Nursing Report: Treatment of Acute Mastitis in a Lactating Primipara Using Multimodal Stepped Psychological Nursing Care Combined with Traditional Chinese Medicine Ointment Massage

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Abstract

This article summarizes the therapeutic effects and nursing experience in one case of a primipara with lactation-period acute mastitis treated with diversified stepped psychological nursing combined with traditional Chinese medicine ointment massage technique. Through syndrome differentiation-based nursing, the patient underwent nursing assessment, nursing diagnosis, nursing planning, nursing interventions, effect evaluation, and life and dietary guidance, with concurrent emphasis on psychological nursing. The application of the characteristic traditional Chinese medicine technique—traditional Chinese medicine ointment massage technique—and the inaugural implementation of the diversified stepped psychological nursing model resulted in reduced VAS pain scores, enhanced activities of daily living assessment (Barthel Index), decreased SPBS scale scores, and lowered SAS scale scores. The integrated traditional Chinese and Western medicine approach alleviated pain, relieved patient anxiety, and improved quality of life, providing reference and guidance for more similar cases.

Full Text

Preamble

A Nursing Report on the Treatment of a Primipara with Acute Lactation Mastitis Using Multi-Step Psychological Nursing Combined with Chinese Herbal Ointment Massage

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Abstract

This report summarizes the therapeutic outcomes and nursing experience of a primipara with acute lactation mastitis treated with multi-step psychological nursing combined with Chinese herbal ointment massage. Through syndrome differentiation-based nursing, we conducted comprehensive nursing assessments, formulated nursing diagnoses, developed care plans, implemented interventions, evaluated outcomes, and provided lifestyle and dietary guidance, with particular emphasis on psychological care. The application of this traditional Chinese medicine (TCM) technique—herbal ointment massage—combined with the first-time implementation of a diversified, stepped psychological nursing model resulted in reduced VAS pain scores, improved Activities of Daily Living (Barthel Index), decreased Self-Perceived Burden Scale (SPBS) scores, and lower Self-Rating Anxiety Scale (SAS) scores. This integrated Chinese-Western medicine approach effectively alleviated pain, relieved patient anxiety, and improved quality of life, providing valuable reference for similar cases.

Keywords: diversified stepped nursing model; psychological nursing; acute lactation mastitis; Chinese herbal ointment; TCM nursing

Introduction

Acute lactation mastitis is a common postpartum breast complication clinically, resulting from inflammatory responses triggered by multiple factors including mammary duct obstruction and congestion, nipple fissures, milk stasis, and bacterial invasion [1]. The condition predominantly occurs in primiparas, accounting for approximately 50% of all affected patients. Without timely intervention, acute mastitis can lead to fever, breast redness, swelling, heat, and pain, which not only disrupts normal breastfeeding but also imposes significant physiological and psychological burdens, severely compromising quality of life [2].

In traditional Chinese medicine, acute lactation mastitis is diagnosed as "rǔ yōng" (mammary abscess), with etiological factors classified into three categories: milk stasis, liver depression with stomach heat, and external pathogenic

invasion. Clinically, it is divided into three stages: stagnation phase, suppuration phase, and ulceration phase. Active treatment during the initial stage can effectively prevent progression to middle and late stages, thereby shortening the disease course [3]. In February 2022, our department admitted a patient with acute lactation mastitis and treated her with multi-step psychological nursing combined with herbal ointment massage on the basis of conventional therapy. This report details our nursing experience.

Case Presentation

1.1 Medical History

The patient was a 30-year-old female admitted at 09:54 on February 23, 2023, with chief complaints of "right breast pain with fever for over 2 days postpartum." The patient was one month postpartum when she developed breast pain without fever two days prior. After symptomatic treatment, no significant improvement was observed. She continued to experience breast pain with fever, reaching a maximum temperature of 38.6°C, and was admitted with a diagnosis of "rǔ yōng; acute mastitis." No recent weight loss was reported. Current symptoms included: right breast redness, swelling, and pain; fatigue; irritability; generalized body aches; poor mental status; poor appetite and sleep; obvious thirst; normal urination; and dry stools.

