

# Management of breastfeeding consultants before breast intercurrence

Manejo das consultoras em amamentação diante das intercorrências mamárias

Manejo de consultoras de lactancia antes de intercorrenca mamaria

## RESUMO

Objetivos: identificar as principais intercorrências mamárias atendidas pelas consultoras em amamentação e caracterizar as estratégias utilizadas pelas consultoras em amamentação para manejo das intercorrências mamárias. Métodos: estudo qualitativo, descritivo e exploratório, aprovado pelo Comitê de Ética em Pesquisa sob parecer nº 5.316.182 e CAAE 56316522.8.0000.5526, realizado com 10 consultoras em amamentação. A coleta de dados ocorreu através de um roteiro de entrevista semiestruturada com gravação na plataforma Google Meet. A análise dos dados deu-se pela técnica de conteúdo temática proposta por Bardin. Resultados: As principais intercorrências mamárias atendidas pelas consultoras foram a fissura mamilar, o ingurgitamento patológico, os abscessos e a obstrução de ductos. As estratégias de manejo utilizadas foram orientações com base em evidências, uso da laserterapia, massagem, ordenha e estímulo para participação da rede de apoio. Conclusão: É fundamental educação permanente para as consultoras em amamentação de modo que reduzam o desmame precoce, através de suas ações.

**DESCRIPTORES:** Consultores; Aleitamento materno; Doenças mamárias; Saúde da mulher; Enfermagem

## ABSTRACT

Objectives: to identify the main breast complications seen by breastfeeding consultants and to characterize the strategies used by breastfeeding consultants to manage breast complications. Methods: qualitative, descriptive and exploratory study, approved by the Research Ethics Committee under opinion nº 5.316.182 and CAAE 56316522.8.0000.5526, carried out with 10 breastfeeding consultants. Data collection took place through a semi-structured interview script with recording on the Google Meet platform. Data analysis was carried out using the thematic content technique proposed by Bardin. Results: The main breast complications seen by the consultants were nipple fissure, pathological engorgement, abscesses and duct obstruction. The management strategies used were evidence-based guidelines, use of laser therapy, massage, milking and encouragement to participate in the support network. Conclusion: Permanent education is essential for breastfeeding consultants so that they can reduce early weaning through their actions.

**DESCRIPTORS:** Consultants; Breastfeeding; breast diseases; Women's health; Nursing.

## RESUMEN

Objetivos: identificar las principales complicaciones mamarias vistas por las consultoras de lactancia y caracterizar las estrategias utilizadas por las consultoras de lactancia para el manejo de las complicaciones mamarias. Métodos: estudio cualitativo, descriptivo y exploratorio, aprobado por el Comité de Ética en Investigación bajo el dictamen nº 5.316.182 y CAAE 56316522.8.0000.5526, realizado con 10 consultoras de lactancia. La recolección de datos se realizó a través de un guión de entrevista semiestruturada con grabación en la plataforma Google Meet. El análisis de datos se realizó mediante la técnica de contenido temático propuesta por Bardin. Resultados: Las principales complicaciones mamarias observadas por los consultores fueron fisura del pezón, congestión patológica, abscesos y obstrucción de conductos. Las estrategias de manejo utilizadas fueron guías basadas en evidencia, uso de láserterapia, masaje, ordeño y estímulo para participar en la red de apoyo. Conclusión: La educación permanente es fundamental para los consultores de lactancia para que puedan reducir el destete precoz a través de sus acciones.

