

## Breast Abscess and the Mother's Support Group

Emelia Suroto Hamzah, Eddy Fadlyana

(Department of Child Health, Medical School, Padjadjaran University / Hasan Sadikin Hospital, Bandung - Indonesia)

**ABSTRACT** This case report deals with an 18-year-old primiparous lactating mother who had an abscess on the right breast and a cracked nipple on the left. She was referred to the Hasan Sadikin's breast feeding mother's support group. Beside treating her with antibiotics and analgesics, surgical intervention was done which showed a good result. A proper lactation management succeeded in increasing the milk supply as was reflected in the growth of the infant. At home visits a wellgrown and exclusively breastfed infant was found. So this mother-infant pair had got the benefit of the referral system established by Hasan Sadikin Hospital. [*Paediatr Indones* 1995; 35:156-160]

### Introduction

Successful and uninterrupted breast-feeding is the main goal in providing health care to pregnant and lactating mothers. Factors such as unexperienced or mothers and ignorant health care providers are common factors that may lead to lactation failure with or without anatomical problems of the breast.<sup>1</sup> Even breast abscess is not a common problem among lactation problems but it needs special attention and should be

prevented.

As some of the breast feeding problems can be treated by the community, people try to establish "mother's support groups". This idea is the realization of the tenth step of "Ten steps to successful breast feeding", a guideline developed by Unicef and WHO which has become a world commitment in promoting breast feeding. These groups after having some training were supposed to be able to treat minor breast feeding problems and refer the severe cases to the nearest health care system.

This case report discusses whether or not the mother-infant pair will have benefit from this system.

### Report of the Case

AD, an 18-year old primiparous lactating mother, accompanied by two members of Hasan Sadikin Breast feeding Mother's Support Group, visited the Lactation Clinic of the Hasan Sadikin General Hospital on July 8, 1993 with the chief complaints of pain on her right breast expelling smelly and greenish fluid and an unsuccessful breast feeding.

Two weeks before the first visit she had been complaining of her right breast that was engorged, becoming firmer with a reddish skin. For this complaint, she was treated by a nurse without any improvement. One week after this condition the right breast expelled smelly and greenish fluid from two holes. At this time she had fever and a burning sensation. Treatment provided by a midwife did not release her from her pain. These situation brought her to the Hasan Sadikin Lactation Clinic.

The baby was the first child, and the delivery was attended by a traditional birth attendant (TBA), born spontaneously and cried loudly soon after birth; the birth weight was unknown. The TBA recommended the mother to breast feed only from her left breast. Even though at that time the right breast was just normal.

During her pregnancy, the mother was doing well and visited a private midwife four times. She ate 2 to 3 times daily, consisting of a small amount of rice with vegetables and sometimes meat. She and her husband had got no education on child care since they only graduated from elementary school.

On the first visit a forlorn and tense

mother whose general condition was not so good was noted. Her body weight was 39.6 kg; body height 153 cm; the pulse rate 96/minute; respiratory rate 24/minute; blood pressure 110/70 mmHg; and body temperature 37.9°C. The hair was normal, there were no clinical signs of anemia. The lungs and heart were within normal limits. Examination of the right breast showed erythema; on palpation there was tenderness and a warm skin. A fluctuating bad smelly tumor that expelled greenish fluid from two holes was noted. The left breast had a cracked nipple. Other physical conditions were within normal limits.

On physical examination the baby was just normal; 26 days old; the body weight was 2800 gram; body height was 53.2 cm; head circumference was 33 cm. The heart rate was 132/min, respiratory rate 36/min, body temperature 36.6°C. Other physical findings were within normal limits.

Laboratory findings of the mother: revealed hemoglobin content of 11 g/dl with WBC count of 11,000/ $\mu$ l. Urine and stool were within normal limits. Laboratory findings of the baby showed a hemoglobin of 13 g/dl; WBC count of 9800/ $\mu$ l. Urine and stool were within normal limits.

Based on the history of illness, clinical and laboratory findings, the diagnosis was abscess of the right breast cracked nipple of the left breast, underweight mother; and a failure to thrive infant.

Beside treating the mother with antibiotics, surgical intervention was done to drain the pus. Having a good bed rest and drinking plenty of fluid were also advised. Breast feeding was continued from

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the left breast with proper positioning. This mother was taught how to polish her cracked nipple with her breast milk and to decompress the right breast manually and periodically.

