



SUPPORTING BREASTFEEDING MOTHERS AND BABIES IN A GENERAL PRACTITIONER'S CLINIC

Breastfeeding Symposium 2024

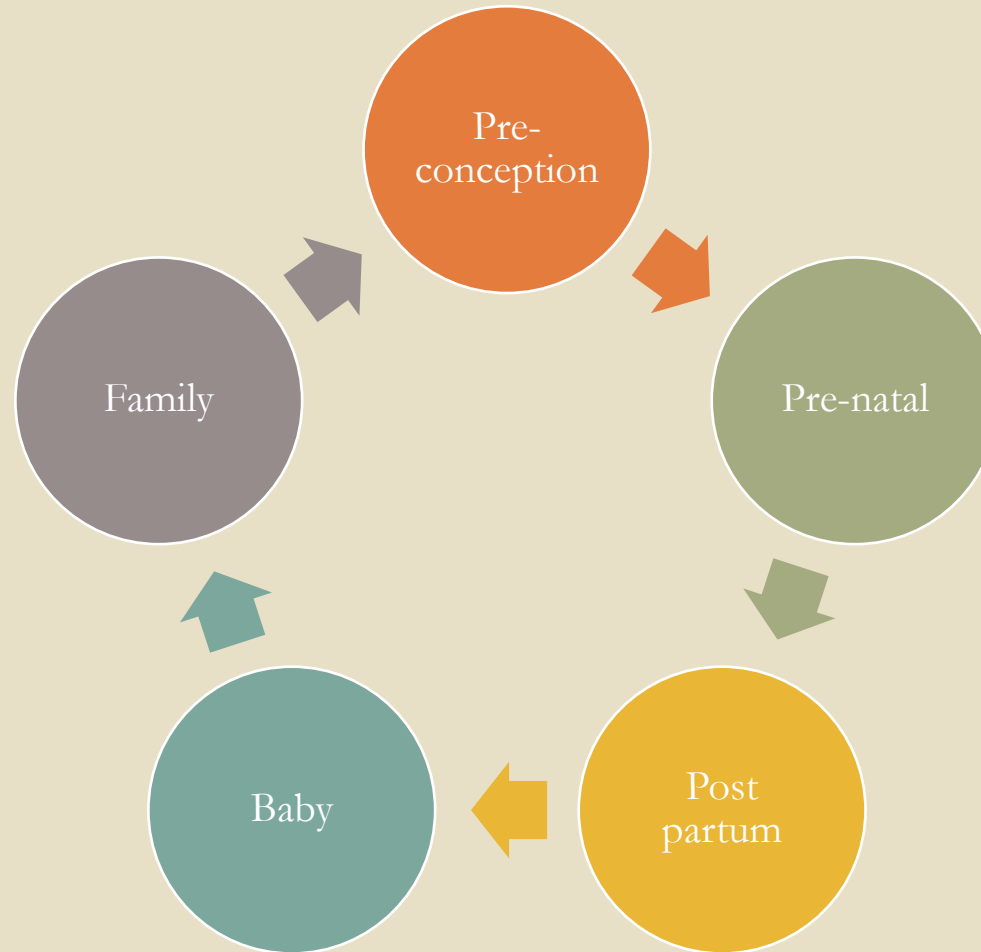
23 Nov 2024

Dr. Sharon Ho Shu Wan

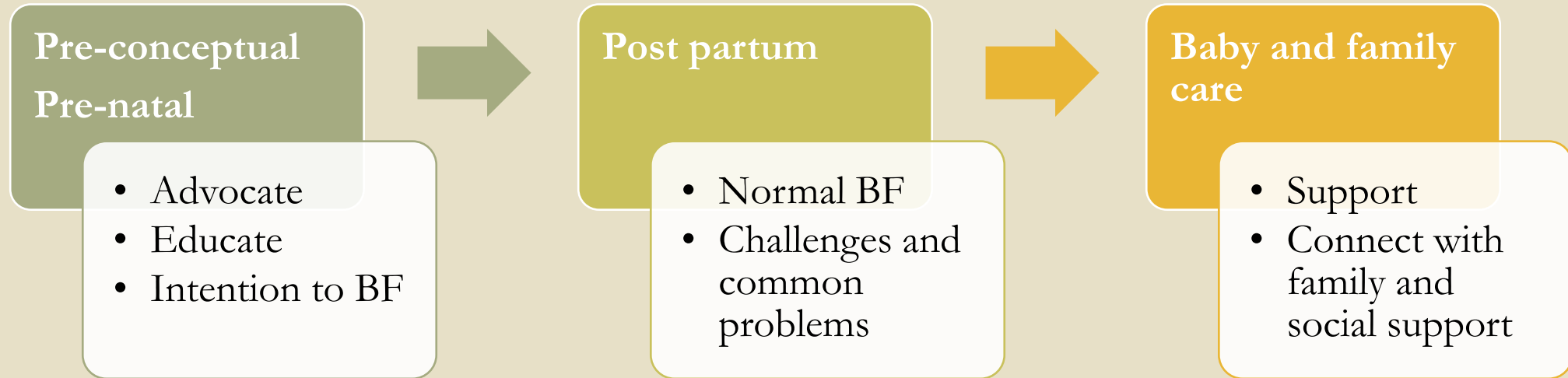
Family Physician, Union Hospital

The unique role of GP/Family Physician

- Provide **family centered care**
 - Continued encounters with patient and family throughout the course of life
- Know the important stakeholders
 - Family
 - Significant support network

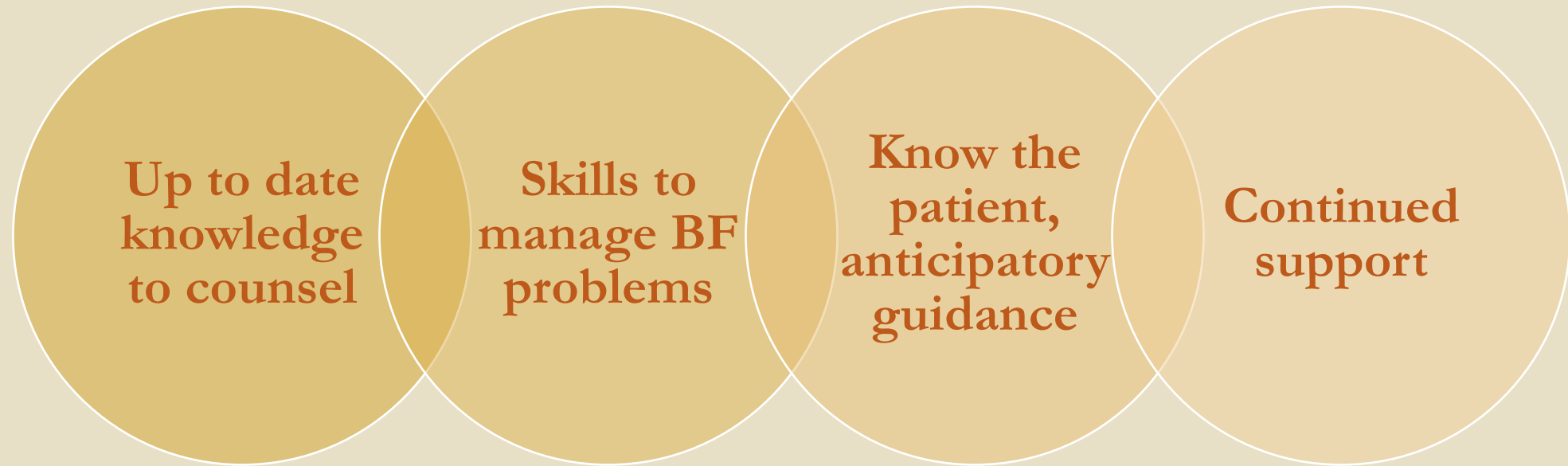


Throughout the course of life



How to do it at a GP's clinic?

- A baby friendly environment and supportive attitude



Knowledge

The image shows a screenshot of a web browser window. The address bar at the top displays the URL <https://bfkit.familyhealthservice.gov.hk>. Below the address bar, there is a row of search engines: Bing, Apple, CAP in elder CURB 65, Google, Yahoo, 百度, and BBC iPlayer - Horrib... The main content area of the browser is a white page with a blue border. The page features the following text:

Self Learning Kit on Breastfeeding for Health Professionals

Self Learning Kit on Breastfeeding for Health Professionals produced by DH
(including the Supplementary Chapter on Mother Friendly Childbirth Care & Breastfeeding jointly produced by BFHI HKA and O&G Dept of KWH)

In the bottom right corner of the page, there is a small logo for WSC WAI-AA WCAG 2.0.

