapist.
- All medication safety categories should be reviewed with an up-to-date reference.
- It is very important to address her depression and assess her for any suicidal ideation.
- Risks and benefits of depression versus breastfeeding need to be carefully discussed with this patient.

REFERENCES


ACOG Committee Opinion 570, Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding, August 2013.