NCLEX 2026 · MATERNAL-NEWBORN

🤱 Breast Complications

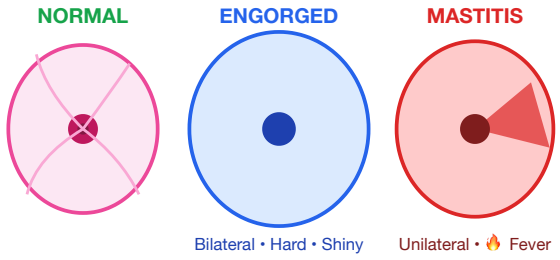
Postpartum & Lactation · Engorgement · Mastitis · Plugged Ducts · Cracked Nipples · Abscess

Clinical Judgment | Prioritization | Pharmacology | Patient Teaching

1 DEFINITION & OVERVIEW

- **Breast complications** are inflammatory or infectious disorders of the breast that occur most often in **lactating** postpartum mothers (but can occur in non-lactating women).
- Most common conditions: Engorgement | Plugged Duct | Mastitis | Abscess | Cracked Nipples
- **Why it matters:** Early recognition prevents progression → untreated mastitis → **abscess & sepsis**. Improper education → premature weaning.

🕐 **Peak onset:** Engorgement day 3–5 PP · Mastitis wk 2–4 PP · Plugged duct any time



Visual comparison: Normal → Engorgement → Mastitis

2 PATHOPHYSIOLOGY (SIMPLIFIED)

ENGORGEMENT: ↑ Milk production (D3–5) → Vascular & lymphatic congestion → Bilateral swelling → Hard, tender, shiny breasts

PLUGGED DUCT: Incomplete emptying → Milk stasis in 1 duct → Localized lump + tenderness → NO fever, NO systemic sx

MASTITIS: Cracked nipple → *S. aureus* from infant's mouth enters → Localized infection → Inflammation + systemic sx (fever, flu-like)

ABSCESS: Untreated mastitis → Pus collection → Fluctuant mass → 🚑 Requires I&D + IV abx

🧬 **Risk factors:** Cracked/sore nipples · Missed/infrequent feedings · Tight bra · Fatigue/stress · Poor latch · Milk stasis · Previous mastitis

3 SIGNS & SYMPTOMS — COMPARE & CONTRAST

FEATURE	🔵 ENGORGEMENT	🟠 PLUGGED DUCT	🔴 MASTITIS 🚑
Sides involved	**BILATERAL** (both breasts)	Unilateral (localized spot)	**UNILATERAL** (wedge area)
Fever	❌ NONE	❌ NONE	✅ **>101°F (38.4°C)**
Systemic symptoms	None	None	🚑 **Flu-like → FIRST SIGN** (chills, malaise, body aches, HA)
Breast appearance	Hard, swollen, taut, shiny skin, warm	Localized tender lump, no redness	Red, hot, tender, swollen, wedge-shaped area, hard lump
Onset	Day 3–5 postpartum	Any time during lactation	Usually 2–4 weeks postpartum
Milk flow	↓ (too full)	↓ on affected side	May be ↓; milk NOT infected — safe to nurse!

🚨 **RED FLAG — Escalate Immediately: Fluctuant/pus-filled mass (abscess) · Red streaks extending from breast · Temperature >102°F with rigors · Severe localized pain + systemic illness · Foul-smelling drainage → SEPSIS risk**

4 PRIORITY NURSING INTERVENTIONS (ABCS · SAFETY · PRIORITIZATION)

🔵 ENGORGEMENT

- **Continue breastfeeding** frequently (q 2–3 h, 8–12×/day)
- **WARM** compress / shower **BEFORE** feeding → ↑ letdown
- **COLD** compress **AFTER** feeding → ↓ swelling
- Hand express/pump if too full to latch
- Cabbage leaves (chilled) between feedings — esp. for non-breastfeeders
- Well-fitting, supportive bra (avoid underwire)
- Assess pain; administer acetaminophen/ibuprofen PRN

🔴 MASTITIS (PRIORITY!)

