

Time	Narration
00:00	Welcome to this <b>Spoken Tutorial</b> on <b>Breast conditions</b> in lactating mothers.
00:06	In this tutorial, we will learn about- <b>Breast engorgement</b> and <b>Mastitis</b> .
00:13	Let us begin with <b>Breast engorgement</b> .
00:17	<b>Engorgement</b> occurs most commonly between 3 to 5 days after delivery.
00:23	It occurs in both breasts simultaneously.
00:28	Mother should not confuse breast engorgement with breast fullness.
00:33	Thus, now we will discuss the difference between breast engorgement and full breasts.
00:40	In engorgement, breast becomes firm, swollen and painfully full of milk.
00:46	It gives shiny appearance and shows dilated veins on the surface.
00:52	Mother may suffer from fever that lasts for more than 24 hours and latching becomes hard for the baby.
01:01	Whereas, full breasts are normal.
01:04	Full breasts appear big but they do not give shiny appearance.
01:10	Full breasts are not painful and fever is absent during breast fullness.
01:17	Now, let's discuss the causes of breast engorgement in lactating mothers.
01:23	Breast engorgement can occur in the following conditions-
01:27	If mother has not fed the baby soon after delivery.
01:32	Mother is not feeding the baby frequently.
01:36	Baby has poorly latched on mother's breast during breastfeeding and
01:42	Mother has stopped breastfeeding suddenly.
01:46	Now let's discuss how engorgement can be treated.
01:51	First- Ask the mother to wash her hands with the clean water
01:55	Then, bring the baby closer to the mother so she can see, smell and touch the baby.
02:03	If baby is too fussy, mother can smell the baby's towel.
02:08	After that, mother should drink a glass of water.
02:12	Then, keep wet warm cloth on the breast for 5 to 10 minutes or
02:18	mother can also take a warm shower.
02:21	It will help the breast milk to come out.
02:24	After that, health worker should tell the mother to relax as excess of stress will affect the let-down reflex and
02:33	milk will not come out.
02:36	Now, either health worker or any family member should massage on the mother's neck and upper back.
02:43	It will help the breast milk to come out.
02:46	Since, nerve supply towards upper back and breast is same.
02:52	Then, mother should start gently massaging her breast in circular motion.
02:57	Massaging will make her relax and will improve the let-down reflex.
03:03	All these things will help in releasing of Oxytocin.
03:07	It is known as Oxytocin reflex or let-down reflex.
03:12	Oxytocin is a hormone which helps a breast milk to come out.
03:17	Then, mother should manually express some amount of milk to soften the <b>areola</b> .
03:23	It will help the baby to latch on the breast correctly.

03:27	During expressing the breast milk, mother should apply pressure around the <b>areola</b> .
03:33	After expressing, mother should guide the areola in the baby's mouth, as it would be difficult for a baby to self-attach.
03:42	Try to breastfeed on both sides.
03:46	Between the feeds, mother should keep wet cold cloth on breasts for 5- 10 minutes. Or,
03:53	mother can keep cold cabbage leaves on breasts.
03:58	She can store these cabbage leaves either in refrigerator or in earthen pot.
04:04	It helps in reducing the tenderness and edema in the breast.
04:08	Then mother should breastfeed frequently.
04:13	Now, let's learn how can we prevent breast <b>engorgement</b> .
04:17	First, try to understand the hunger signals of a baby such as squirming,
04:25	increasing rooting reflex-
04:27	in rooting reflex, baby turns her head towards anything which touches her cheek or mouth.
04:36	sucking on fingers.
04:38	In late stage, the baby starts crying.
04:42	Breastfeed the baby whenever she shows early hunger signals and not wait for the baby to cry.
04:50	Make sure that the baby is latched on properly and feeding well.
04:55	Remember, empty one breast completely before you switch to the other side.
05:02	Next, let's learn another breast condition called <b>Mastitis</b> .
05:07	It is a condition where part of breast becomes red, swollen and hard.
05:14	Mother feels severe pain, fever and ill.
05:18	Many mothers go through mastitis in first 6 weeks.
05:22	But, it can occur at any time during lactation.
05:27	It is sometimes confused with breast engorgement.
05:31	However, engorgement affects whole breast and often both breasts.
05:37	Whereas <b>mastitis</b> affects part of the breast and usually only one breast.
05:44	Mastitis may develop in an engorged breast or follow condition of blocked ducts.
05:51	Now, we will discuss how blocked duct develops into mastitis if untreated.
05:58	Blocked duct is a condition where milk is not removed from the part of a breast.
06:04	Usually this duct is the part of breast blocked by thickened milk.
06:11	It leads to lump formation. This lump is tender and often present with redness of the skin over the lump.
06:20	Blocked duct and breast engorgement causes milk stasis.
06:24	When milk stays in part of a breast in blocked ducts and breast engorgement, it is called <b>stasis</b> .
06:32	If this stasis is not removed, it could lead to inflammation of breast tissue. It is called non-infective mastitis.
06:42	Whereas, sometimes breast becomes infected with the bacteria and this is called infective mastitis.
06:51	In following conditions, bacteria will easily enter through fissure:

06:56	if fissure is present on the breast, Mastitis remains untreated and delayed treatment.
07:06	Note that breast abscess is a progression of untreated mastitis.
07:11	Now, let's discuss the causes of mastitis.
07:15	The first and foremost cause of mastitis is infrequent feedings.
07:21	If lactating mother is a working woman then frequent breastfeeding becomes challenging.
07:27	Other reason for infrequent feedings could be illness in mother or a baby.
07:33	Second is nipple feeding. In nipple feeding, baby will not empty the breast completely.
07:40	Third is oversupply of milk.
07:43	Fourth is rapid weaning where baby eats other foods apart from breast milk.
07:49	Fifth is tight clothes- if mother uses tight clothes, especially in night if mother wears a tight bra, it brings pressure on the breast and can block the milk ducts.
08:02	Sixth is maternal stress - if mother is going through any stressful conditions, it will affect the let-down reflex.
08:12	Seventh is nipple fissure- it provides a way for bacteria to enter the breast tissue and may lead to mastitis.
08:22	Let's look at the treatment for mastitis.
08:26	First try to identify the cause and then start the treatment.
08:31	Mother should use warm compresses before breastfeeding
08:34	or should take a warm shower.
08:37	She should start breastfeeding from affected breast first.
08:42	If it is increasing the pain or affecting the let-down reflex then start with the unaffected breast.
08:50	Remember, frequent breastfeeding is necessary.
08:55	If the open wound is not on the nipple or on the areola then mother can breastfeed on the affected side.
09:03	Remember, whenever a mother is feeding to a baby from mastitis breast-
09:09	she should monitor the baby for signs of infection as there will be a risk of infection to a baby
09:17	since breast milk from affected side will have many harmful bacteria.
09:24	Massaging the breast may improve the milk supply.
09:28	It should be a gentle massaging from affected area towards the nipple.
09:33	And, mother should take enough rest.
09:36	If symptoms are severe then she should refer to the doctor.
09:40	<b>Breast abscess</b> will require surgical drainage of abscess and <b>antibiotics</b> .
09:47	Apart from these, mother should make a special effort to relax her body and breathe deeply and evenly.
09:55	Listen to the soothing music and think about her baby to help in starting the let-down reflex.
10:03	Remember, for preventing mastitis, correct latching is necessary.
10:09	It will avoid blocked duct and baby will get enough milk.
10:14	Keys to prevent all these breast conditions are- proper attachment and positioning of a baby and frequent breastfeeding.
10:24	This brings us to the end of this tutorial. Thanks for joining.