**DESCRIPTORES:** Consultores; amamantamiento; enfermedades de las mamas; La salud de la mujer; Enfermería.

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**INTRODUCTION**

As research advances, scientific evidence increasingly proves the benefits of breastfeeding for children, women, family and society.<sup>(1-2)</sup> Despite being socially seen as a simple and natural process, breastfeeding is shown to be complex and often painful in practice, going beyond biological aspects. During the offer of breast milk, especially between the 1st and 10th day postpartum, pathological involvement of the breasts classified as breast complications is possible.<sup>(3)</sup>

It is noteworthy that the main breast complications related to breastfeeding are nipple fissures, mastitis, pathological breast engorgement, nipple candidiasis, duct blockage and breast abscess. Studies associate the causes of these pathologies with friction during suction, pressure exerted on the nipples due to poor positioning, inadequate attachment of the infant to the mother's breast or the use of artificial teats and pacifiers.<sup>(3-4)</sup>

In this sense, it is evident that these breast pathologies can cause physical and emotional suffering, affecting the meanings that women will have about the breastfeeding process. Therefore, it is important that there are trained professionals to overcome this problem, through efficient management.<sup>(5)</sup>

Understanding that such conditions

can be important causes of early weaning, it is essential to intervene early, avoiding complications. Therefore, breastfeeding consultants use their skills and abilities for the clinical management of breast complications, contributing to the maintenance of safe breastfeeding for the mother and her child.<sup>(6-7)</sup>

That said, the social and scientific relevance of the research is to understand the management that breastfeeding consultants use to intervene in breast complications, highlighting the multiple ways of overcoming these difficulties, through professional counseling with a view to maintaining exclusive breastfeeding (EBF).

In view of the above, the following guiding questions emerged: What are the main breast complications seen by the breastfeeding consultants? What are the strategies used by breastfeeding consultants to manage breast complications?

To answer these questions, the following objectives were defined: to identify the main breast complications seen by the breastfeeding consultants and to characterize the strategies used by the breastfeeding consultants for the management of breast complications.

**METHODS**

This is a descriptive and exploratory study with a qualitative approach. Quali-

tative research involves the idea that the meaning of a phenomenon is more important than its quantification.<sup>(8)</sup>

The study site was defined by the company Alma Assessoria Materno-infantil, in the city of Porto Seguro, located in the extreme south of the State of Bahia. This company has been founded for almost 3 years, is managed by two breastfeeding consultants and aims to promote the training and qualification of students, health professionals, educators, pregnant parents, nannies and caregivers to systematically understand the challenges faced by the mother-baby duo, offering breastfeeding counseling, laser therapy, mother-baby accessories and other services.

The study participants were 10 breastfeeding consultants, according to the inclusion criteria: over 18 years old, who had a proven course in breastfeeding consulting and who had attended any case of breast complications. The exclusion criteria were: who attended breast complications in health services without a proven breastfeeding consultation course.

The data collection technique used was the Snowball method. This is a method researchers use to conduct a referral search for new insiders by study participants themselves. The process is as follows: Initially, the researchers specify the characteristics that the participants must have and then they contact individuals or groups of people who gather the necessary data. It is

noteworthy that the first participant was selected at the aforementioned study site. The others were indications of the participants themselves, characterizing the snowball model.<sup>(9)</sup>

Due to the social isolation imposed by the Coronavirus Disease 2019 (COVID-19) pandemic, it is noteworthy that the data were collected remotely, through a semi-structured interview script, between February and May 2022, using the Google Meet virtual platform. The interview began with the reading of the Free and Informed Consent Term (FICT), punctuating all aspects involved in the research, stage in which the participant consented or not to participate in the study.

For data analysis, the thematic content technique proposed by Bardin was used, aiming to obtain, through systematic and objective procedures, the description of the content of the messages collected by the interviews.<sup>(10)</sup>

The study complied with the ethical recommendations of the National Health Council (CNS - Conselho Nacional de Saúde), in Resolutions No. 466/2012 and No. 510/2016, and was approved by the Research Ethics Committee (CEP - Comitê de Ética em Pesquisa) of the State University of Santa Cruz (UESC - Universidade Estadual de Santa Cruz), under opinion number 5,316,182 and CAAE 56316522.8.0000.5526. To maintain anonymity, each participant chose a mythological goddess name.