- **CONTINUE BREASTFEEDING** — milk is NOT infected, milk removal is therapeutic ✅
- **Administer antibiotics** — full course 10–14 days (dicloxacillin or cephalexin)
- Assess for abscess (fluctuant mass) → notify provider
- Warm compress before feeding; start feed on *unaffected* side if too painful, then switch
- Ensure complete emptying of affected breast every feed
- Monitor VS, temp, pain; encourage rest, fluids (2–3 L/day), nutrition
- Analgesic/antipyretic (acetaminophen / ibuprofen)

🟠 PLUGGED DUCT

- Frequent breastfeeding on affected side **FIRST**
- Warm compress + gentle massage *toward nipple* during feeding
- Vary feeding positions (cradle, football, side-lying) to empty all ducts
- Dangle-feeding position (baby below breast) can help gravity drainage
- Monitor for progression to mastitis (fever, flu-like sx)

🟢 CRACKED / SORE NIPPLES

- **Correct latch** (baby's mouth covers most of areola, not just nipple)
- Break suction with finger before removing baby from breast
- Air-dry nipples; apply **breast milk** to nipples post-feed (natural healing)
- Pure lanolin cream (safe, no need to wash off)
- Avoid soap on nipples; rotate feeding positions
- Rule out thrush (shiny/flaky pink nipples, shooting pain)

5 PHARMACOLOGY

Dicloxacillin
Penicillinase-resistant penicillin · 1st line for mastitis

MOA: Inhibits bacterial cell wall synthesis (covers *S. aureus*)

Side effects: GI upset, diarrhea, rash, allergic rxn

Nursing: Ask about PCN allergy · full 10–14 day course · take 1 h before/2 h after meals · safe with breastfeeding ✅

Cephalexin (Keflex)
1st-gen Cephalosporin · alt. for mastitis

MOA: Cell wall inhibition

Side effects: GI upset, diarrhea, rash; cross-sensitivity w/ PCN allergy

Nursing: Verify no severe PCN allergy · full course · safe in lactation ✅

Clindamycin
Lincosamide · for PCN-allergic or MRSA

MOA: Inhibits bacterial protein synthesis

Side effects: 🚨 *C. difficile* colitis, diarrhea, rash

Nursing: Monitor for persistent/bloody diarrhea → report immediately

Ibuprofen
NSAID · pain + inflammation

MOA: Inhibits prostaglandin synthesis

Side effects: GI upset, bleeding, renal effects

Nursing: Take with food · safe while breastfeeding ✅ · preferred for inflammation

Acetaminophen
Analgesic / antipyretic

MOA: Central COX inhibition (pain/fever)

Side effects: Hepatotoxicity (> 4 g/day)

Nursing: Max 4 g/day · safe in lactation ✅

Nystatin / Fluconazole
Antifungal — nipple thrush / candidiasis

MOA: Disrupts fungal cell membrane

Side effects: Mild GI, rash

Nursing: Treat *both* mom (nipples) & baby (oral) simultaneously to prevent reinfection

6 ⚠️ NCLEX TEST TRAPS — DON'T GET FOOLED!

❌ **TRAP:** "Stop breastfeeding if mom has mastitis."
✅ **TRUTH:** **CONTINUE** breastfeeding — emptying the breast is therapeutic; milk is safe for baby.

❌ **TRAP:** Engorgement = infection.
✅ **TRUTH:** Engorgement is **NOT** an infection — no fever, bilateral, d/t milk coming in.

❌ **TRAP:** Apply cold compress BEFORE feeding.
✅ **TRUTH:** **WARM before, COLD after.** Warm promotes letdown; cold reduces swelling.

❌ **TRAP:** Mastitis is bilateral.
✅ **TRUTH:** Mastitis is almost always **UNILATERAL**.

❌ **TRAP:** Wean baby to prevent mastitis recurrence.
✅ **TRUTH:** Abrupt weaning causes stasis → **worsens** mastitis.

❌ **TRAP:** First sign of mastitis = red breast.
✅ **TRUTH:** **Flu-like symptoms** (malaise, chills, body aches) often appear **before** visible breast changes.

❌ **TRAP:** Stop the antibiotic once mom feels better.
✅ **TRUTH:** Complete the **full 10–14 day course** → prevents abscess & resistance.

