

# HANDS-ON ASSESSMENT

.....  
of the lactating breast

Bryna Sampey, IBCLC

# FACULTY DISCLOSURE: BRYNA SAMPEY, IBCLC

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I have no conflicts of  
interest to declare.

I am the owner of Doula My Soul, LLC  
I am employed by Oregon Health & Sciences University (OHSU)  
All views represented are my own, and are not endorsed by OHSU  
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## ANATOMY & LANDMARKS

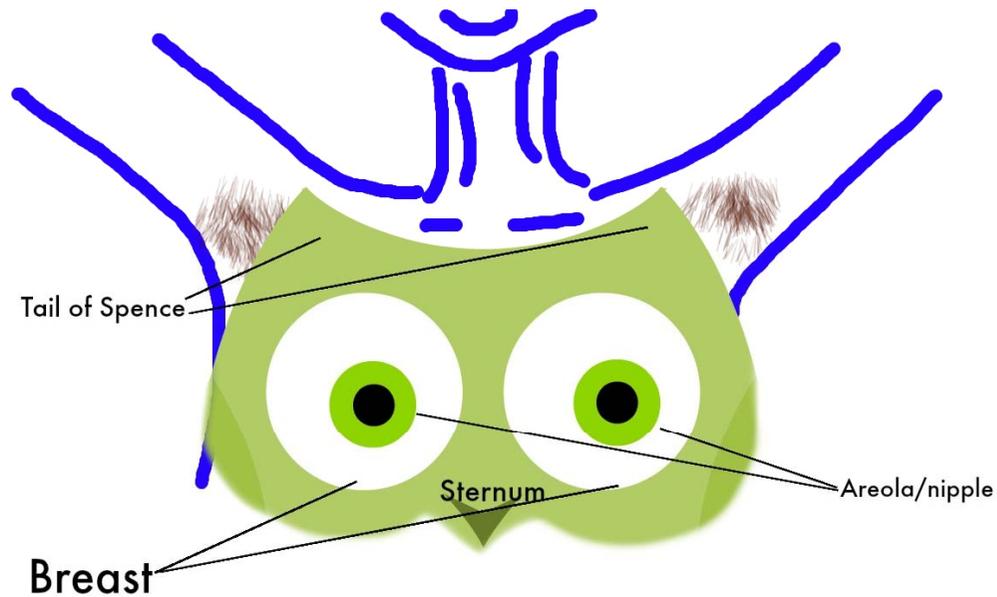


Image: Creative Commons: Werber Fabrik



Image: Doula My Soul, llc Used with permission.

External Structures: Lactating Breast

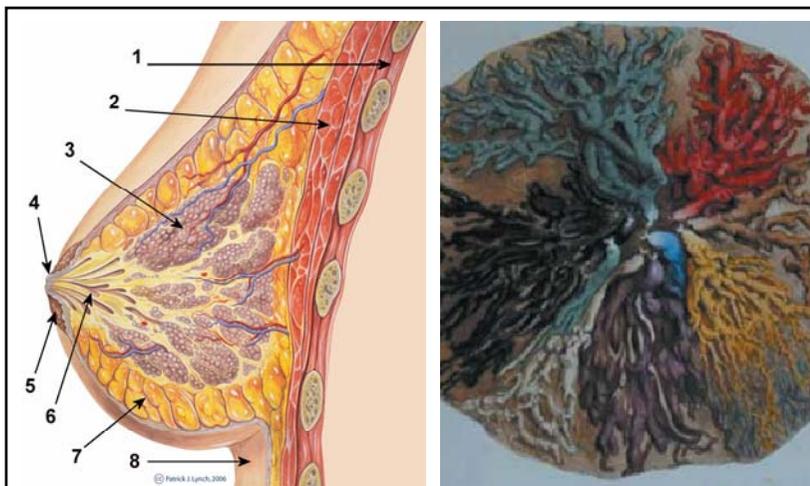
Pay attention to all areas that produce milk, or are capable of lactation.

hyperplasia or augmentation?

ANATOMY WITH SPECIAL CONSIDERATION.....