## RESULTS

Regarding the profile of the participants, the age range varied between 28 and 45 years, all of them self-reported as female. Regarding the time working as a breastfeeding consultant, most had two years. Regarding the place of work, eight develop their activities in the State of Bahia, one in Rio Grande do Sul and one in Ceará. In the professional profile, six are nurses, a nutritionist, a speech therapist, a psychologist and a doula. After characterizing the consultants, the trans-

cribed interviews were analyzed, defining three categories:

### MAIN TYPES OF BREAST INTERCURRENCE MANAGED BY BREASTFEEDING CONSULTANTS

It is noteworthy, in this study, that breast fissures and pathological engorgement are among the main complications seen by the consultants in their daily work, as observed below:

*Fissures and engorgement. (Artemis)*

*Nipple trauma - fissure and engorged breasts, I think they are the champions. (Hera)*

*Shot is nipple trauma, it's the fissures. (Athena)*

*Engorgement is common. (Eos)*

In most cases, these breast complications cause pain during the puerperium, constituting a spoliation of the body and the emotional state of most women. It is noteworthy, therefore, that these conditions not only violate the physical dimension, but also contribute to the transformation of the meanings attributed to breastfeeding, sometimes interfering with the continuity of EBF, something demonstrated by the consultants:

*First of all is breast pain, which may or may not be associated with an injury. It is almost always associated with a breast fissure. (Aphrodite)*

*The main complaints are pain, and then they have different diagnoses, or fissures or candidiasis, or incorrect grips associated with the use of artificial nipples and that cause this sensation of pain in women. (Demeter)*

*The lack of clinical management*

*incurs the risk of weaning for this woman and, consequently, other problems will arise from this, because she will be questioned socially, she will pay the emotional price for not having been able to, physically it will still go through wear and tear as a result of not having been able to establish a physiological and natural process, but that is far from easy. (Eos)*

In addition, other complications may arise in the breastfeeding process, such as candidiasis, mastitis, abscesses, Raynaud's phenomenon, duct obstruction and ejection reflex dysphoria (D-Mer). Although reported as rare phenomena, they occur in the care of breastfeeding consultants and are often associated with inadequate positioning or attachment of the baby, as evidenced in the following statements:

*Complications resulting from duct obstruction also end up being part of my routine. Then we have candidiasis, mastitis, Raynaud's phenomenon. Slightly rarer, ejection reflex dysphoria. (Eos)*

*[...] a few cases with breast abscess and breast candidiasis. We've had Raynaud's phenomenon, too. (Athena)*

### STRATEGIES POINTED BY BREASTFEEDING CONSULTANTS FOR THE MANAGEMENT OF BREAST INTERCURRENCES

Health professionals must have extensive knowledge, skills and basic skills related to breastfeeding. They also need to use breastfeeding counseling, allowing mothers to better understand the phenomenon. It is essential to listen, understand, support and welcome breastfeeding women, presenting alternatives to solve problems arising from the most varied causes:



*[...] first we have to connect, identify with the patient, so that, in fact, we can transmit information more effectively. I pass on information, support in the decision that the family makes. (Hera)*

*[...] my approach begins with an active and deep listening in relation to everything that preceded that moment. It is a listening in relation to pregnancy, childbirth, what this woman heard about breastfeeding and her capacity. (Demeter)*

*I always talk to the mother, it opens up a range of possibilities within the situation she is in and where she wants to go, considering her reality. When considering an action plan, building an action plan together with her is the current situation, where she wants to go. (Artemis)*

*I make a situational diagnosis. I do the interview, ask about the type of delivery, how it was, if there was any kind of guidance, I ask the questions. I ask what her main complaint is and then I observe the feeding. I put it to breastfeed, I observe and see what is happening, what it could be. Then, I'll discard some things until I get to a point. (Gaia)*

The promotion of EBF by breastfeeding consultants, from pregnancy to the postpartum period, should involve the woman's support network, as a partner, mother, mother-in-law, sister, among others, as shown below:

*I take a lot of information, I print material for these mothers, because many don't believe it. I arrive, ask and talk to whoever is in the support network at home, the husband, like: "This mother cannot do anything, this mother will rest,*

*she will sit there with the child, on her lap, to encourage breastfeeding and she won't do anything [...] I'll be back in three days. (Thalassa)*

Many resources are used by consultants in order to promote effective and quality breastfeeding. In cases of fissures, pain in the handle, it is clear that laser therapy is inserted as an alternative treatment. In addition to this management technique, the use of a sling is referred to as a method to help in the mother-infant interaction and generate warmth for this newborn. With regard to cases of pathological engorgement, it is evident that the consultants use direct massage on the breasts, in a delicate way, in order to induce emptying through manual milking, as seen below:

*[...] we use resources such as laser therapy, which provides momentary analgesia. The technique of calming down is very important in consulting, it has nothing to do directly with the intercurrence. We teach how to soothe, make use of the Sling. (Athena)*

*[...] when there is a situation of fissure, engorgement, we do the massage, identify and get it in the milking, massage and release, breathing together with the woman. (Nix)*

It is also noted that breastfeeding consultants value multidisciplinary work when faced with cases of breast complications, as shown below:

*We have to understand that we need to work in a multidisciplinary way, I need to refer to an osteopath, I need to refer to a speech therapist or a pediatric dentist. (Demeter)*

*always advise her to go to the doctor to start, suddenly, with medication, in case she goes to a more advanced degree. The care that we*

*have to take as a consultant is not to suddenly believe that we will solve everything, it is to know how to set deadlines. (Nix)*

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*[...] Communicating with professionals who are able, many times, to prescribe a vitamin B6, is in our hands, we are in contact with the pediatrician and pass the case on to the professional to follow up and give specific medications. [...] you need a medical prescription, it's an infectious condition, refer! (Eos)*

## DISCUSSION

Although exclusive breastfeeding is recommended in the first six months of life, many women wean early due to pathological processes that affect the breasts, such as breast complications.<sup>(11)</sup>

Breast fissures are the most common causes of EBF interruption because they reach epithelial and connective tissue layers, resulting in base or mixed trauma. This condition is characterized by cracks, swelling, abrasions, blisters, erythema, ecchymosis, among others. These traumas are caused by the pressure exerted on the areola and nipple with friction during suction and are related to poor positioning and inadequate posture of the newborn at the mother's breast.<sup>(12,13)</sup> In addition, this condition can represent a gateway for pathogenic microorganisms, which can result in mastitis, that is, an inflammatory process in the breast that may or may not be related to infection, triggering great difficulties in breastfeeding.<sup>(12,11)</sup>

Pain is associated with nipple trauma and mastitis, which is frequent in the first weeks after childbirth and is dangerous



because it represents a threat to the maintenance of exclusive breastfeeding, increasing the suffering of mothers.<sup>(14)</sup> Pathological breast engorgement is still one of the most common problems in the puerperium, classified as breast congestion, resulting in milk retention in the alveoli and edema.<sup>(15)</sup>

In turn, there is a blockage of the lactiferous duct, when there is a high production of milk, by a certain part of the breast, which is not drained properly, causing small nodules in the area. On the other hand, breast candidiasis, triggered by contamination by the *Candida albicans* fungus, stands out. Generally, the skin presents peeling, shiny aspect, burning and/or intense itching and secretion or whitish spots, preferably in the nipple-areola region.<sup>(15)</sup>

Another complication detected by the consultants refers to Raynaud's phenomenon, which is less common and its cause is not always detected. It is characterized by intermittent ischemia caused by vasospasm, affecting the nipple. It is triggered by exposure to cold, nipple trauma, and abnormal pressure on the breast. The woman has pale nipples (due to lack of blood supply) and pain during and after breastfeeding. This complication is often confused with nipple candidiasis.<sup>(16)</sup>