❌ **TRAP:** Pump & dump during mastitis.
✅ **TRUTH:** No need — milk is safe for baby; removal is healing.

🎯 **Priority-setting tip:** If a question asks what to do FIRST, prioritize **Assess** before **Intervene** (unless ABCs are threatened). With suspected mastitis → *assess* temp, lump, flu-sx **before** administering ordered antibiotic.

7 PATIENT EDUCATION

🤱 BREASTFEEDING BASICS

- Feed **on demand, 8–12×/day** (every 2–3 h); don't skip feedings
- Ensure **proper latch**: baby's mouth covers most of areola, lips flanged out, no clicking sounds
- **Break suction** with finger in corner of baby's mouth before pulling away
- Alternate starting breast at each feeding
- Empty breasts completely; offer both at each feeding if possible
- Burp baby between breasts

🩹 SELF-CARE & PREVENTION

- **Wash hands** before feeding; keep nipples clean & *air-dry*
- Apply a few drops of breast milk post-feed (anti-bacterial, healing)
- Supportive, well-fitting bra — **NO underwire**, no tight clothing
- Prioritize rest, hydration (2–3 L/day), balanced nutrition, ↑ protein
- Avoid nipple soaps, alcohol-based products
- 🚨 **Call provider** if: fever >100.4°F, flu-like sx, red streaks, hard/fluctuant lump, worsening pain

🚫 NON-BREASTFEEDING MOMS

- **Avoid nipple stimulation** — no warm showers on breasts, no pumping/expressing
- Apply **ice packs** + chilled cabbage leaves for comfort
- Wear a **tight, supportive bra 24/7** × first week
- Avoid breast binding (can worsen pain)
- Milk will dry up in 7–10 days
- Mild analgesic PRN (acetaminophen / ibuprofen)

🚨 WHEN TO CALL PROVIDER

- Fever ≥ 100.4°F (38°C) or chills
- Red, hot, hard area on breast — especially wedge-shaped
- Cracked, bleeding, or severely painful nipples
- Fluctuant, pus-filled lump → abscess
- Flu-like symptoms with breast pain
- Baby refusing breast, poor weight gain, < 6 wet diapers/day

8 🧠 MEMORY BOOSTERS & MNEMONICS

🔥 "MASTITIS"

- **M** Malaise / flu-like (FIRST sign!)
- **A** Antibiotics × 10–14 days
- **S** Sore, Swollen, unilateral
- **T** Temp > 101°F
- **I** Inflammation (red, hot, wedge)
- **T** Treat — keep breastfeeding!
- **I** Infection (*S. aureus*)
- **S** Stress/fatigue = risk factor

🌡️ "HOT" Mastitis

- **H** **H**ot to touch
- **O** **O**ne side only (unilateral)
- **T** **T**emperature > 101°F + flu-like

💡 If it's **HOT** → think **MASTITIS**

🌡️ Warm vs Cold Rule

"Before = Warm, After = Cold"

🔥 **WARM** before feed → ↑ letdown, opens ducts

❄️ **COLD** after feed → ↓ swelling, numbs pain

🥬 **Cabbage leaves** = relief for engorgement (any time)

🔍 "LATCH" Score (baby's latch)

- **L** **L**atch onto breast
- **A** **A**udible swallowing
- **T** **T**ype of nipple (flat/inverted issues)
- **C** **C**omfort (no pain = good latch)
- **H** **H**old (positioning help needed?)

⚖️ Engorgement vs Mastitis

🔵 **ENGORGEMENT:**
Both breasts · No fever · Day 3–5

🔴 **MASTITIS:**
One breast · FEVER · Flu-like · Wk 2–4

💡 Think: "*Bilateral* = *Benign*"

🧠 Quick Pattern Recognition

🔵 Both + hard + D3–5 → **Engorgement**
🟠 Lump + no fever → **Plugged duct**
🔴 Unilateral + FEVER + flu-like → **Mastitis**
🟣 Fluctuant + worsening → **Abscess**
🟡 Shooting pain + shiny nipples → **Thrush**