

Case Report

Clinical Management and Nursing Care in a Breastfeeding Woman with Giant Fibroadenoma in the Postpartum Period: A Case Report

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Abstract

This case report presents the clinical course, surgical treatment process, and nursing care management of a 35-year-old woman diagnosed with giant fibroadenoma in the left breast during the postpartum period. A gravida 2, para 2 patient noticed a mass in her left breast at the 16th week of pregnancy and was diagnosed with fibroadenoma following biopsy. Due to progressive growth of the mass during pregnancy, surgical intervention was postponed until after delivery. The patient underwent cesarean delivery at 38+2 weeks and experienced breastfeeding problems, breast abscess development, and consecutive surgical interventions in the postpartum period. Pharmacological termination of lactation was required due to repeated wound dehiscence following cyst excision. The nursing diagnoses identified according to the NANDA-I classification system during the nursing care process included: Risk for Insufficient Breast Milk Production, Risk for Infection, Risk for Impaired Attachment, Risk for Caregiver Role Strain, Ineffective Breastfeeding, Deficient Knowledge, Fear, Acute Pain, Anxiety, Disturbed Sleep Pattern, Interrupted Breastfeeding, and Impaired Tissue Integrity. This case emphasizes the complexity of managing breast masses during pregnancy and breastfeeding and the importance of a multidisciplinary approach. The critical role of breastfeeding counseling, wound care, psychosocial support, and patient education in nursing care is discussed.

Keywords: Fibroadenoma, postpartum period, breastfeeding, nursing care, lactation, breast cyst

Introduction

Breastfeeding is the most physiological and healthiest method of transferring breast milk to the newborn in the postpartum period and is of paramount importance for maternal and infant health (Aksu & Vefikulucay Yilmaz 2019). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that newborns be breastfed within the first hour after birth, be exclusively breastfed for the first six months, and continue breastfeeding for at least two years along with appropriate complementary foods after six months (WHO 2023). Breastfeeding confers

numerous short-term and long-term benefits for both mother and infant. These benefits include protecting infants from infections, ensuring optimal growth and development, and reducing the risk of chronic diseases; for mothers, these include reduced risk of postpartum hemorrhage, family planning through lactational amenorrhea, and decreased risk of breast and ovarian cancer (Victoria et al. 2016).

On a global scale, it is estimated that increasing breastfeeding rates could contribute to preventing approximately 820,000 child deaths annually (Altintas et al. 2025). According to the Turkey Demographic and Health Survey

(TDHS) 2018 data, the rate of breastfeeding within the first hour after birth in Turkey is 71%, while the rate of exclusive breastfeeding for the first six months decreases to 41%, and by the end of the sixth month, it further declines to 14%. These data reveal that although breastfeeding initiation occurs at high rates, significant challenges are encountered in its maintenance (Donmez & Yeygel 2022). Factors affecting the continuation of breastfeeding include breast problems (cracked nipples, mastitis, abscess, engorgement), infant-related problems (sucking difficulty, inability to latch onto the breast), maternal factors (perceived insufficient milk supply, fatigue, depression), and social-environmental factors (inadequate support, misconceptions, return to work) (Cercer & Nazik 2023). Particularly in the presence of breast pathologies, the breastfeeding process can become considerably more complex.

Fibroadenoma is the most common benign tumor of the breast, particularly prevalent among women aged 20-35 years. Fibroadenomas typically present as well-circumscribed, mobile, painless masses with a low risk of malignancy (0.1-0.3%) (Santen et al. 2018). However, during pregnancy and lactation, rapid increases in the size of existing fibroadenomas may be observed due to hormonal changes. The increase in estrogen and progesterone levels can stimulate stromal and epithelial proliferation in fibroadenoma tissue, leading to mass enlargement (Worsham et al. 2020). Management of fibroadenoma during pregnancy requires diagnostic confirmation and exclusion of malignancy. Ultrasonography is the preferred imaging modality during pregnancy and demonstrates high sensitivity in mass characterization. Biopsy can be safely performed in suspicious cases. Surgical intervention is generally deferred to the postpartum period; however, it may be performed during pregnancy in cases of rapid growth, suspicious cytology, or significant patient anxiety (Helewa et al., 2002).