- > Breast Surgery
  - > reduction, augmentation, placement, biopsy, lumpectomy, lymph node removal, duct excision, abscess drainage, etc.
- > Growth disorders
  - > hyperplasia, hypoplasia, pectus excavatum
- > Mastectomy
  - > unilateral, bilateral, partial, complete, history of radiation/other oncological treatments

icik This file was derived from:Dr. Placik Breast Reduction .jpg;L3498 Breast Lift Dr. Placik Chicago Illinois Arlington Heights .jpg;Dr. Placik Breast Augmentation .jpg;, CC BY-SA 3.0  
mie 02 .img; AcrocyvusBreast\_reconstruction 10 .img; Kuehi\_citing [1]derivative work: Wnt - This file was derived from:Mastectomy 02 .img;Breast\_reconstruction 10 .img; CC BY-SA 3.0

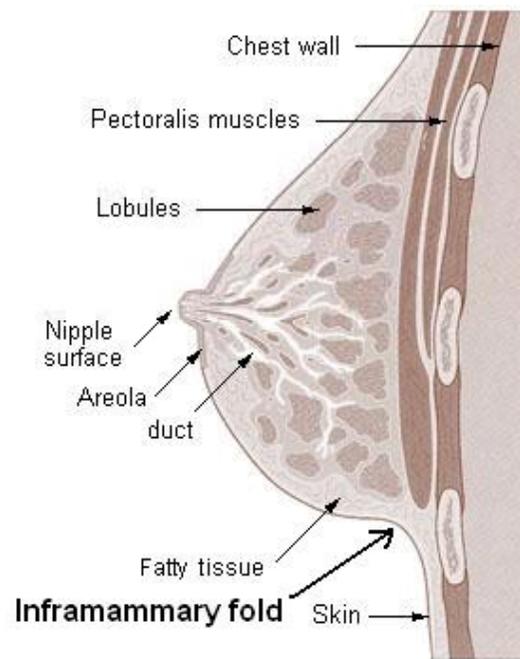


## INTERNAL STRUCTURE

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- Entire anatomy update as late as 2007 with research from Drs. Geddes, Hartmann, and others

Old anatomy (from Sir Astley Cooper's 1840-45 drawings) ➤ Essential Updates:



Updated anatomy (derived from ultrasound research from University of Western Australia)

- Fat is intermixed with glandular tissue
- Nonexistence of Lactiferous Sinuses
- Positioning of ducts (not symmetrical)

## TRANSIENT ANOMALIES

Top Left:  
Abscess (8cm)



Top Right:  
Mastitis



Bottom Left:  
Bleb  
(multiple)

