



Opinion

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# Experience of Four and A Half Years of Helping Women with Lactostasis and Mastitis



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## Opinion

The article reflects the results of a period of four and a half years of treatment of patients with lactostasis and mastitis, suggests optimal ways to eliminate them, therapeutic tactics.

**Relevance:** Breastfeeding is extremely important for the normal development of an infant, studies of the microbiome of breast milk have shown that certain lactobacilli can favorably affect the lactation function of a woman, the digestion of milk in the intestines of a child, and also affect the course of the inflammatory process in a woman's breast. The frequency of lactation mastitis among maternity hospitals in various countries ranges from 2 to 33% and averages about 10%. The purpose of the study is to present a proven optimal algorithm of the doctor's actions to solve the problem of milk evacuation, examination, treatment, as well as to demonstrate the effectiveness of therapeutic tactics.

**Materials and methods:** The medical records (MR) of 126 nursing women were retrospectively analyzed upon treatment in the period from December 2016 to June 2021 with complaints of violation of milk evacuation, pain and discomfort, breast tissue compaction. Examination methods: examination, palpation, ultrasound examination (UE) of the mammary glands (MG).

**Results:** All women were diagnosed with lactation disorders. Lactostasis in 107 (84.9%) women, lactation mastitis of serous form in 16 (12.7%) women. Lactation mastitis of purulent-abscessed form in 5 (3.9%) women.

All patients had clinical manifestations in the form of local tissue compaction in one MG, pain, and impaired milk outflow. An increase in body temperature above 36.6°C was observed in 51 women (40.5%), in 26 (20.6%) above 38°C, in 4 (3.1%) above 40°C. Ultrasound picture of local swelling of the MG tissue was

detected in all patients. In addition to ultrasound edema, the picture of an abscess of the MG in 5 (3.9%) women. Treatment tactics, depending on the clinical data, included:

- a) Manual pumping of MG according to Riordan - 126 women (100%).
- b) Local hypothermia in 91 (72.2%) women after each feeding for 15 minutes.
- c) "Traumel C" (ointment for external use homeopathic topically 3 times a day) - in 90 (71.4%) women.
- d) Anti-inflammatory therapy (ibuprofen tablets 200mg 2 times a day) was used in 78 women (61.9%).
- e) Antispasmodics (drotaverine in tablets of 20mg. 15 minutes before feeding) were used in 78 women (61.9%).
- f) Oxytocin solution of 5 IU/ml (2 drops intranasally 15 minutes before feeding) - in 25 women (19.8%).
- g) Antibacterial therapy (ABT) (amoxicillin + clavulanic acid tablets 875+125mg 2 times a day) in 19 women (15%).
- h) Lactobacillus Fermentum LC40 222mg 1 capsule daily oral - 54 women (42,8 %).
- i) Surgical treatment in the amount of dissection and drainage of an abscess of the breast, performed 5 women (3,9%). In 6 cases (4,8%), a therapeutic puncture was performed.

Lactation and breastfeeding were continued by 121 (96%) women. Five patients had already stopped lactation (3.9%) by the time of the development of lactostasis. The cure occurred in terms of: up to 3 days in 106 women (84%); from 4 to 8 days in 16 women (12.7%); from 9 to 21 days in 4 women (3.2%).

## Conclusion

Violation of milk outflow can occur during any lactation period. Lactation disorders most often develop in the first 3 months after childbirth. Lactostasis can also occur in women who have given birth again. Compliance with the therapeutic and diagnostic algorithm allows to prevent the development of inflammation in 87% of cases without antibacterial therapy. Examination and

treatment should begin at the first appointment. Diagnostic minimum: examination, UE of the MG. The main method of restoring lactation is manual pumping. It is important to restore the microbiome of breast milk. It is advisable to use ABT with signs of severe inflammation in the form of hyperthermia above 40°C, or clinical and ultrasound signs of abscess formation. With timely treatment and the beginning of treatment, it is possible to maintain full lactation.



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