On the 14<sup>th</sup> day after the first visit, the antibiotic was discontinued and evaluation of treatment was done which showed a good result. Signs of infection subsided and the mother's weight increased from 39.6 Kg to 40 Kg, the baby gained weight around 400 grams or 28 grams per day approximately.

### Discussion

Human breast milk is the most appropriate of all available milk for the human infants since it is uniquely adapted to their needs.<sup>2</sup> Success in infant feeding depends greatly on the adjustment made during the first few days of life. It is not unusual that some young and inexperienced lactating mothers will have breast feeding problems such as milk insufficiency, sore nipples, engorgement, anxiety, tiredness and depression, a crying and discontented child all of which usually end in lactation failure.<sup>3</sup> In this case we were dealing with a cracked nipple followed by the formation of breast abscess.

The most common cause of painful nipples in the first few days is an improper positioning. It may also cause a cracked nipple because the baby may suck the nipple in the wrong position. Without even touching the areola. This condition may be the port of entry of the diseases. Through a cracked nipple to the periductal lymphatic an infectious

agent will proceed to the breast causing mastitis. Factors that predispose the patient to mastitis include poor drainage of a duct, presence of an organism, and lowered maternal defenses such as those associated with stress and fatigue.<sup>4,5</sup>

Mastitis is an infectious process in the breast producing localized tenderness, redness, and heat, together with systemic reaction of fever, malaise, and sometimes nausea and vomiting.<sup>1</sup> It usually happens 1 to 3 weeks after giving birth as a complication of obstruction of the ducts. In this case, the traditional birth attendant recommended to continue breast feeding only from the left breast, a condition which can lead to obstruction and engorgement of the right breast.

According to the medical literature the most common infecting organism in the breast is staphylococcus.<sup>6</sup> Only rarely is streptococcus involved.<sup>7</sup> Based on the location in the breast and the clinical features, mastitis has been classified into two types. Gibberd<sup>8</sup> has described these two types as cellulitis and adenitis. A third type which is called subclinical mastitis has also been described.

Cellulitis is thought to involve the interlobular connective tissue as a result of the introduction of bacteria through the cracked nipple, usually in the early weeks of breast feeding.

In adenitis the ducts of the breast are infected, and the clinical symptoms are less severe.<sup>5</sup> In both conditions abscess is less common if breast feeding is continued.<sup>9</sup> Breast abscess can also be a complication of mastitis and it is usually the result of delayed or inadequate treatment.<sup>1</sup> This patient suffered from not

properly treated mastitis which became more severe and ended with the abscess formation.

Besides surgical drainage, a true abscess requires treatment with antibiotics, rest, warm soaks, and complete emptying of the breast at least every few hours.<sup>1</sup> The milk will remain clean unless the abscess ruptures into the ductal system. As long as the incision and drainage tube are sufficiently far from the areola, nursing can be maintained even if the breast is surgically drained. In any event, the breast should be frequently and manually drained to maintain the milk supply until feeding can resume. The infant should always be monitored for infection.<sup>5</sup>

The baby and the mother were classified as underweight based on the Wellcome classification of the protein energy malnutrition (PEM) body weight 60-80% from the Harvard standard and without edema.<sup>10</sup> This baby had a primary protein energy malnutrition caused by inadequate milk intake since no infection was noted.

The existence of a breast feeding mother's support group is a proof of community participation in a breast feeding promotion program. The original idea of having this group is to have a continuous successful breast feeding which have been initiated in the hospital. In the context of this idea it is hoped that after having some training on proper lactation management, this mother's support group will be able to treat to the nearest health care delivery system. The development of this breast feeding mother's support group is sponsored by the Lactation Management Team from

Hasan Sadikin General Hospital. This team especially provides services in breast feeding problems to the community around the hospital area and as a realization of the tenth step of the "Ten Steps to successful breast feeding" guideline, which was proposed by the WHO and UNICEF.<sup>11,12</sup>

In order to record and monitor this system properly, a special referral form was designed which can be seen in the annex and the patients will be treated in the hospital without any charge by showing this form.

This case has proven that the prerequisite of an uncomplicated and uninterrupted breast feeding is a correct suckling technique. Checking of the suckling technique and correction of a faulty technique by an experienced health care provider is a must and the referral system established by the Hasan Sadikin Lactation management team has shown the benefit of this system for this mother-infant pair.

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