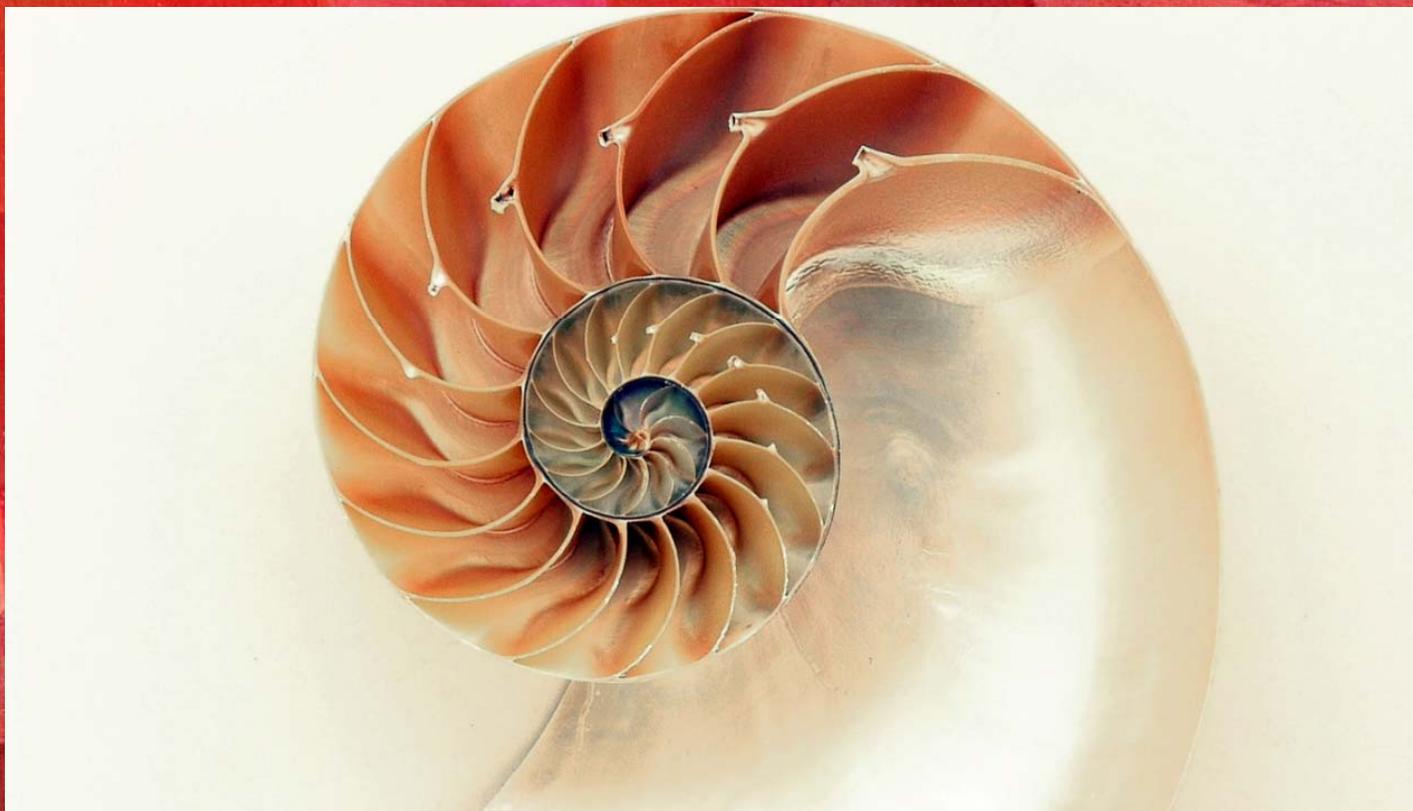


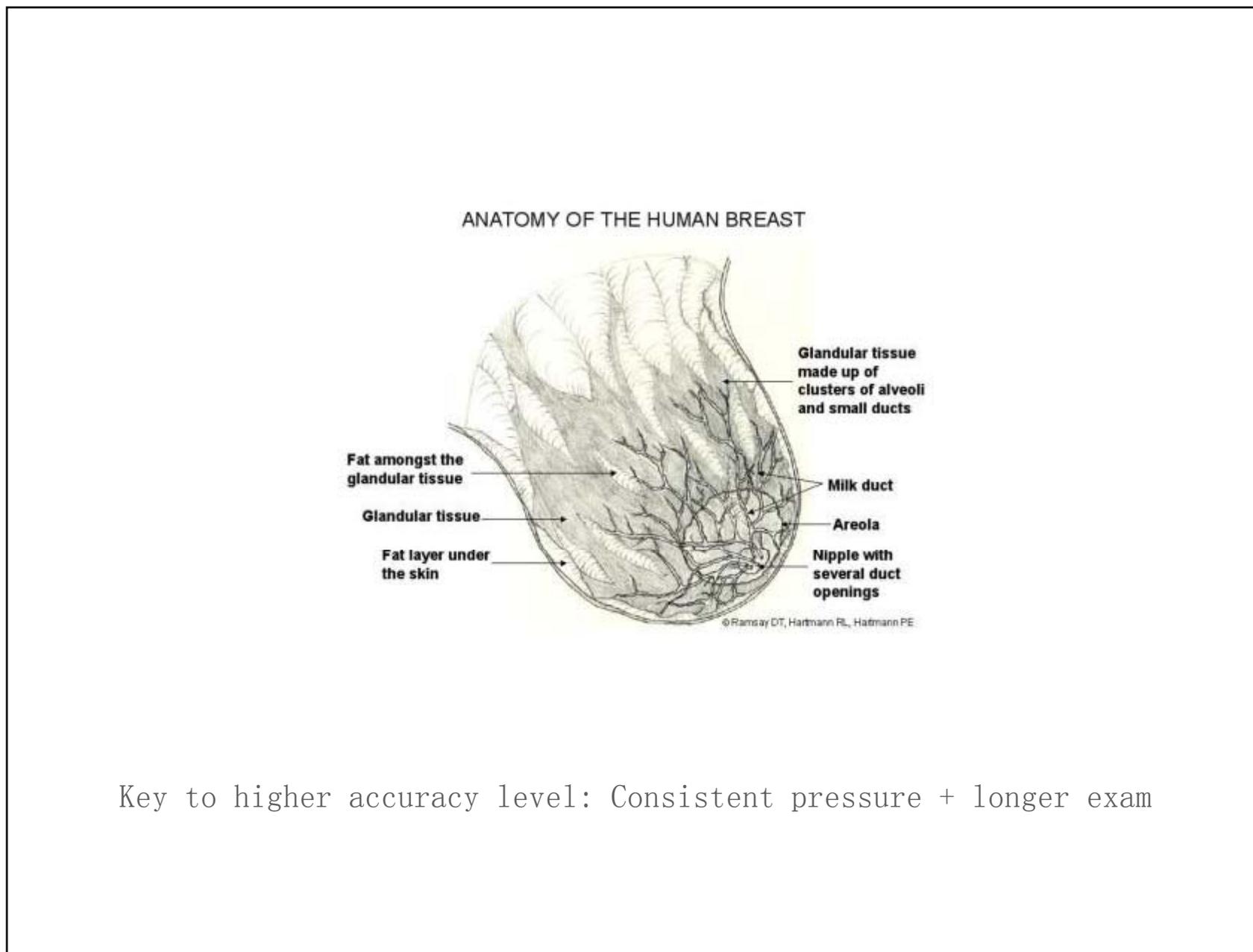
Bottom Right:  
Scar tissue  
from closed  
nipple  
piercing