Past medical history was unremarkable for hypertension, diabetes, coronary artery disease, hepatitis, or tuberculosis. No history of surgery, trauma, or blood transfusion was reported. No food or drug allergies were noted. Immunization history was up to date.

1.2 Physical Examination

On admission, vital signs were: temperature 38.6°C, pulse 99 beats/min, blood pressure 120/80 mmHg, and respiration 20 breaths/min. The patient appeared normally developed, moderately nourished, conscious, and articulate, with a distressed facial expression and visible anxiety. She walked into the ward independently, assumed a comfortable position, and cooperated with the examination. No jaundice of skin or sclera was observed. Heart rate was 99 beats/min with regular rhythm, and no murmurs or extra heart sounds were detected. Lung examination revealed clear breath sounds bilaterally with resonant percussion and no rales. The abdomen was flat and soft, without tenderness or rebound tenderness. Liver and spleen were not palpable, and no shifting dullness was present. Bowel sounds were 4-5 times per minute.

Traditional Chinese medicine four examinations: (1) Inspection: conscious and articulate, distressed facial expression, anxiety. Tongue was pale red with thin yellow coating. (2) Auscultation and olfaction: smooth breathing, clear speech, no abnormal odors. (3) Inquiry: breast distension and pain, thirst, constipation, difficulty falling asleep, easy awakening. (4) Palpation: wiry and slippery pulse. The onset occurred during the Rain Water solar term.

1.3 Specialist Examination

Both breasts were symmetric in shape without peau d'orange sign or nipple retraction. The right breast showed redness and swelling in the upper inner quadrant and periareolar region. A localized patchy mass approximately 5 cm in diameter was palpable, firm in consistency, tender, with elevated local skin temperature. Milky discharge was observed upon nipple compression. The left breast was unremarkable on palpation, with milk expression upon compression. No enlarged lymph nodes were detected in bilateral axillary or supraclavicular regions.

1.4 Ancillary Investigations

Blood routine examination on February 23, 2023 (capillary blood) showed: WBC 12.6$\times 10^{\{9\}/L, MPV 12.9 fL, NEUT \times 10}\{9\}$/L, RDW-SD 47.2 fL. Breast ultrasound indicated mastitis.

1.5 Diagnosis and Differential Diagnosis

TCM Diagnosis: Rǔ yōng; syndrome differentiation: qi stagnation with heat congestion.
Western Medicine Diagnosis: Acute mastitis.

Differential diagnosis should exclude breast cancer, which predominantly affects middle-aged and elderly women with hard, irregular, poorly defined, immobile masses that may ulcerate over time with progressive pain. This patient did not exhibit these characteristics. The young postpartum female presented with "postpartum breast pain with fever for over 2 days," consistent with TCM "rǔ yōng" [4]. The patient was a young female with a short disease course, typically experiencing emotional distress and irritability due to liver qi stagnation from liver dysfunction; spleen injury from excessive worry led to impaired spleen function, internal phlegm-dampness accumulation, and qi stagnation with phlegm coagulation obstructing mammary collaterals, forming masses that transformed into abscesses. The pale red tongue with thin yellow coating and wiry slippery pulse confirmed the qi stagnation with heat congestion syndrome.

1.6 Treatment

The patient received routine surgical nursing care, secondary-level nursing, and a low-salt, low-fat diet. **TCM treatment principle:** Based on "soothing liver and relieving depression, resolving phlegm and dispersing nodules," herbal ointment massage was administered. **Western medicine treatment:** (1) Complete investigations including urinalysis, liver and kidney function, electrolytes, coagulation profile, chest X-ray, and ECG. (2) Encourage continued breastfeeding. (3) Explain the condition to the patient and family; given obvious anxiety, conduct systematic assessment and implement a diversified stepped psychological nursing plan. (4) Administer heat-clearing and detoxifying herbal ointment massage.