Various breast complications may develop in breastfeeding women during the postpartum period. These include lactational mastitis (2-10%), breast abscess (0.4-11%), engorgement

(20-85%), nipple fissures (34-96%), and blocked milk ducts (4.5-9.5%) (Amir et al. 2014). Early diagnosis and effective management of these complications are critical for the continuation of breastfeeding. Lactational mastitis is an inflammatory condition that develops as a result of milk stasis and/or bacterial infection. If left untreated, it carries a risk of progression to breast abscess. Breast abscess is a serious complication requiring surgical drainage or ultrasound-guided percutaneous aspiration. Continuation of breastfeeding is possible following abscess drainage; however, breastfeeding near the incision site may be contraindicated (Amir 2014). Nursing care during the breastfeeding process plays a key role in protecting maternal-infant health and increasing breastfeeding success. Nurses assume primary responsibility for teaching correct breastfeeding techniques, early detection and management of breast problems, providing psychosocial support, and patient education (Tiryaki & Altinkaynak 2021). The importance of nursing care is further amplified in complex clinical presentations (breast pathologies, surgical interventions, neonatal intensive care admission).

This case report presents a detailed examination of the clinical course and nursing care management of a woman diagnosed with giant fibroadenoma in the left breast during the postpartum period, who experienced consecutive surgical interventions and breastfeeding complications.

Case Report

Patient Demographics and Medical History

Patient B.D. was a 35-year-old married woman employed as a primary school teacher. Her obstetric history was gravida 2, para 2. The patient had a known history of cardiac arrhythmia and tachycardia; however, she was not on regular medication. She had no history of alcohol or tobacco use. She reported irregular use of iron and folic acid supplements throughout her current pregnancy.

Breast Disease History

The patient's breast disease history dated back to age 15. At that time, excision of an approximately 2 cm cyst from the left breast had been performed. In subsequent years, the patient reported not performing regular breast self-examination (BSE). She noticed a new mass in her left breast at the 16th week of her current pregnancy.

The patient initially presented to the state hospital in her city of residence; however, due to the ultrasonography appointment being scheduled five months later, she sought care at a private hospital. Breast ultrasonography performed at the private hospital, followed by biopsy, confirmed the diagnosis of fibroadenoma. Surgical excision was recommended; however, as the procedure required general anesthesia, the patient opted to defer the intervention until after delivery. Progressive increase in the size of the mass was observed throughout the pregnancy. According to the patient's report, the mass was initially approximately 3-4 cm, and by the time of delivery, it had reached dimensions that were distinctly palpable.

Delivery and Early Postpartum Period

The patient delivered a healthy female infant weighing 3,250 grams via cesarean section at 38+2 weeks of gestation. The delivery was uncomplicated, and the patient was admitted to the obstetrics ward for monitoring. Breastfeeding initiation was attempted within the first hour postpartum. The infant successfully latched onto the right breast and began suckling. A score of six points was obtained on the LATCH breastfeeding assessment scale for the right breast. However, uncertainty was experienced regarding breastfeeding from the left breast due to the presence of the mass. The patient had received misinformation from individuals in her social circle, such as "the cyst will burst if you breastfeed," which led to her avoidance of breastfeeding from the left breast.

Neonatal Intensive Care Unit Course

On the evening of postpartum day one (November 18, 2025), the infant was transferred to the neonatal intensive care unit (NICU) due

to signs of hypoactivity. During this period, the patient regularly expressed milk from the right breast using a breast pump, and the expressed milk was provided to the infant. She was advised to express regularly from the left breast as well (to relieve the breast and maintain lactation continuity); however, due to painful milk expression, she was unable to do so, and breast fullness, swelling, and tenderness developed within a few days. Following a two-day stay in the NICU, the infant was discharged to the mother, and the mother-infant dyad was monitored for three days in the mother-baby unit. During this period, the infant was breastfed exclusively from the right breast; breastfeeding from the left breast was avoided as no definitive medical guidance was provided. During lactation counseling, regular manual expression (particularly for 3-4 days) was explained, demonstrated, and practiced to ensure milk production, prevent pain, and provide breast comfort.