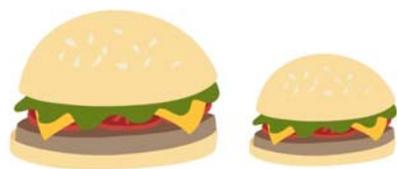
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BREAST EXAMINATION USING THE NAUTILUS TECHNIQUE





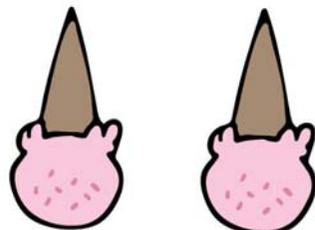
Key to higher accuracy level: Consistent pressure + longer exam



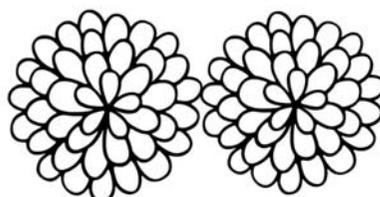
Asymmetry



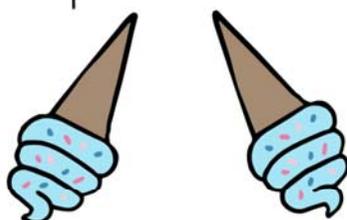
wide intramammary spacing



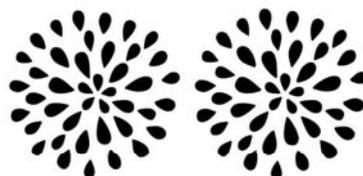
pendulous/tubular



**dense breast tissue**



nipple height/position deviation



**fibrocystic breasts**



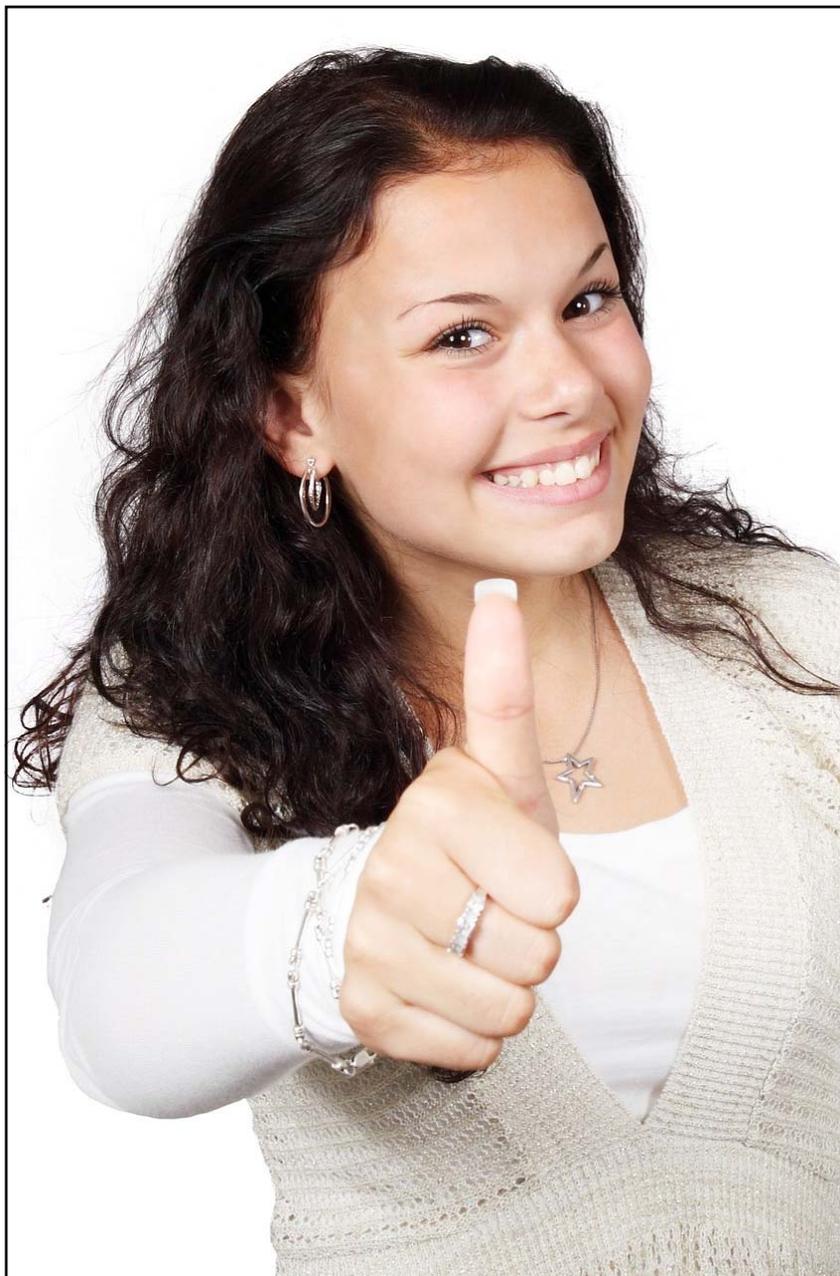
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## NORMAL VS. ABNORMAL FINDINGS

- Common is not always normal
- Abnormal isn't always pathological
- Be very sure before discussing an abnormal finding
- Using good communication techniques to describe abnormal findings
- Refer to a care provider you trust



## LANGUAGE & CONSENT

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- Consent is:
  - ACTIVE: Your client or patient must say “Yes” before beginning an exam. They must actively choose to continue when you check in during the exam.
  - INFORMED: Explain why you want to do the exam, and how an assessment will help you in giving care.
  - ALERT: A client who is immediately postpartum, under the influence of drugs, or unconscious cannot consent. Proceed with caution in your care if the benefits truly outweigh the risks.

