

NCLEX 2026 · MATERNAL-NEWBORN



Breast Complications

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



Clinical Judgment



Prioritization



Pharmacology



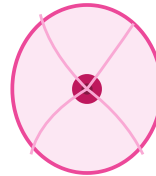
Patient Teaching

1 DEFINITION & OVERVIEW

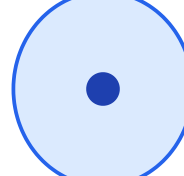
- **Breast complications** are inflammatory or infectious disorders of the breast that occur most often in **lactating** postpartum mothers (but can occur in non-lactating women).
- Most common conditions: **Engorgement** **Plugged Duct** **Mastitis** **Abscess** **Cracked Nipples**
- **Why it matters:** 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

NORMAL

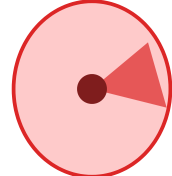


ENGORGED



Bilateral · Hard · Shiny

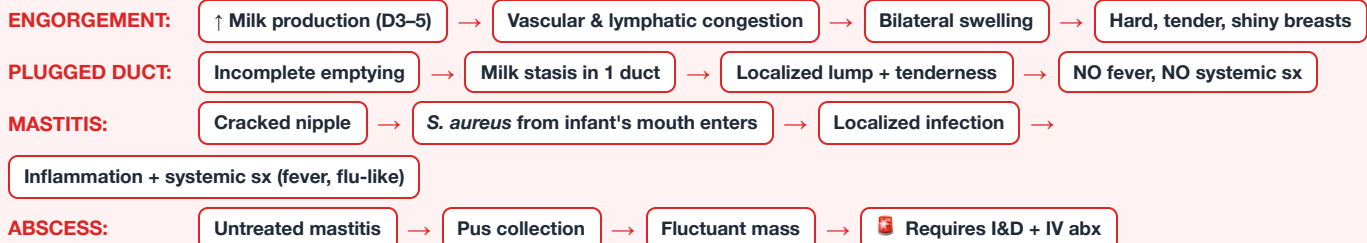
MASTITIS



Unilateral · 🔥 Fever

Visual comparison: Normal → Engorgement → Mastitis

2 PATHOPHYSIOLOGY (SIMPLIFIED)



🚫 **Risk factors:** Cracked/sore nipples · Missed/inrequent 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

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)

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)

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, 8–12x/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 $\geq 100.4^{\circ}\text{F}$ (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 $> 101^{\circ}\text{F}$
- I** Inflammation (red, hot, wedge)
- T** Treat — keep breastfeeding!
- I** Infection (*S. aureus*)
- S** Stress/fatigue = risk factor

"HOT" Mastitis

- H** Hot to touch
- O** One side only (unilateral)
- T** Temperature $> 101^{\circ}\text{F}$ + 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** Latch onto breast
- A** Audible swallowing
- T** Type of nipple (flat/inverted issues)
- C** Comfort (no pain = good latch)
- H** Hold (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**