Development of Breast Complications

On November 22, 2025, the patient reported that her left breast containing the mass had become notably indurated, swollen, and painful. Physical examination revealed findings of diffuse swelling, erythema, increased warmth, and tenderness on palpation in the left breast. During this period, as the infant was unable to adequately latch onto the right breast, the mother began expressing milk using a pump and feeding with a bottle. On November 24, 2025, the patient consulted her physician in her city of residence. Breast ultrasonography revealed abscess formation in the left breast, and surgical drainage was performed the same day. The patient reported significant relief following drainage. Following the procedure, the incision site was left open due to the planned cyst excision, and daily dressing changes were performed. Due to the upper portion of the breast being left open following surgical drainage, the patient was unable to breastfeed for one week and could only express minimal amounts of milk. During this period, the infant was fed with infant formula.

Advanced Diagnostic Evaluation and Definitive Surgery

Three days following surgical drainage, the patient was referred to a specialist physician (plastic surgeon) in a different city. Magnetic resonance imaging (MRI) and ultrasonography examinations yielded significant findings: the mass formed a separate layer from the breast tissue, it could be removed without damaging the breast tissue, the mass measured greater than 10 cm, and no true abscess formation was present in the breast. The physician indicated that the previous operation likely involved drainage of milk accumulation or an area of cystic degeneration rather than a true infectious abscess. The definitive surgical procedure was scheduled for December 1, 2025. Until this time, the patient continued manual expression from the left breast and pump expression from the right breast. The infant was fed with a combination of breast milk and infant formula. On December 1, 2025, giant fibroadenoma excision was successfully performed by the plastic surgeon in a different city. It was reported that breast tissue was preserved during the operation and a cosmetically satisfactory outcome was achieved. A drain was placed within the breast during the postoperative period. The patient was discharged following one night of observation in the hospital.

Postoperative Complications and Termination of Lactation

On postoperative day five (December 6, 2025), the drain was removed. However, milk leakage was observed from the drain site, necessitating suture placement in the area. In the following days, the patient noticed that the sutures had dehisced when she continued to express milk using a breast pump, and re-suturing was performed.

On December 17, 2025, as the infant was unable to fully latch onto the left breast, a third instance of suture dehiscence occurred during manual expression. Due to this recurrent wound complication, the physician decided to pharmacologically terminate lactation. Cabergoline (Dostinex®) therapy was administered to the patient: a total of 1 mg cabergoline was given in two doses one week apart. This treatment resulted in complete cessation of milk production. Following the

termination of lactation, suturing was performed, and wound healing was achieved.

Nursing Care Management

This section presents the nursing care plan within the framework of nursing diagnoses identified according to the NANDA-I (North American Nursing Diagnosis Association International) nursing diagnosis classification system, NIC (Nursing Interventions Classification) interventions, and NOC (Nursing Outcomes Classification) outcome criteria.

Clinical Course Timeline

November 18, 2025 (Delivery): Cesarean section delivery was performed. The infant was admitted to the NICU. Breastfeeding from the right breast was initiated. November 22, 2025 (Complication): Left breast swelling and pain developed with a Visual Analog Scale (VAS) score of 9/10. Milk stasis was identified. November 24, 2025 (Initial Surgery): Ultrasonography revealed abscess formation. Surgical drainage was performed with the incision left open. November 27, 2025 (Advanced Workup): MRI demonstrated a mass exceeding 10 cm with no true abscess. Definitive surgery was scheduled. December 1, 2025 (Definitive Surgery): Fibroadenoma excision was performed with preservation of breast tissue. A drain was placed. December 6-17, 2025 (Postoperative Complications): Three instances of suture dehiscence occurred with milk leakage, and Dostinex® was initiated. Outcome: Lactation was pharmacologically terminated with cabergoline (2×0.5 mg). Wound healing was achieved, and mother-infant bonding was supported.