Prescription: Modified Kāi Yù Sàn; composition: Curcuma longa 10g, Citrus reticulata 10g, Scutellaria baicalensis 10g, Phellodendron amurense 10g, Rheum palmatum 10g, Fritillaria thunbergii 10g, Achyranthes bidentata 10g, Aucklandia lappa 10g, Magnolia officinalis (ginger-processed) 10g, Lonicera japonica 10g, Polyporus umbellatus 10g, Dianthus superbus 10g, Atractylodes lancea (bran-fried) 10g, Taraxacum mongolicum 10g, Trichosanthes kirilowii 10g. Five doses total, one dose daily, twice daily. Acupoints: Qímén, Rǔzhōng, Dànzhōng, Rǔgēn. Massage techniques: lifting, kneading, and pushing. Seven days constituted one treatment course.

Treatment Course and Progress

February 23 (Day 1): The patient reported significant pain reduction. Evening temperature was 37.1°C. Fifty milliliters of yellowish milk was expressed using a breast pump. The breast mass was noticeably softer and smaller upon palpation. Sleep quality improved markedly that night with 6 hours of intermittent sleep. Thirst and constipation persisted.

February 25 (Day 3): Temperature normalized to 36.5°C. Mild breast pain was tolerable. Milk expression remained somewhat obstructed with a residual mass approximately 2 cm. Local skin was slightly red with normal temperature. Chest tightness and irritability were significantly reduced.

February 26 (Day 4): Repeat blood routine + CRP showed: WBC 5.3$\times 10^{\{9\}/L; NEUT 2.72\times 10}\{9\}$/L; NEUT% 51.2%; LYMPH% 39.7%. All parameters were normal.

February 28 (Day 6): Temperature remained normal. Milk expression was unobstructed, and the breast mass had resolved. Local skin color and temperature were normal. Anxiety symptoms improved, sleep quality significantly enhanced with approximately 8 hours of sleep daily. Thirst resolved, and bowel movements were regular.

After seven days of treatment, redness and swelling of the right lower outer breast skin resolved with normal temperature. Stagnant milk was expelled, and the mass dispersed. The patient was discharged on March 1 per physician's orders.

Nursing Assessment

2.1.1 Quality of Life Assessment

A comprehensive evaluation was conducted based on the patient's admission status using the Barthel Index, assessing feeding, bathing, grooming, dressing, bowel and bladder control, toileting, bed-to-chair transfers, ambulation, and stair climbing. The patient was fully self-sufficient in all activities, scoring 100 points (no dependency). Fall risk assessment was 0 points (non-high risk). Pressure ulcer risk assessment was 23 points (non-high risk).

2.1.2 Pain Assessment

Breast pain and swelling were assessed using the Visual Analogue Scale (VAS), a 10-cm line divided into 10 equal parts. The 10 endpoint represents unbearable severe pain, 0 represents no pain, and intermediate values represent varying pain intensities. Patients mark their pain level on the line: 0 = no pain; below 3 = mild pain (tolerable); 4-6 = moderate pain (affects sleep but tolerable); 7-10 = severe pain (unbearable, affects appetite and sleep). This patient scored 8 points, indicating severe pain.

2.1.3 Qi Stagnation and Heat Congestion Assessment

Using the "Rǔ Yōng Initial Stage Qi Stagnation-Heat Congestion Syndrome Scoring Scale" [5], the patient scored 12 points, indicating moderate qi stagnation with heat congestion.

2.1.4 Rǔ Yōng Symptom and Sign Quantification Assessment

Using the "Rǔ Yōng Initial Stage (Acute Lactation Mastitis) Main Single Symptom Scoring Scale" [5], the patient scored 14 points, indicating moderate mastitis.

2.1.5 Psychological Assessment

As a primipara lacking breastfeeding knowledge, the patient developed mastitis one month postpartum. Coupled with the sudden role transition after childbirth, she experienced depressive emotions. Hospitalization caused mother-infant separation, intensifying her longing for her newborn, leading to emotional depression that exacerbated milk stasis and breast pain. Despite hospitalization, she wished to continue breastfeeding and refused antibiotics. Concerned about her WBC count of 12.6$×10^{9}$/L affecting lactation and potentially harming both herself and her infant, she developed anxiety, crying, depression, and fear.