Also noteworthy is the Dysphoric Milk Ejection Reflex (D-MER), considered a physiological response to the release of milk, a consequence of a neuroendocrine reflex that cannot be controlled by the woman. It is characterized by triggering sudden irritability or negative emotions that occur minutes before milk is released. Evidence suggests that D-MER is treatable, and that insufficient dopamine activity during the milk ejection reflex is responsible for its emergence.<sup>(17)</sup>

In an observational study with 1,065 puerperal women, it was found that the main breast complications were: breast engorgement (11.8%), fissures (3.7%), mastitis (3.2%) and candidiasis (1.1%). Such data are similar to the study developed, when the consultants point out as the most common breast complications,

nipple fissure, engorgement, candidiasis, mastitis, abscess, Raynaud's phenomenon, duct obstruction, and ejection reflex dysphoria.<sup>(7)</sup>

It is extremely important that breastfeeding consultants are anchored in the most robust scientific evidence on the

**It is noteworthy that the main breast complications related to breastfeeding are nipple fissures, mastitis, pathological breast engorgement, nipple candidiasis, duct blockage and breast abscess.**

subject, in order to contribute to the success of their clients' breastfeeding. It is noteworthy that such professionals develop and implement interventions aimed at promoting EBF, providing information, support and methods to overcome the initial difficulties of breastfeeding and

give mothers greater confidence.<sup>(18)</sup>

Thus, strategies such as welcoming, attentive listening, encouraging the participation of the support network, the use of technical materials based on scientific evidence, interaction with the multidisciplinary team, the use of methods such as low-level laser therapy (LLLTT), breast massage, the use of a sling and manual milking were essential in the management of the consultants in the face of breast complications, as such actions contribute to the continuity of breastfeeding in a pleasant way for the mother-baby dyad.<sup>(12,7)</sup>

It can be seen then that the practice of breastfeeding consultants enables comprehensive and humanized care for assisted puerperal women.<sup>(19)</sup> A survey shows that the interventions carried out by breastfeeding consultants resulted in an increase in the number of women who positively adhered to breastfeeding.<sup>(20)</sup>

Therefore, breastfeeding consultants work not only with lactating women, but with their entire support network, including grandmothers, partners and other family members. Studies show that lactating women who are supported by the partnership during breastfeeding usually maintain it exclusively within the period of 6 months as recommended by the Ministry of Health (MH).<sup>(21,3)</sup>

Finally, it is understood that the management of breastfeeding consultants is extremely relevant for the improvement in EBF rates, as these professionals associate great skills and abilities in the care of postpartum women, expanding the relationship of trust, humanization and support, so necessary for successful breastfeeding.<sup>(18)</sup>

The most evident limitation was the scarcity of research focused on this topic that involved breastfeeding consultants, which made more specific comparisons impossible.

## CONCLUSION

It was evidenced that the main breast complications managed by the breastfeeding consultants refer to fissures, engorge-

ment, mastitis, candidiasis, abscess, Raynaud's phenomenon, duct obstruction and D-Mer. It is known that some of these conditions, although considered rare, were diagnosed and treated early by the consultants, demonstrating their skills in terms of management.

Regarding the strategies used by breastfeeding consultants, educational actions based on the best scientific evidence, awareness of the breastfeeding support

network, the use of techniques such as massage, manual milking, laser therapy and sling as ways to improve breastfeeding even in the face of interurrences and involvement with other health professionals as a mechanism for qualifying care for mother and child.

Given the valuable role of breastfeeding consultants, it is believed that this research can support action plans aimed at comprehensive care for the health of

women and children in the face of breast complications, enabling quality in the interaction of both. The consultants, together with the family and multi professional support network, can guide women on strategies to overcome such difficulties in breastfeeding since prenatal care, expanding their autonomy and, consequently, the success rates when breastfeeding.

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