

Physiotherapy Care for the Lactating Breast

POGP Conference, 3rd-4th November 2023



A. Williamson - Specialist Physiotherapist, Sprint Physiotherapy amy@sprintphysio.co.uk

G. Subramaniam - International Board Certified Lactation Consultant (IBCLC), Centre for Breastfeeding Education and Research (CBER)

V. Roffi - Specialist Physiotherapist, Sprint Physiotherapy

A. Periyasamy - Specialist Physiotherapist, Sprint Physiotherapy

THE FACTS

The World Health Organisation (WHO) recommends all infants are breastfed exclusively for **6 months** and with other foods for up to **2 years or more** (Unicef, 2013)



In the UK, 8/10 people stop breastfeeding before they would like to (McAndrew et al, 2010)

Pain arising from **mastitis, blocked ducts and engorgement (MBE)** can contribute to this (Berens and Brodribb, 2016)

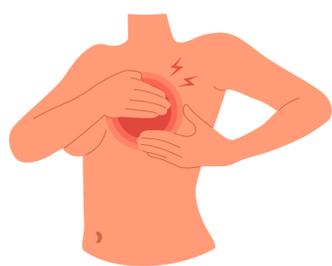


25% Mastitis alone can affect up to 25% of lactating women (Wilson et al, 2020)

THE RELEVANCE

A new, collaborative UK study

Aim: **Evaluate perceived patient satisfaction and treatment outcomes to inform clinical practice** within the MDT and enhance the support provided to breastfeeding individuals leading to an **increased rate of longer-term breast feeding.**



Exclusion Criteria:

- Participant declines
- Not responding when contacted
- Being unable to recall the treatment episode or having not received therapeutic ultrasound (TUS)

Inclusion Criteria:

- Symptoms of MBE
- Treatment with TUS between 2021-2023
- Breastfeeding or expressing at the time of treatment

THE STUDY

50

Participants



A retrospective descriptive design



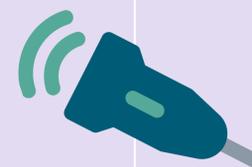
A telephone questionnaire using open and closed-ended questions.



Private physiotherapy clinic in London

THE PROTOCOL

Mode	How many/often	Treatment Time	Frequency*	Intensity*
Continuous	Consecutive days (where possible) 5x sessions max without review Consider onward referral after 2-3x sessions if no change, or if improvement not in line with expectations	5mins per treatment head area	1 or 3 MHz *Can be adjusted to allow for patient tolerance	1.8 - 2.4 W/cm ²



Additional Techniques

Massage

- Lymphatic drainage techniques between rounds of TUS

Advice

- Ice/cold compress following feeds/pump and as required
- Referral to MDT (IBCLC, GP, consultant, midwife, ENT, craniosacral osteopath) if appropriate
- Breastfeed or express within 1-2hrs following session
- Unless advised otherwise, do not aim to empty the breast
- Unless advised otherwise, continue with usual feeding routine
- Gentle massage only, as taught during session

Education

- Basic breast anatomy and physiology in relation to working diagnosis
- Explanation of TUS and therapeutic effects in relation to inflammation

Sprint Physiotherapy: Therapeutic Management of MBE Protocol (Version 4, 2022)

THE RESULTS



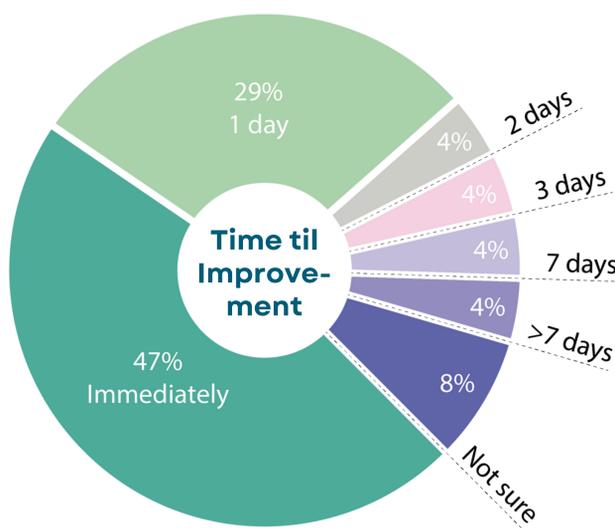
Found the treatment **helpful.**



Reported that the treatment they received helped them to **continue breastfeeding for longer.**



Would **highly recommend** (5/5) the service to their friends and family.



Average amount of days following the first treatment till reported **first signs of improvement.**



Average number of sessions per treatment episode.

THE DISCUSSION & CONCLUSIONS

The patients in this study reported:

- HIGH perceived treatment satisfaction**
- HIGH effectiveness of the intervention protocol for MBE**

44% of participants reported a reoccurrence of symptoms after the initial treatment.

- This may have been influenced by the **lack of an International Board of Certified Lactation Consultant (IBCLC)** as part of the practice at the time, among other considerations.

The study **adds to the knowledge base** by recording mother perceptions of TUS efficacy and influence on breastfeeding duration.

Limitations:

- There is the **potential for selection bias** in the sample
- Convenience sampling **limits generalisability** of the findings
- The **sample lacks socioeconomic diversity.** 52% identify as 'white. Clients attended a private London clinic in an affluent area.

THE RECOMMENDATIONS

Highlights

- The **emerging role of the physiotherapist** in the MDT for the holistic care of the lactating breast
- The effectiveness of the clinical protocol for the management of MBE

Further research is needed:

- In diverse populations to measure the **effectiveness of TUS** as a treatment for MBE alongside other options
- To understand the **most effective input**, with regards to therapeutic ultrasound parameters

THE REFERENCES