The Edinburgh Postnatal Depression Scale (EPDS) was administered upon admission. The EPDS contains 10 items rated on a 4-point scale (0-3 points each), covering mood, self-blame, anxiety, fear, insomnia, coping ability, sadness, and crying, with total scores ranging from 0-30. Scores $ $13 require further depression evaluation [6]. The patient scored 12 points, at the critical threshold. Additionally, the Self-Rating Anxiety Scale (SAS) was used: the cutoff value is 50, with <50 indicating normal, 50-59 mild anxiety, 60-69 moderate anxiety, and $ $70 severe anxiety. The patient scored 62 points, indicating moderate anxiety.

Nursing Diagnoses

Based on comprehensive assessment of signs, symptoms, and patient reports, nursing diagnoses included: (1) Hyperthermia related to inflammatory response;

(2) Pain related to breast distension from milk accumulation; (3) Anxiety related to concerns about disease impact on breastfeeding and infant nutrition; (4) Knowledge deficit regarding breastfeeding and preventive measures; (5) Sleep pattern disturbance related to pain-induced insomnia; (6) Constipation related to reduced bowel frequency, hard stools, and straining.

Nursing Plan

Based on comprehensive assessment, the following nursing plan was established: (1) Normalize temperature, achieve unobstructed milk expression, regular bowel movements, resolve thirst, and minimize hospitalization duration; (2) Implement TCM herbal ointment massage to relieve pain and reduce VAS scores; (3) Apply diversified stepped psychological nursing to alleviate anxiety and reduce EPDS and SAS scores; (4) Achieve 8 hours of daily sleep; (5) Provide comprehensive life care and health education to ensure patients master relevant professional knowledge and discharge in good health.

Nursing Interventions

2.4.1 Diversified Stepped Psychological Nursing

Life Care: Patients were monitored every two hours with vital sign assessment. We closely observed condition changes including temperature, thirst relief, breast skin color and temperature, presence of nodules or masses, mammary tissue thickness, tenderness, nipple integrity, and milk flow patency. Bowel regularity was also monitored. Patient comfort was enhanced through improved ward hygiene, smoking prohibition, regular ventilation, optimal temperature and humidity maintenance, and timely bed linen changes.

Dietary Care: Regular meal schedules were established. Patients were advised to consume high-protein, high-calorie, high-vitamin, low-fat foods with adequate fluid intake. Spicy, stimulating, raw, cold, sticky, fried, and greasy foods were prohibited, as was alcohol. Increased fruit and vegetable intake was recommended to prevent constipation. Food presentation was optimized for color, aroma, and taste to enhance appetite, meet nutritional needs, and maintain energy reserves. For qi stagnation with heat congestion, foods that soothe liver qi and unblock milk were recommended, such as white radish and cabbage. A dietary recipe: shredded radish soup.

Breast Care: Patients were instructed to clean breasts regularly with warm water and taught breast self-examination methods. To prevent milk stasis, the affected breast was temporarily suspended from breastfeeding during hospitalization, with regular milk expression using a breast pump or manual compression along mammary duct direction using fingers or a comb back. Local heat application and loose brassieres were used to support both breasts, reduce pain, and promote circulation. Good lactation hygiene habits were emphasized, including maintaining breast cleanliness, frequent clothing changes, and regular bathing.

Pain Management: Breast pain and distension are primary features of acute mastitis. In the early stage, breasts are swollen and painful with minimal or no redness. In the middle stage, induration increases, pain intensifies, and fever may occur. Nurses should respect patients' pain responses, provide comfort, encouragement, and support to improve pain tolerance, and administer analgesics as prescribed when necessary.

Emotional and Psychological Care: The intervention consisted of four progressive steps:

1. **Observation Phase:** Nurses actively communicated with patients to understand their inner thoughts, provided targeted counseling, encouraged self-strength recognition, built confidence in overcoming disease, eliminated negative emotions, and offered psychological support. Disease-related knowledge was explained to reduce anxiety. The importance of patient cooperation was illustrated with relevant recovery cases to address concerns. Patients received attentive care with reasonable requests fulfilled. Family involvement was encouraged to provide necessary support, reducing psychological pressure and promoting recovery. Social activities were encouraged to decrease loneliness and anxiety. Health education videos and brochures were used to help patients understand their condition in accessible ways.