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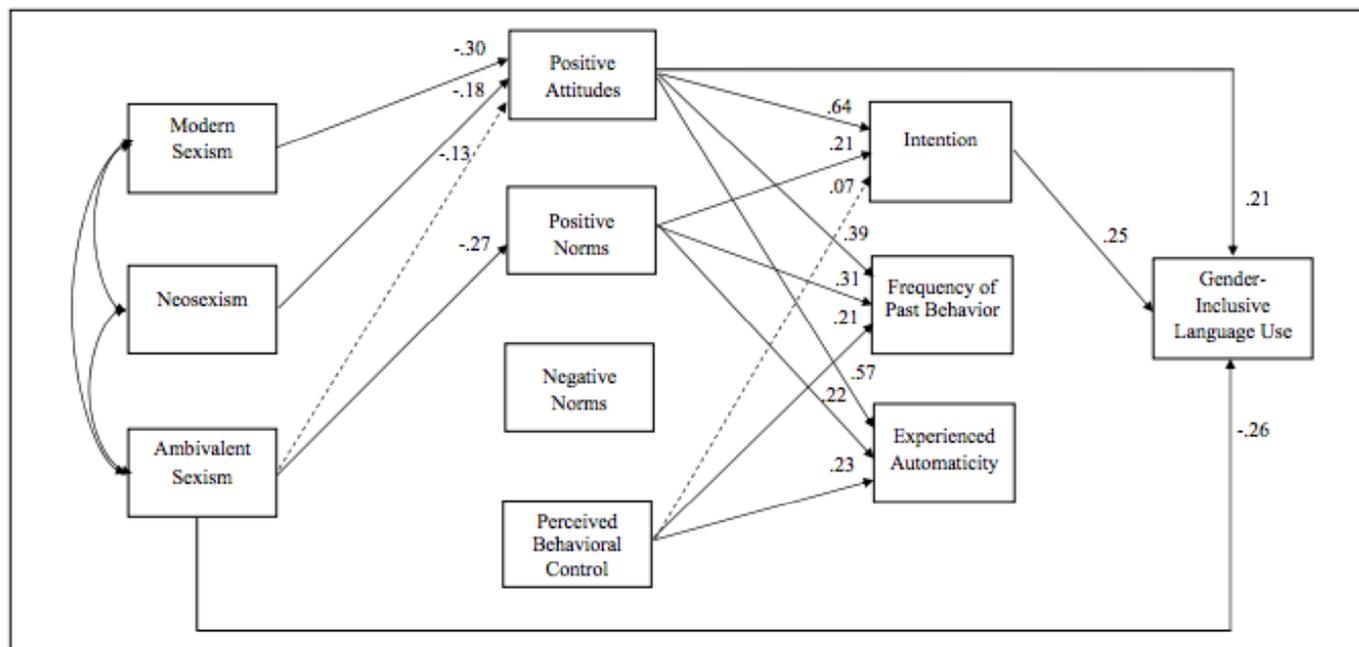
Our language is the reflection of ourselves. A language is an exact reflection of the character and growth of its speakers.

–César Chávez

## CHOOSE YOUR WORDS WISELY

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- Ask your clients how they prefer to be addressed before the start of your care. This can be on your intake paperwork.
- Some pronouns you might encounter (beyond “she/her” )
  - he/him, they/their, ze/zir, e/er, xey/xem
- Avoid gender specific grouping: “ladies” or “you guys” when discussing the family (unless you are certain everyone identifies as the gender which your grouping identifies them )



