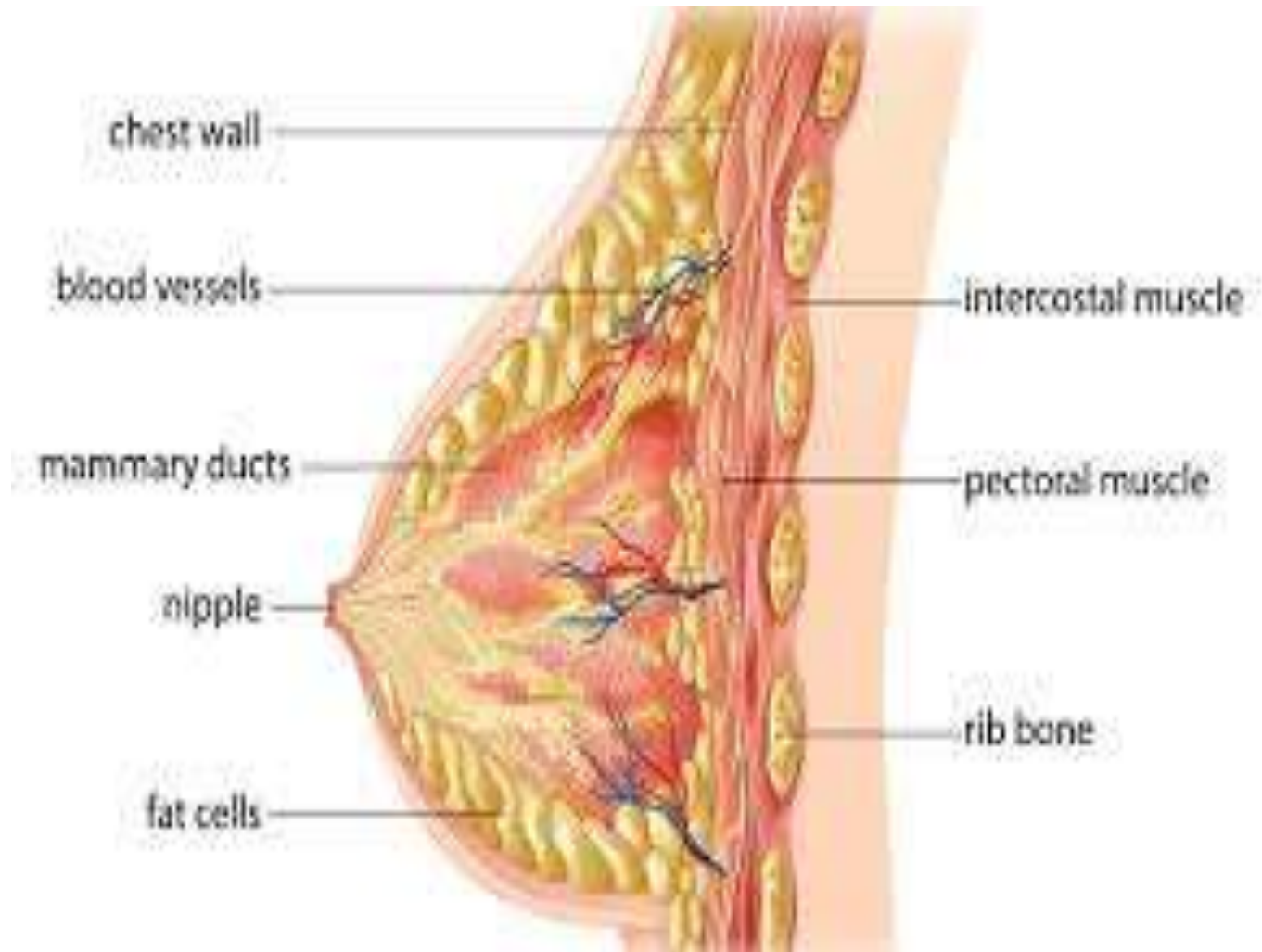




# BREAST DISORDERS-

Ms Jyoti Dhagale  
Lecture OBG Dept  
MES CON

# ANATOMY OF BREAST-





# BREAST ENGORGEMENT-

- It is a condition which occurs due to, excessive production of milk, obstruction in the outflow of milk, poor removal of milk by baby i.e. decreased intake of milk from breast.