Nursing Diagnosis: Acute Pain (November 22, 2025)

Assessment: Pain secondary to mass presence in the breast, inadequate breastfeeding, and milk accumulation in the breast. Etiological factors included presence of fibroadenoma larger than 10 cm, inadequate breastfeeding and expression, and milk stasis with engorgement. Defining characteristics included pain when raising the left arm, pain when touching the breast, VAS score of 9/10 (severe), breast

tenderness and swelling, facial expressions indicating pain, and restricted movement. Planning: The goal was to eliminate or reduce breast pain to a tolerable level. Outcome criteria included drainage of milk/abscess through surgery, reduction of pain intensity to below 3/10 according to VAS, and ability of the patient to move comfortably. Interventions and Implementation: Pain characteristics (localization, character, intensity, duration, triggers) were evaluated. A pain assessment scale (VAS) was used to determine severity. Breast emptying was supported through manual or pump expression. Warm compresses (before expression) and cold compresses (after expression) were applied. Deep breathing exercises were taught. Engorgement prevention measures were implemented. Analgesics were administered per physician order. Non-pharmacological methods (positioning, relaxation) were taught. The patient was prepared for surgical drainage, and pre-operative and post-operative evaluation was performed with pain management planning. Evaluation: The goal was achieved. VAS score progression: Initial 9/10 (severe), post-analgesic 7/10, post-cold application 6/10, post-surgical drainage 2/10. Achieved goals included successful milk/abscess drainage through surgery, pain intensity reduction to VAS 2/10, patient-reported significant relief, decreased breast tenderness, resolution of swelling, and successful pain management.

Nursing Diagnosis: Impaired Tissue Integrity (November 24, 2025)

Assessment: Impaired tissue integrity due to consecutive surgical interventions and repeated suture dehiscence. Etiological factors included abscess drainage with open incision on November 24, fibroadenoma excision on December 1, milk leakage causing suture dehiscence, three instances of repeated suture dehiscence, and tissue tension with inadequate wound edge approximation. Defining characteristics included surgical incision in the left breast, drain presence (after December 1), repeated wound dehiscence, and milk leakage. Planning: The goal was to restore tissue integrity and support wound healing. Outcome criteria included wound edge approximation,

prevention of infection, no recurrence of suture dehiscence, cessation of milk leakage, drain removal, and granulation tissue formation. Interventions and Implementation: Daily wound evaluation was performed with wound edge monitoring and documentation of drainage amount and characteristics. Aseptic dressing technique was applied. Drain output and characteristics were recorded. Drain patency and fixation were checked. Drain removal timing was evaluated. Milk leakage was controlled and monitored. Lactation inhibition was evaluated. When necessary, pharmacological treatment (Dostinex®) was administered. Protein and vitamin C intake were supported. Infection signs were monitored. Evaluation: The goal was achieved. Wound healing indicators included wound edge approximation, suture line integrity, cessation of milk leakage, no infection development, granulation tissue formation, epithelialization initiation, and restoration of tissue integrity. The critical success factor was pharmacological termination of lactation, which stopped milk leakage, prevented suture dehiscence, and enabled wound healing.