2. **Guidance Phase:** Patient anxiety levels were assessed and recorded to identify sources, helping improve judgment and coping abilities. When anxious, patients were taught distraction techniques and relaxation methods such as music listening and reading. Meticulous work attitudes and skilled techniques helped gain patient trust.

3. **One-on-One Instruction Phase:** Relaxation training included teaching deep breathing and progressive muscle relaxation to relieve tension and pain. Patients and families were guided in early massage and milk expression techniques, using gentle finger pressure along nipple direction to promote milk flow toward the opening, followed by breast pump use to clear obstructed ducts. After clearing, complete milk evacuation was emphasized to prevent accumulation. A quiet environment was provided to ensure adequate sleep.

4. **Professional Intervention Phase:** For patients with significant depression and anxiety, psychiatric consultation was arranged. Patients were encouraged to express misconceptions, with nurses capturing key information, providing patient explanations, and increasing treatment confidence. Peer communication was facilitated through patient contact lists and WeChat groups for mutual encouragement [7-8].

2.4.2 TCM Characteristic Nursing: Herbal Ointment Massage

TCM external therapy—herbal ointment massage—was employed. The ointment was an in-house formula: Curcuma longa 10g, Citrus reticulata 10g, Scutellaria baicalensis 10g, Phellodendron amurense 10g, Rheum palmatum 10g, Fritillaria thunbergii 10g, Achyranthes bidentata 10g, Aucklandia lappa 10g, Magnolia officinalis (ginger-processed) 10g, Lonicera japonica 10g, Polyporus umbellatus 10g, Dianthus superbus 10g, Atractylodes lancea (bran-fried) 10g, Taraxacum mongolicum 10g, Trichosanthes kirilowii 10g, combined with petrolatum as a base to create a "soothe liver and relieve depression" ointment.

Patients were positioned supine with breast skin fully exposed while maintaining privacy. The technique involved: placing four fingers in the ipsilateral axilla and thumb anterior to the axilla, then performing radial thumb kneading from breast base toward nipple along mammary duct direction, followed by four-finger kneading and circular rubbing at Dànzhōng and Qímén points for 5-10 repetitions to soothe liver qi, resolve phlegm, and disperse nodules. Using the radial thumb edge, kneading was applied clockwise from Qímén to nipple, Dànzhōng to Rǔzhōng, and Rǔgēn to nipple for 3-5 minutes to unblock mammary collaterals and relieve pain. Techniques were gentle. The "soothe liver and relieve depression" ointment was applied with circular rubbing over the mass, moving gradually from periphery to center with gentle, slow movements, increasing pressure gradually within patient tolerance. After softening, kneading was performed using finger pads or palm surfaces in circular or spiral motions to move subcutaneous tissues for 5-10 repetitions. Lifting technique involved grasping the nipple and pulling upward to disperse blood stasis, reduce swelling, and promote stagnant milk evacuation (5-10 repetitions). Pushing technique used fingers, palms, or elbows for unidirectional linear movements along treatment areas to unblock meridians and eliminate stagnation (5-10 repetitions). Remaining stagnant milk was expressed. If masses persisted, techniques could be repeated, but total duration should not exceed 10 minutes. Herbal ointment massage was administered for 7 days as one course; this patient completed one course.

Nursing Evaluation

On day 1 of herbal ointment massage, the patient reported significant pain reduction. Evening temperature was 37.1°C. Fifty milliliters of yellowish milk was expressed. The breast mass was markedly softer and smaller. Sleep quality improved with 6 hours of intermittent sleep. By day 3, temperature normalized to 36.5°C. Mild, tolerable breast pain persisted with somewhat obstructed milk expression and a 2-cm residual mass. Local skin was slightly red with normal temperature; chest tightness and irritability were substantially reduced. By day 6, temperature remained normal, milk expression was unobstructed, and the mass had resolved. Skin color and temperature were normal, anxiety improved, sleep quality significantly enhanced with approximately 8 hours nightly, thirst resolved, and bowel movements regular.