Resources

香港特別行政區政府
衛生署 家庭健康服務






關於我們 主要服務範疇 健康院 / 中心資料 母乳餵哺 健康資訊 視像資訊 親子平台 專業平台

按主題劃分

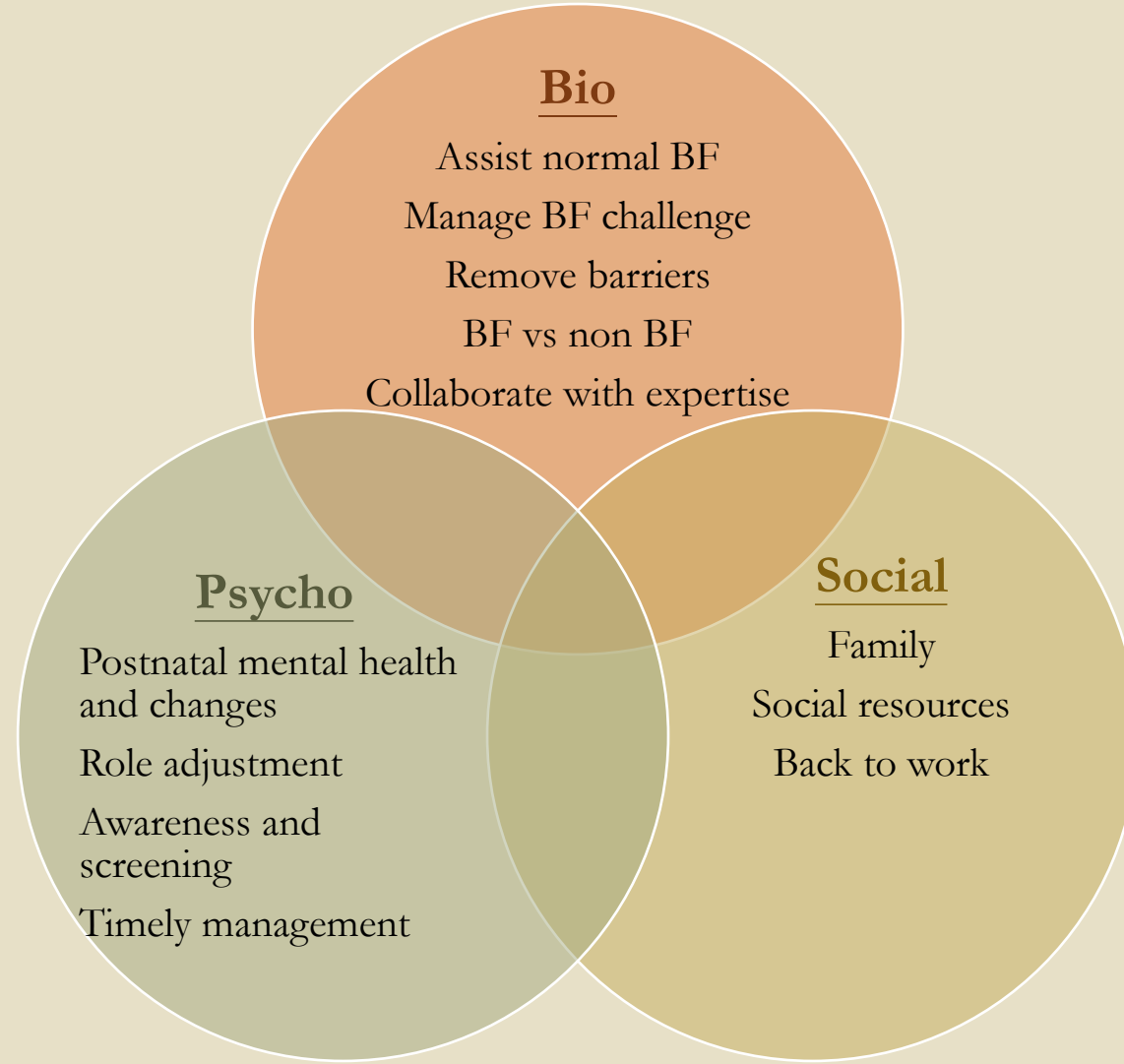
主頁 > 健康資訊 > 兒童健康 > 按主題劃分 > 母乳餵哺資訊

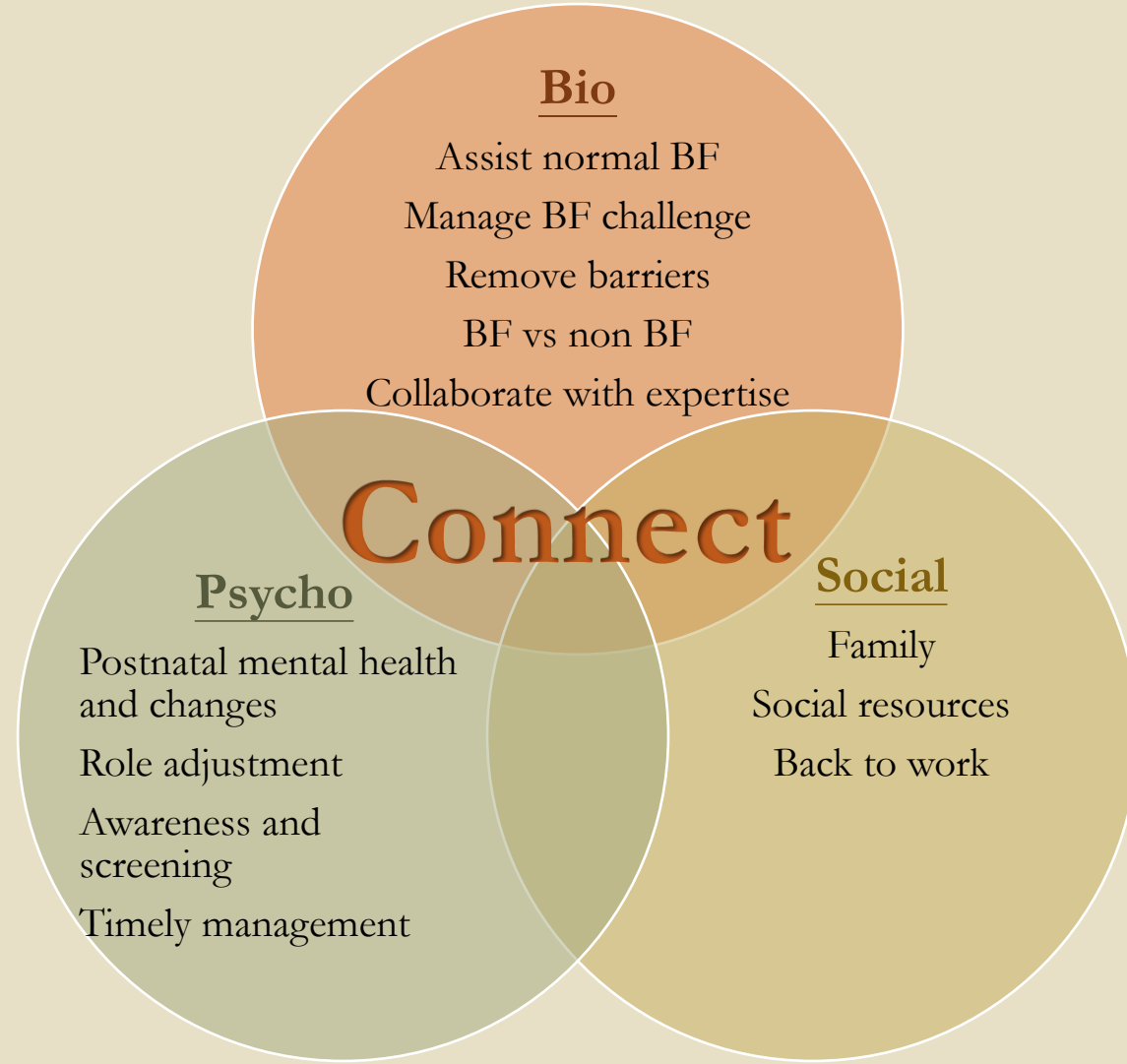
母乳餵哺資訊

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	餵哺孩子 由你作主 (組合套裝) PDF 檔案大小: 7.60 MB 下載		愛·從母乳開始..... PDF 檔案大小: 23.35 MB 下載
	寶寶有話說 - 了解寶寶的信號 PDF 檔案大小: 1.75 MB 下載		全方位認識「泵奶器」 PDF 檔案大小: 5.00 MB 下載
	實施母乳餵哺友善工作間僱員指引 PDF 檔案大小: 864.28 KB 下載		實施母乳餵哺友善工作間僱員指引 PDF 檔案大小: 5.05 MB 下載

實施「母乳餵哺友善工作間僱員指引」





Medical conditions and Medications: they can go well with breastfeeding

- According to the AAP, health care providers should **weigh the risks and benefits** when prescribing medications to breastfeeding mothers.
- It is usually **safe** for mothers to use prescription medications while breastfeeding.
- A Win- Win situation, not necessary to compromise either medical treatment or breastfeeding.

ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers

- Best safety profile of selective serotonin reuptake inhibitors (SSRIs) in lactation.
- **Sertraline** is the most likely SSRI to be prescribed, low to undetectable in milk and relative safety profile in pregnancy.
- **Paroxetine and sertraline** have not exceeded the recommended 10% maternal level and are usually undetectable in infant serum.
- The FDA indicated that **fluoxetine** should **not** be use by nursing mothers.

Case sharing 1

- Madam C, 36/F, Good Past Health, NKDA, NSND
- Delivered 6/4/2023, LSCS failed induction, 39+ wk male, birth weight 3.02kg. No NNJ.
- Family supportive for BF
- Baby cared by couple and Pui Yue, patient's mother also comes to help
- Plans return to clerical work in 8/2023

Breastfeeding practice

- Initial direct BF after delivery, soon changed to expressed BF because of nipple pain.
- Expression: 6/day, bilateral pumping
- Output: right 60ml/feed, left 70ml/feed
- White milk, no nipple pain or crack, no white bleb, no breast pain, no breast lump
- Remained well until 2 weeks PN

Presentation 8/5/2023 PN 4 weeks

- Bilateral painful breast lumps for 2 weeks
- Precipitated by decreased frequency pumping 6-> 4 times/day (2 feeds replaced with AF at night)
- Bilateral breasts painful lumps at 12-1 OC , redness, hotness
- No fever, chills, malaise.
- Saw GP given **1 week cloxacillin 500mg QID**, completed, painful breast lumps persisted
- USG at physiotherapist -> breast lump not resolving

Baby

- Birth weight 3.02kg -> 1 month 3.77 kg
- EBM x4 @ 100ml
- AF night time x2 @120 ml
- UO 6-8/day, clear. BO soft yellow every feed.

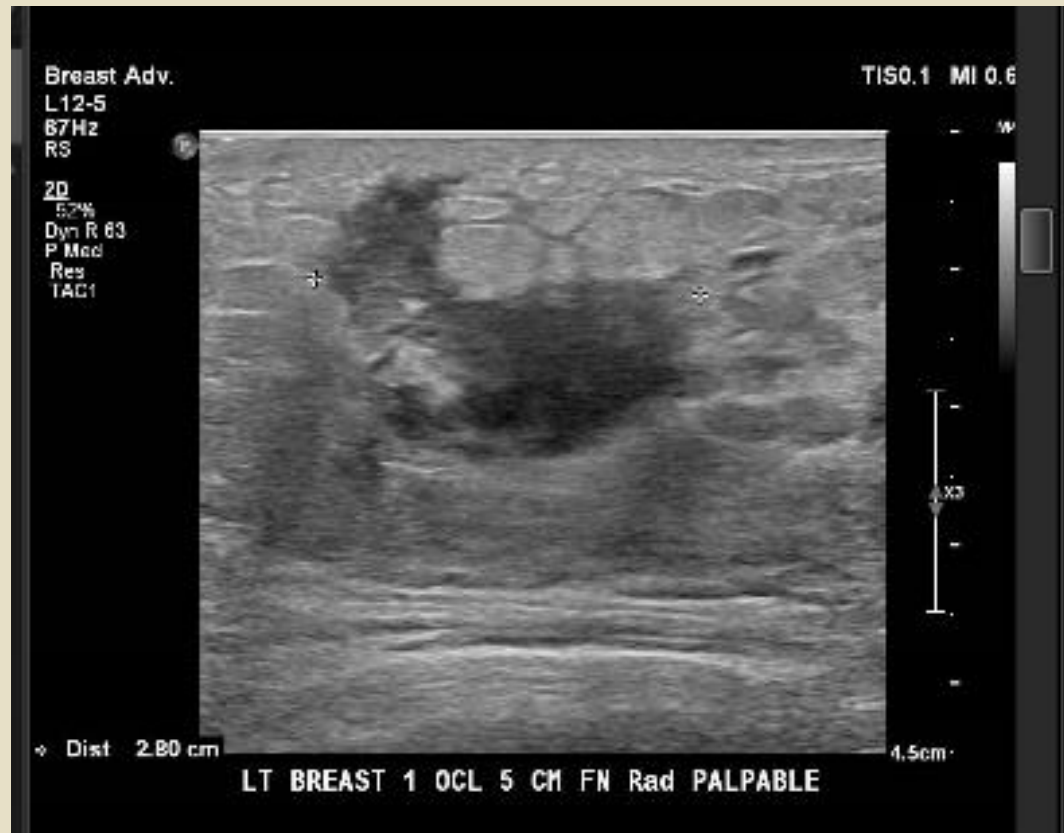
Patient's concern

- ICE: need for I&D?