**Figure 3.** Study 2: Mediation model for the impact of sexist beliefs on gender-inclusive language use.

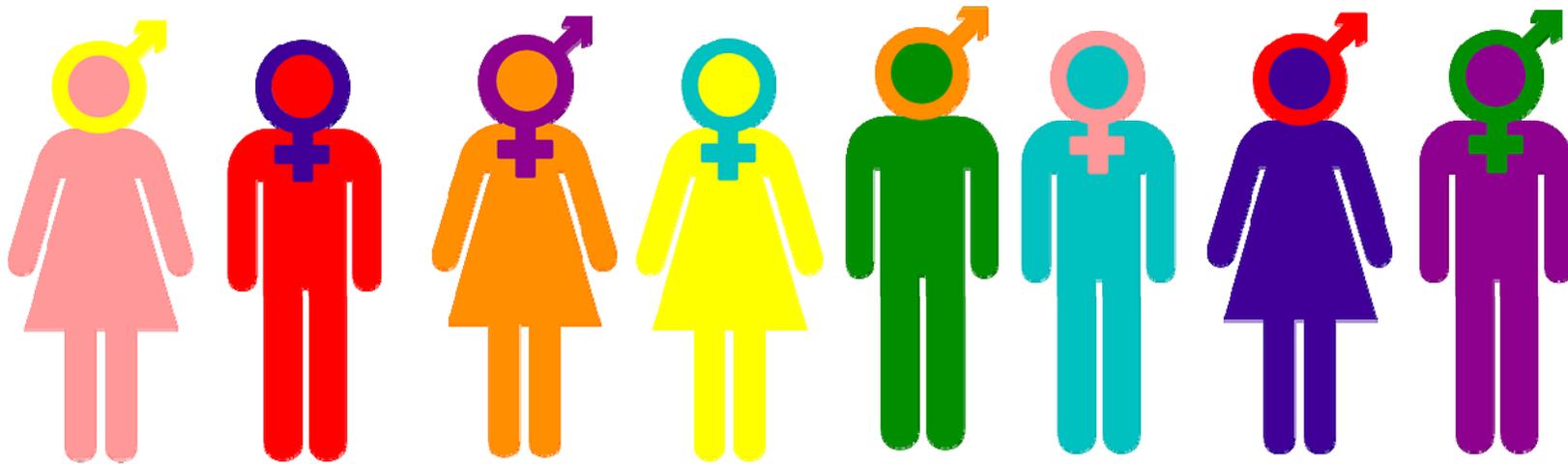
Note. The residuals of the mediated variables are correlated but, for the sake of clarity, not indicated. Significant paths are indicated as lines ( $p < .05$ ), marginally significant paths in broken lines ( $p < .10$ ).

“... participants with stronger sexist beliefs had less favorable attitudes toward using gender-inclusive language (and believed that others disapprove them). Given these attitudes and norms, these participants formed less favorable intentions to use gender-inclusive language. As a result of these deliberate decisions, they used such language forms less often on the behavioral measure. Thus, gender ideologies directed future speech patterns by influencing individual’s explicit decisions. All three sexist beliefs followed the anticipated sequence in which attitudes predicted intentions that predicted use. Interestingly, of all three sexist beliefs, ambivalent sexism turned out to be the only ideology that directly predicted language use.”

“Participants in our research were essentially creating the gendered world that they endorsed in their ideological beliefs.”

*Beyond Sexist Beliefs How Do People Decide to Use Gender-Inclusive Language?*  
S Sczesny, F Moser, W Wood; Personality and Social Psychology Bulletin, 2015; vol. 41, 7: pp. 943-954.

..INCLUSIVE LANGUAGE IS IMPORTANT

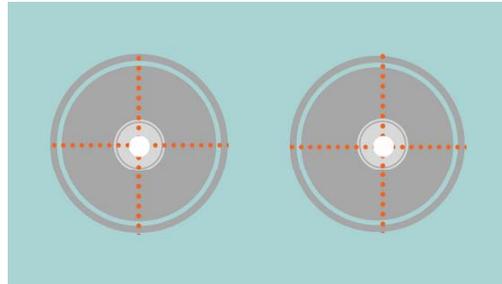


- Sexist beliefs = Sexist language
- Positive intentions + Conscious practice = New Habits
- Explore your own beliefs and practice using inclusive language in your everyday life, not just at work!

## COMPOSING YOUR NOTATION & REPORT

- Be clear & concise, always!
  - Use identifiable landmarks:
    - Example: “periareolar” instead of “around the areola”
    - Use breast quadrants to identify objects or areas of concern: Written as “RUQ/RLQ/LUQ/LLQ of breast”
- Be careful not to diagnose
  - “Signs and symptoms (s/sx) consistent with…”
  - Describe your findings accurately & completely
- Use your client’ s preferred pronouns (or singular their)