VAS scores decreased from 8 (severe pain) pre-intervention to 2 (mild, tolerable pain). The "Rǔ Yōng Initial Stage Qi Stagnation-Heat Congestion Syndrome Scoring Scale" decreased from 12 (moderate) to 4 (mild). The "Rǔ Yōng Initial Stage Main Single Symptom Scoring Scale" decreased from 14 (moderate) to 6 (mild). EPDS scores decreased from 12 to 2 points, while SAS scores decreased from 62 (moderate anxiety) to 40 (no anxiety).

On February 26 (day 4), repeat blood routine + CRP showed: WBC $5.3\$\times10^{\{9\}/L;NEUT}2.72\times10\{9\}\$/L$; NEUT% 51.2%; LYMPH% 39.7%, all within normal ranges. After 7 days of treatment, right lower outer breast redness and swelling resolved with normal temperature. Stagnant milk was expelled and masses dispersed. The patient was discharged on March 1 per physician's orders.

Results and Follow-Up

The patient was highly satisfied with treatment outcomes and demonstrated good compliance, gaining comprehensive understanding of disease etiology and progression during treatment. Telephone follow-ups were conducted on days 3, 7, and 14 post-discharge, inquiring about symptoms, diet, lifestyle, and follow-up compliance. The patient reported no discomfort, regular diet and 作息, timely breast emptying after feeding, and maintained breast hygiene. Both mother and infant were in good health. Follow-up counseling on lifestyle, diet, and psychological support continued, with instructions to seek medical attention if needed.

Discussion

Acute lactation mastitis is a common postpartum breast complication that, if effectively intervened early, can prevent breast abscess formation and breastfeeding disruption. Early intervention combined with life care, dietary management, breast care, pain management, and emotional/psychological nursing can effectively improve patient and family understanding of the disease, promote treatment compliance, and prevent disease progression [9].

The benefits of breastfeeding are well-established, including enhanced immunity and reduced allergy incidence, with recognized advantages for infant development. However, China's exclusive breastfeeding rate increased by only 1.6% over recent years [10]. With the full implementation of two-child and three-child policies, the incidence of rǔ yōng has increased. Women experience unique physiological cycles of menstruation, pregnancy, childbirth, and lactation, facing dual pressures from family and career that easily lead to emotional distress, poor psychological status, and reduced breastfeeding self-efficacy [11]. Strengthening lactating women's healthcare is therefore crucial.

TCM external therapies have achieved significant progress in treating acute mastitis. As a TCM external treatment, ointment massage demonstrates in-

creasing advantages in unblocking meridians, promoting qi and blood circulation, softening hardness and dispersing nodules, resolving stasis and relieving pain, and eliminating accumulation. Its non-invasive, simple, effective, and safe characteristics have attracted increasing attention from clinicians and patients. Ointment massage is an important TCM external therapy combining herbal ointment ("gāo") with massage techniques ("mó"). The ointment is applied to the treatment area and absorbed through massage manipulation, achieving therapeutic and preventive effects through the organic combination of medicinals and tuina [12]. With a long history first recorded in *Fifty-Two Prescriptions* and widespread use during the Sui and Tang dynasties [13], ointment massage has gradually entered mainstream clinical practice [14].

Herbal ointment massage is simple, inexpensive, and effective with low cost, minimal side effects, and no impact on continued breastfeeding. Compared to internal or external applications, it is more convenient, safer, less traumatic, and highly effective, significantly shortening hospitalization. It is a truly effective TCM external therapy worthy of promotion. However, similar studies are limited, possibly due to cumbersome preparation and restricted manipulation techniques. Future efforts should strengthen learning, research, and development to expand ointment massage applications.

It should be noted that acute lactation mastitis has diverse etiologies. Herbal ointment massage demonstrates excellent efficacy for qi stagnation-heat congestion type mastitis, but its effectiveness for other types requires further clinical observation. Whether the ointment preparation process can be simplified and whether medicinal formulations can be refined remain topics for future research. As nurses in an integrated Chinese-Western medicine hospital, we should diligently study both medical systems to better serve patients.

Patient Consent: Publication of this case report was approved by the patient and family.

Conflict of Interest Statement: The authors declare no conflicts of interest.

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Note: Figure translations are in progress. See original paper for figures.