P/E

- Temp 36.2C, BP 117/77mmHg P 71/min, not septic.
- Bilateral breasts:
 - R12H 5 cm FN, 2x1 cm oval tender mass, not fluctuant, skin erythema+.
 - L1H 5 cm FN, 3x2 cm oval tender mass , not fluctuant. Skin erythematous, warmth+.
- Bilateral nipples no crack, no white bleb, milk flow at multiple orifices, white.
- No axillary LN

- Imp: Bilateral breast abscess
- USG breasts +/- aspiration arranged
- Continued Cloxacillin 500mg QID for 1/52 further
- Brufen 200mg tds prn, Panadol 665mg QID prn
- Continue expression 8/day



- **IMPRESSION**

- Irregular hypoechoic area with perilesional hypervascularity at L1H, 5 FN, measuring 2.8 x 2.8 x 1.9 cm.
- Compatible with a left breast abscess.

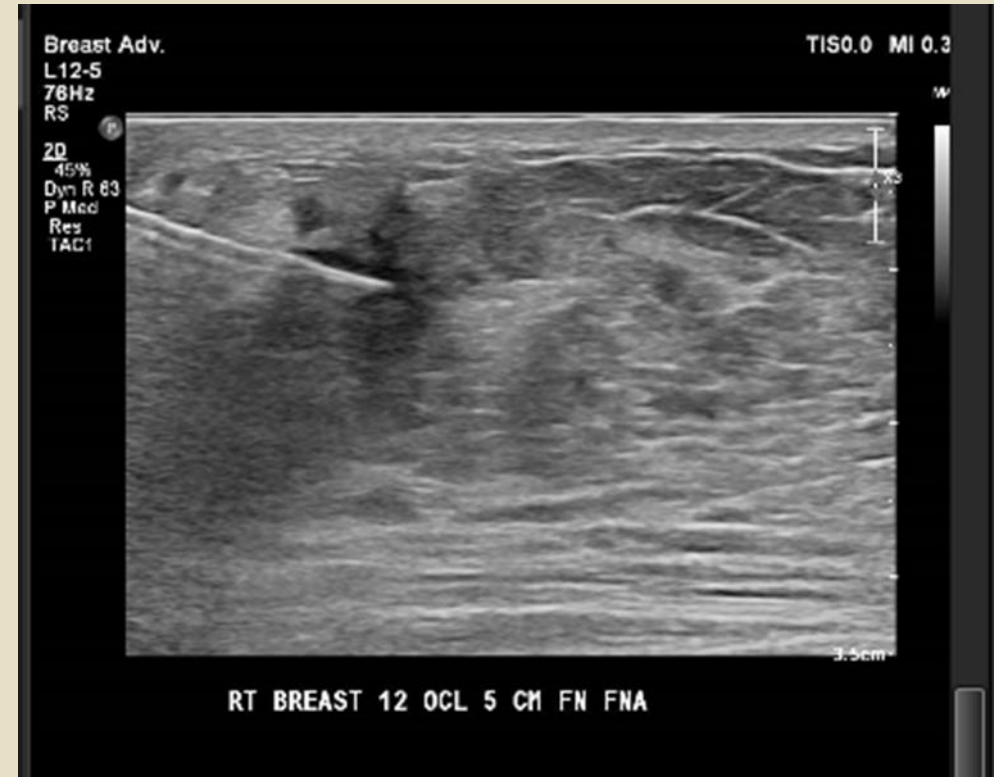


- Irregular hypoechoic area in the R12H, 5 cm from nipple.
- Trace amount of mobile debris, moderate perilesional vascularity, and mild overlying skin erythema.
- 1.4 x 1.2 x 1.5 cm. Suggestive of early right breast abscess with surrounding phlegmon.

USG guided aspiration of breast abscess



~4mL thick blood-stained pus was aspirated from the left breast L1H abscess.



~1mL thick blood-stained fluid was aspirated from the right breast R12H abscess.