## IF YOU ARE CHARTING WITHOUT AN EMR

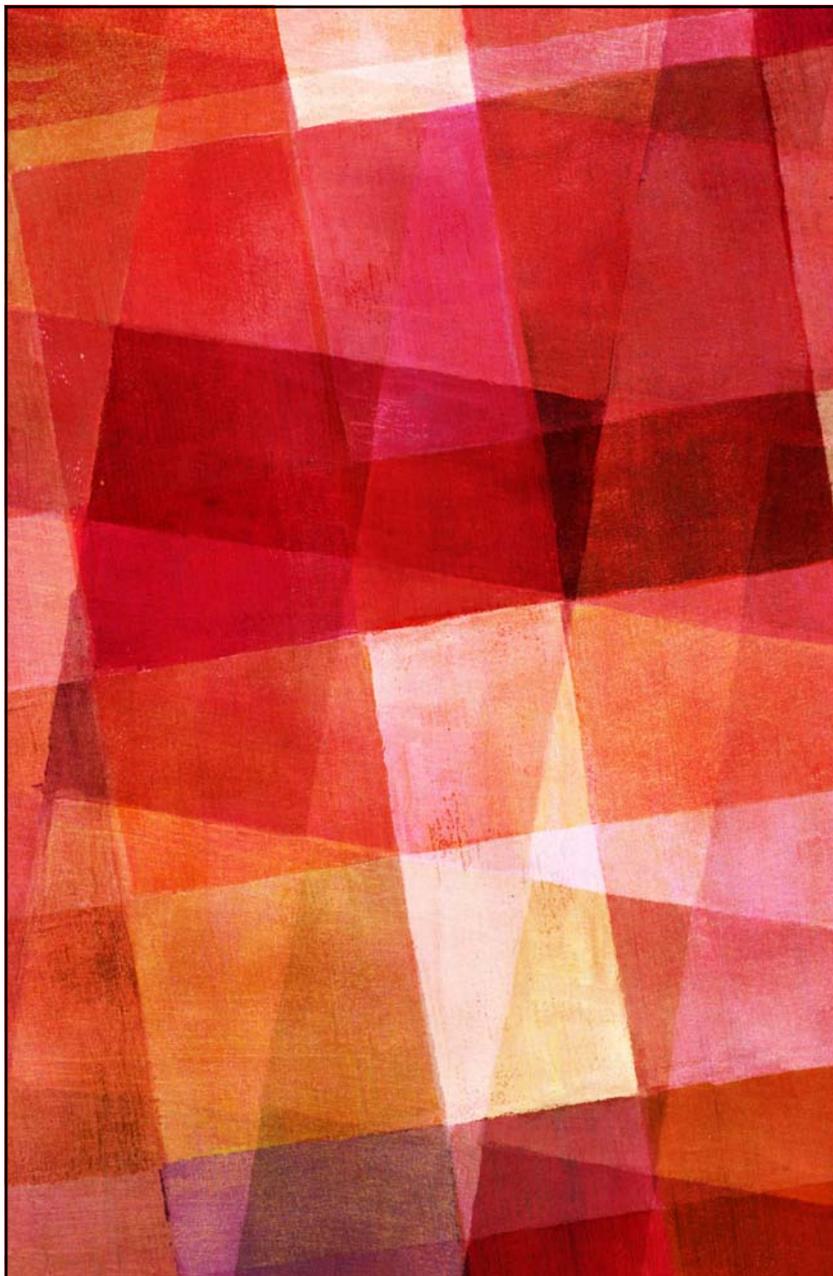


This graphic can be used to note the location of findings from your assessment- very simple to create!

This graphic can go at the top of your chart to give a quick overview of your visit

<b>Breast Condition</b> Right    Left	<b>Milk Maturity</b> Colostrum    Transitional    Mature	<b>Infant Assessment</b>	<b>Feeding Assessment</b>
<b>Nipple Condition</b> Right    Left	<b>Milk Supply</b> Low    WNL    High	_____	_____
<b>Pain Level:</b> _____ Resting    Nursing	<b>Hx of damage to chest/breasts?</b> _____	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

- Create something easy to visualize for breast examination findings
  - Canva, PicMonkey, and Adobe Illustrator are good tools for this
- Make it easy to reference for other providers who might read the chart to see as well as read



## TAKEAWAYS

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- Gain consent, check in
- Be thorough
- Common != normal
- Abnormal != pathological
- Be thoughtful in your discussion & language
- Refer out for anything unusual
- Provide good notes
- Practice makes expert, not perfect