Nursing Diagnosis: Risk for Infection (December 1, 2025)

Assessment: Risk for infection due to consecutive surgical interventions and open wound presence. Etiological factors included drainage with open wound, drain presence, skin integrity disruption, open surgical wound presence, repeated suture dehiscence, consecutive surgical interventions, invasive procedures, prolonged hospitalization, tissue trauma, and secondary wound healing. Defining characteristics included skin integrity disruption, open surgical wound presence, and drain presence. Planning: The goal was prevention of infection development. Outcome criteria included no fever elevation (below 37.5°C), absence of wound redness, drainage, or odor, normal CRP and leukocyte values, maternal recognition of infection signs, and no surgical site infection. Interventions and Implementation: Vital signs were monitored every four hours. Body temperature was measured regularly. Infection signs (fever, chills, tachycardia) were observed. Laboratory

values were monitored (CRP, leukocyte, sedimentation). Systemic infection signs were evaluated daily. Wound was evaluated daily using aseptic technique. Wound characteristics were recorded (size, color, edges, drainage). Sterile dressing technique was applied. Dressing change frequency was determined. Moist wound healing was supported. Drain area was evaluated daily. Drain output and characteristics were recorded. Drain patency was checked. Drain area was cleaned with aseptic technique. Drain fixation was checked. Drain removal timing was evaluated. Hand hygiene was applied before all procedures. Evaluation: The goal was achieved. Clinical indicators included CRP 3.2 mg/L (normal below 5), leukocyte count 8,200/mm³ (normal), wound in secondary healing process with granulation tissue present, and drain removed with clean surrounding area. Infection risk was effectively managed with no surgical site infection development.

Nursing Diagnosis: Risk for Insufficient Breast Milk Production (December 7, 2025)

Assessment: Risk for insufficient breast milk production due to breast surgery and mother-infant separation related to intensive care needs. Etiological factors included consecutive surgical interventions, drain and suture presence, continuous breastfeeding interruption, and infant's inability to latch. Defining characteristics included infant's inability to breastfeed from left breast, irregularity in milk expression, formula supplementation initiation, and suture dehiscence. Planning: The goal was preservation and continuation of lactation. Outcome criteria included mother's ability to express milk from both breasts or breastfeed, decreased breast fullness, maintained milk quantity, and reduced formula requirement. Interventions and Implementation: Regular interval expression was ensured. Correct expression technique was taught. The importance of breast emptying for milk production was explained. The effect of stress and fear on reducing milk production was explained. Adequate fluid intake and protein consumption were recommended. Breastfeeding and expression frequency were

monitored. Psychological support was provided through therapeutic communication techniques. The mother's concerns and fears were evaluated through active listening. Examples of successful breastfeeding stories were shared. Family member support and participation were provided. Supply-demand principle of milk production was explained. The effect of breast emptying on prolactin release was explained. The inhibition of milk flow through stress and fear-induced oxytocin inhibition was explained. Daily expressed milk quantity was recorded. Breast examination was performed (fullness, redness, pain, fissures). Infant's daily weight and wet diaper count were monitored. Evaluation: Goals were partially achieved. Achieved goals included mother learning expression techniques (manual and pump), regular expression schedule implementation, milk production preservation in initial days, mother-infant bonding support, skin-to-skin contact provision, active family participation in the process, maternal psychosocial support, and breastfeeding physiology education. Unachieved goals included inability to continue expression due to repeated suture dehiscence, pharmacological termination of lactation, and failure to achieve long-term breastfeeding goal. The risk was realized as insufficient milk production risk materialized due to surgical complications.

Nursing Diagnosis: Ineffective Breastfeeding (November 18, 2025)

Assessment: Ineffective breastfeeding related to fibroadenoma presence in the left breast and misinformation received from the social environment. Etiological factors included fibroadenoma presence in the left breast, misinformation received from the environment ("the cyst will burst"), failure to receive clear information from healthcare personnel, infant's NICU admission, and history of breastfeeding only from the left breast in the first delivery. Defining characteristics included avoidance of breastfeeding from the left breast, LATCH score of 6 points for the right breast (insufficient), infant's inability to latch, pain during breastfeeding, inadequate milk transfer, and infant dissatisfaction signs. Planning: The goal was to ensure effective breastfeeding by