Left and right breast abscess:

- Gram stain and C/ST:
 - ***Moderate growth of Staphylococcus aureus***
 - *Oxacillin* Susceptible
 - *Levofloxacin* Susceptible
 - *Erythromycin* Resistant
 - *Vancomycin* Susceptible
- Left breast abscess Cytology:
 - Left breast abscess, consistent with abscess, negative for malignancy.

FU 12/5/2023

- Milk flow improved after aspiration
- No fever, no systemic upset. Well with oral antibiotics and analgesics.
- Aspiration wound OK
- Continued expression 8/day, bilateral, output @50ml each side
- P/E:
- L1H 5 FN 1.5x1.5 cm “thickening” less tender, less erythematous
- R12H 5FN 1x1 cm mild “thickening” mild tender, skin not erythematous
- Both nipples milk flow NAD, aspiration site N

FU 17/5/2023 and 23/5/2023

- Interval disease improvement of inflammatory areas in both breasts with
 - interval reduction in size at L1H 5cm FN and
 - interval resolution at R12H 5cm FN.
- BI-RADS 2
- Clinically No breast mass felt bilaterally,
- Imp: resolved breast abscess, no re-collection

Learning points

- Early recognition and management of nipple pain
- Importance of adequate milk removal, frequent expression
- Adequate duration of treatment
- Early FU reassessment. USG if clinical suspicion of breast abscess formation.
- After fine needle aspiration of abscess, review with serial USG
- Prevention: lactation support and ensure effective milk transfer

Case Sharing 2

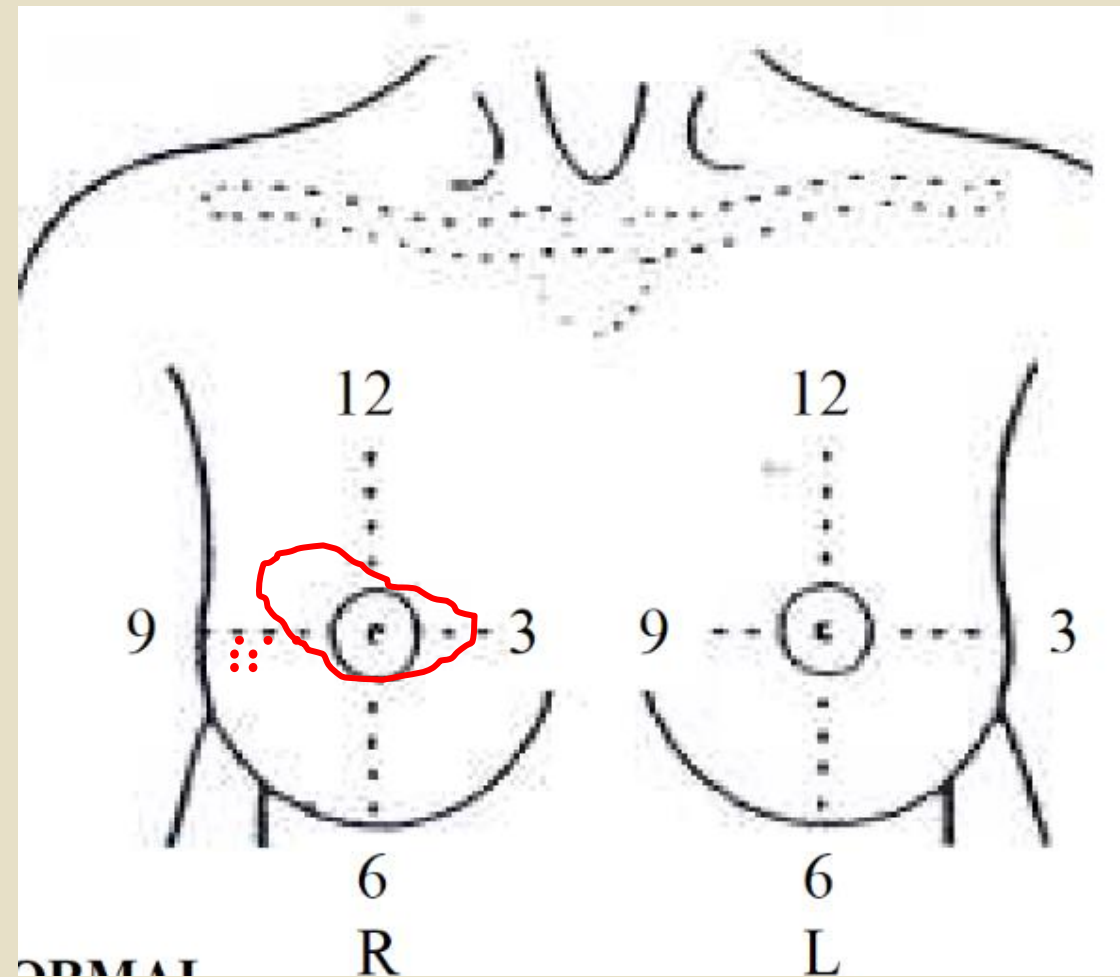
- Miss A, 40/F, research nurse at local public hospital. A new patient.
- C/O: Right breast pain, engorgement and redness for 1 month
- Persistent vague pain, which subsided on presentation to clinic.
- Still engorgement feeling and redness over right breast
- Congenital retracted nipples, right side remained retracted after delivery and breastfeeding
- No nipple pain, no bloody or pus nipple discharge
- No fever, no systemic upset