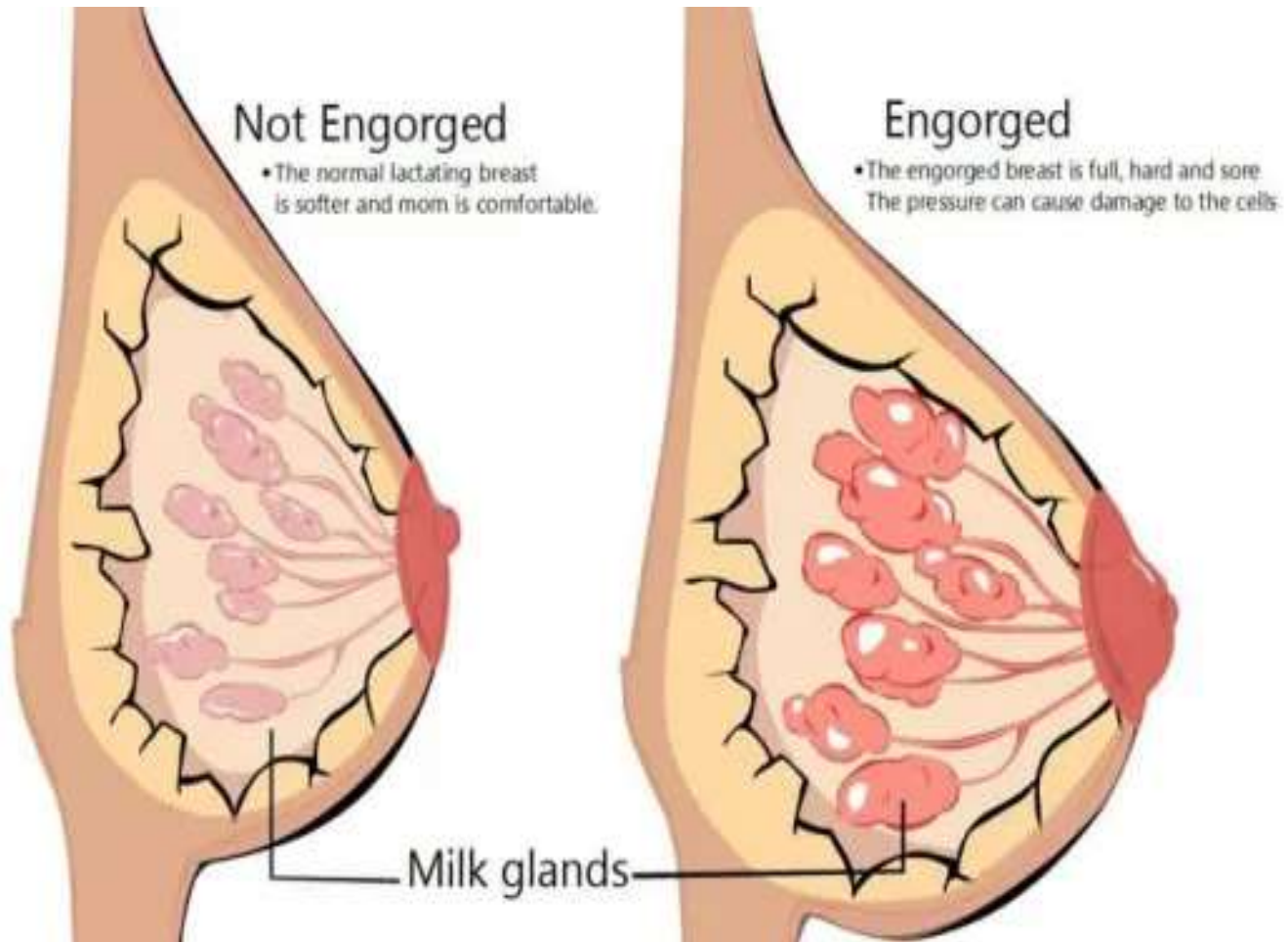
- Breast engorgement is a painful overfilling of breast with milk, this occurs usually by an imbalance between milk supply and infant demand.
- This condition is usually arise when the mother stops breastfeeding sooner than it had been planned.



- On 2<sup>nd</sup> to 6<sup>th</sup> day following birth of the baby, the breast of mother becomes larger, heavier and a little tender when milk production is increased.
- This is due to extra blood and lymph fluids travelling to the breast to prepare the breast for milk production.



- This fullness starts decreasing within 1<sup>st</sup> few weeks after the birth, when the baby starts taking feed regularly.
- But if the baby has not been taking feed often or long enough, then fullness develop causing breast engorgement.





# COMMON CAUSES-

- Starting breast feeding too late.
- Not giving enough feed to baby or poor removal of milk by the baby.
- Onset- it usually manifests after the milk secretions starts (3<sup>rd</sup> or 4<sup>th</sup> day postpartum)





# SIGN/SYMP TOMS-

- Both the breast are swollen, warm, tender, shiny, firm, painful
- Nipples become edematous, hard areola, flushed, flattened out nipples.
- Veins over breast becomes prominent, engorged.

- Low grade fever
- Generalized malaise
- Swollen and tender lymph nodes in armpits
- Pain on feeding to baby





# DIAGNOSIS-

- There is no exam or test to diagnose breast engorgement.
- It is diagnosed only based on symptoms.



# MANAGEMENT-

- Medical management-
- There is no medical treatment, only relief from pain- give ibuprofen and cold/hot compresses.



# PREVENTION-

- Avoid prelacteal feeds
- To initiate breastfeeding early and unrestricted.
- Exclusive breastfeeding on demand.
- Feeding in correct position.



- Correct latch on and feed the baby in correct position.
- When the breast are overfilled, let out milk enough to soften nipples before putting baby to the breast.



# TREATMENT-

- To support the breast with a binder.
- Frequent sucking
- Manual expression of any remaining milk after each feed.
- The baby should be put to breast regularly at frequent intervals.



- Administer analgesics for pain.
- In severe cases, gentle use of a breast pump may be helpful, this will reduce the tension in the breast without causing excess milk production.





# Bibliography

- D.C. Dutta's, textbook of gynaecology including contraception, Edited by Hiralal Kolar, 6<sup>th</sup> Edition, page no-105-119.
- C.S.Dawn, Textbook of gynaecology, Published by Dawn books, 6<sup>th</sup> edition, page no 77-89.