the mother. Outcome criteria included LATCH score increase to 8-10, mother's ability to breastfeed from both breasts, correct infant latching, reduced formula requirement, and maternal confidence in breastfeeding. Interventions and Implementation: Proper breastfeeding positions (cradle, football, cross-cradle) were demonstrated. Correct latching technique was taught practically. Breastfeeding frequency (8-12 times/day) was explained. Signs of adequate milk intake were explained. Wide mouth opening reflex was observed. Lip eversion was ensured. Areola coverage in the mouth was checked. Silicone nipple shield use was evaluated. LATCH score was calculated at each breastfeeding session. Scoring criteria were explained to the mother. Improvement was recorded. Reasons for low scores were analyzed. The fact that fibroadenoma does not prevent breastfeeding was explained. The misconception of "cyst bursting" risk was corrected. The safety of breastfeeding from the left breast was emphasized. Written educational materials were provided. The mother's questions were answered. Evaluation: Achieved goals included mother successfully breastfeeding from the right breast, learning correct breastfeeding positions, correction of misconceptions, learning breastfeeding techniques, acquisition of breast expression technique, and support of mother-infant bonding. Partially achieved goals included LATCH score increase to 7-8 for the right breast and breastfeeding process initiation but inability to continue. Unachieved goals included failure to breastfeed from the left breast, failure to achieve breastfeeding from both breasts, failure to reduce formula requirement, and failure to achieve long-term breastfeeding goal.

Nursing Diagnosis: Interrupted Breastfeeding (December 17, 2025)

Assessment: Pharmacological termination of lactation due to repeated surgical complications. Etiological factors included three instances of suture dehiscence, delayed wound healing due to milk leakage, physician decision to initiate Dostinex®, consecutive surgical interventions, and medical necessity. Defining characteristics included abrupt

termination of breastfeeding, pharmacological lactation inhibition, maternal sadness due to inability to breastfeed, feelings of inadequacy, and breast fullness/discomfort. Planning: The goal was safe and supportive management of breastfeeding termination process. Outcome criteria included safe cessation of milk production, no breast engorgement, no mastitis development, maternal psychological support, and wound healing achievement. Interventions and Implementation: Dostinex® (Cabergoline) was administered. Medication dose timing was monitored. Oral administration with food was ensured. Medication side effects were monitored (nausea, vomiting, dizziness, headache). Vital signs were monitored. Breast fullness was checked. Firm supportive bra was recommended. Cold application (compress, cabbage leaves) was performed. No expression was recommended (stimulates milk production). Breast stimulation was avoided. Hot water contact was avoided. Psychosocial support was provided. Mother-infant bonding through alternative means was supported. The mother's feelings were heard and validated. Evaluation: The goal was achieved. Achieved outcomes included complete cessation of milk production, no breast engorgement, no mastitis or abscess formation, suture closure, wound healing achievement, cessation of milk leakage, toleration of medication side effects, maternal acceptance of the situation, resolution of guilt feelings, adoption of alternative feeding, sustained mother-infant bonding with bottle support, and improvement in maternal mood.

Nursing Diagnosis: Disturbed Sleep Pattern (November 22, 2025)

Assessment: Disturbed sleep pattern related to pain, anxiety, and infant care. Etiological factors included severe breast pain (VAS 9/10), physical discomforts related to postpartum period, anxiety and worry, adaptation to the maternal role, frequent awakening for infant care, milk expression requirement every 2-3 hours, and hospital environment. Defining characteristics included frequent nighttime awakening, difficulty falling asleep, waking up tired in the morning, and daytime drowsiness. Planning: The goal was to improve sleep quality. Outcome criteria included fewer

nighttime awakenings, increased total sleep duration, shortened time to fall asleep, feeling rested upon awakening, and decreased daytime fatigue and sleepiness. Interventions and Implementation: Sleep hygiene education was provided to the mother and family. Nighttime environment was arranged to be calm, quiet, and dark. Pain control was provided. Breastfeeding and expression schedule was planned to be compatible with sleep. Spouse support for nighttime care was provided. Caffeine intake reduction was recommended. Relaxation techniques were taught (deep breathing, relaxation exercises). Evaluation: The goal was partially achieved. Achieved goals included improved sleep quality with pain control, rest provided with spouse support, quiet environment provision, and patient report of feeling more rested in the morning. Sleep pattern improved; however, nighttime awakenings did not completely resolve. Following completion of the surgical process, the patient reported pain reduction (VAS 2/10) and improved sleep pattern.