- Para 1, post partum 18 months. FT NSD, perinatal uneventful
- Commenced breastfeeding since delivery by direct breast feeding and expression. Mixed feeding since 6 months.
- Congenital bilateral inverted nipples. Left nipple able to evert. Right nipple remained inverted.
- Direct feeding only on left breast, right breast refusal since breastfeeding.
- Output from left breast more. Direct BF before and after work, expression of both breasts once at lunch time since 12 months.
- Since 4 months ago, patient stopped expression. Both breasts not engorged.
- Hx of left mastitis at 11 months post partum, treated with oral antibiotics and subsided.
- Patient felt the right breast pain wasn't like her previous left mastitis.....

- ICE: ? What's the pathology
- No personal history of breast disease
- No USG or MMG done in the past
- No hormone use
- No Fhx of Ca breast/Ca overy
- Menarche 12yo, LMP 1/12 ago, coitus not resumed after delivery
- Coped well with baby care and work
- Stress: Moving to a new home recently, busy, lack of sleep, but in general happy with her new home

- P/E:
- Afebrile 36.4C, not septic
- Right breast:
 - Erythema over central area of right breast from R10H 4cm FN stretching to R3H 3 cm FN, with underlying induration/breast mass. Warmth+ at area of erythema. R9H skin edema Peau d'orange change.
 - Right breast not engorged. Non tender.
 - Retracted right nipple, no nipple discharge, no crack, no white dots
 - No axillary or supraclavicular LN
- Left breast:
 - Normal, not engorged, no palpable breast mass, nipple areolar complex normal, white milk expressed from multiple arifices. No axillary/ SCL LN.

Retracted
right nipple



USG and MMG

- 1/ Right breast is diffusely heterogenous with ill-defined hypoechoic areas and diffuse skin thickening. Two more discrete irregular hypoechoic lesion at R3H 3cm FN associated with internal microcalcifications (3.1x 2.5x 2.8 cm) and R1OH (3.5x2.8x3.1cm). Features are highly suspicious (BI- RADS 4C). Core biopsy to both lesions are recommended.
- 2/ A few benign scattered punctate/round microcalcifications in left breast. A 0.8 cm breast cyst in L11H. No suspicious left breast mass (BI-RADS 2)
- 3/ A small LN without thickened cortex in the right axilla (1.2cm), more in favour of a reactive node (BI-RADS 3).

Core Biopsy

- Done by breast surgeon, confirmed inflammatory breast cancer.
- Joint meeting with surgeon and oncologist in the week followed.
- Patient was positive on treatment of her breast cancer. Plan to start neoadjuvant chemotherapy.

Learning points

- Breast complaint in a nursing mother is not always breastfeeding related problem
- Stay alert with nipple inversion and breast refusal
- Pain is disproportionately mild
- Breasts not engorged, absence of fever and systemic upset
- GP's role:
 - Early identification
 - Timely referral
 - Ongoing support: emotional, child care, social resources
 - Advice on weaning, anticipated chemotherapy

Reference

- CDC: breastfeeding special circumstances: prescription medication use
- ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers
- Tsang LPM, Ng DCC, Chan YH, Chen HY. Caring for the mother-child dyad as a family physician. Singapore Med J. 2019 Oct;60(10):497-501. doi: 10.11622/smedj.2019128. PMID: 31663104; PMCID: PMC6875823.
- The American Academy of Family Physicians (AAFP): Breastfeeding, Family Physicians Supporting (Position Paper)

Thank you