Nursing Diagnosis: Anxiety (November 22, 2025)

Assessment: Intense anxiety related to breast mass, infant's intensive care admission, and breastfeeding problems. Etiological factors included giant fibroadenoma presence in the breast, surgical uncertainty and waiting process, newborn's NICU admission, fear of inability to breastfeed, misinformation from the environment, mother-infant separation, and uncertainty. Defining characteristics included indecisiveness, verbal expressions of fear and worry, sleep disturbance, restlessness, feelings of helplessness, and fatigue. Planning: The goal was to reduce the mother's anxiety level and help her feel safe. Outcome criteria included mother expressing less anxiety, being more comfortable during breastfeeding, asking questions to actively participate in the process, improved sleep pattern, and development of coping strategies. Interventions and Implementation: Expression of the mother's feelings was encouraged. Active listening was provided. Anxiety level was evaluated using a scale (Initial anxiety level: 22/63, Moderate). Anxiety triggers were identified: infant being in

NICU, fear of inability to breastfeed, surgical uncertainty, and misconceptions. Physical symptoms were recorded (sleep disturbance, restlessness). The mother's expression of feelings was encouraged. The medical process and treatment plan were clearly explained. Misconceptions were corrected with scientific information. One-on-one support was provided during the breastfeeding process. Small successes were appreciated. The spouse was included in the process. The environment was made calm. Deep diaphragmatic breathing was taught. The 4-7-8 breathing technique was demonstrated. Evaluation: The goal was achieved. Anxiety level changes showed initial 22/63 (moderate), 18/63 at 24 hours (moderate), 12/63 at 48 hours (mild), and 8/63 at one week (minimal). Achieved goals included calmer maternal appearance, more willing participation in breastfeeding, active participation in process through asking questions, reduced anxiety level, improved sleep pattern, learning and applying relaxation techniques, and confident participation in infant care. Observed positive changes included relaxation in facial expression, decreased physical tension, and active participation in decisions.

Nursing Diagnosis: Fear (November 18, 2025)

Assessment: Fear related to misconceptions about breastfeeding with a breast cyst. Etiological factors included the belief that "if I breastfeed, the cyst will burst," misinformation from the environment, surgical process uncertainty, worry about harming the infant, first operation experience (at age 15), previous negative experiences, and inadequate information. Defining characteristics included avoidance of breastfeeding from the left breast, verbal expression of "I am afraid," hesitation during breastfeeding, restlessness and worry, avoidance behavior, and sleep disturbance. Planning: The goal was to reduce the mother's fears and develop a sense of trust. Outcome criteria included mother expressing fear less, being more willing to breastfeed, beginning to question misconceptions, trusting the healthcare team, and improved sleep quality. Interventions and Implementation: The mother's fears were heard and validated. Fear

level (0-10) was evaluated (Fear level evaluated: 8/10). The source of fear was identified. Physical signs were observed (tension, restlessness). Coping mechanisms were explored. An empathetic approach was demonstrated. A trusting environment was created. The mother's self-expression was enabled. A non-judgmental attitude was maintained. Scientific information about fibroadenoma was provided. The fact that fibroadenoma does not prevent breastfeeding was explained. The absence of risk of "cyst bursting" was explained. The safety of breastfeeding from the left breast was emphasized. Written educational materials were provided. The surgical procedure was described. Expected outcomes were shared. A trusting environment was created. Evaluation: The goal was achieved. Fear level changes showed initial 8/10 (severe), 5/10 at 24 hours (moderate), 3/10 at 48 hours (mild), and 2/10 at discharge (minimal). Achieved goals included mother beginning to question misconceptions, resolution of "cyst will burst" fear, increased willingness to breastfeed, expressed trust in the healthcare team, decreased physical tension, improved sleep quality, and comfortable asking of questions. Observed positive indicators included relaxation in facial expression, openness in communication, smiling and positive expressions, and active participation in decisions.

Nursing Diagnosis: Deficient Knowledge (November 18, 2025)

Assessment: Insufficient knowledge about breast cyst, breastfeeding, and surgical process. Etiological factors included inadequate information about fibroadenoma diagnosis, misconceptions about the relationship between breastfeeding and cyst, inconsistent information from healthcare personnel, and erroneous recommendations from the environment. Defining characteristics included misconception "if I breastfeed, the cyst will burst," fear and reluctance about breastfeeding, questions about the surgical process, and not knowing milk storage conditions. Planning: The goal was for the mother to have sufficient knowledge about breastfeeding, breast cyst, and care process. Outcome criteria included mother

having correct knowledge about fibroadenoma, correctly explaining the breastfeeding-cyst relationship, knowing milk storage conditions and applying them correctly, being knowledgeable about wound care, and identifying infection signs. Interventions and Implementation: Current knowledge level was evaluated. Misconceptions were identified. What fibroadenoma is and how it affects breastfeeding were explained. Breastfeeding techniques were demonstrated. Milk storage conditions (refrigerator: 24-48 hours, freezer: 6 months) were taught. Dressing change technique was demonstrated. The necessity of keeping the wound dry was explained. Wound care and infection signs were explained. The mother's questions were answered. Written educational materials were provided. Evaluation: The goal was achieved. For fibroadenoma knowledge, the mother explained that fibroadenoma is benign, stated it does not prevent breastfeeding, and accepted that the "bursting" belief was wrong. For breastfeeding knowledge, she described correct positions, explained latching technique, and knew breastfeeding frequency. For wound care knowledge, she performed wound care appropriately, followed hand hygiene rules, and kept the wound dry. For infection signs, she was able to list infection signs.

Nursing Diagnosis: Fatigue (November 22, 2025)

Assessment: Fatigue related to postpartum period, surgical process, and sleep disturbance. Etiological factors included physiological effects of the postpartum period, cesarean delivery, consecutive surgical interventions, pain and discomfort, infant care, interrupted sleep for breastfeeding/expressing, and frequent awakening for infant care. Defining characteristics included statement of "I am very tired," energy deficiency, difficulty concentrating, daytime napping, and decreased motivation. Planning: The goal was to reduce fatigue and increase energy level. Outcome criteria included mother feeling more rested and expressing this, ability to perform daily activities, increased sleep duration, increased sleep quality, visible increase in energy level, and ability to participate in infant care.

Interventions and Implementation: The importance of rest and adequate sleep in the postpartum period was explained. Sleeping when the baby sleeps was encouraged. Energy conservation techniques were taught. Task sharing was provided with family support. Adequate nutrition and fluid intake were supported. Iron supplementation was evaluated. The mother's psychological state was monitored and emotional support was provided. Environmental factors preventing rest were reduced (noise, etc.). **Evaluation:** The goal was partially achieved. Achieved goals included rest provided with family support, sleeping when the baby sleeps, spouse included in infant care, adequate fluid intake achieved, increased energy level after surgical process completion, mother able to perform daily activities more comfortably, and increased participation in infant care. Partially achieved goals showed fatigue continuing for a period related to the surgical process.

Nursing Diagnosis: Risk for Impaired Attachment (November 18, 2025)

Assessment: Risk for impaired attachment related to NICU admission, breastfeeding interruptions, and surgical procedures. Etiological factors included infant's NICU stay, continuous interruption of breastfeeding, formula use, and maternal pain and anxiety. Defining characteristics included mother-infant separation, sadness due to inability to breastfeed, and decreased contact time. **Planning:** The goal was to support safe mother-infant bonding. Outcome criteria included mother establishing contact with the infant, increased eye contact and skin-to-skin contact, willing participation in infant care, positive mother-infant interaction, and development of positive attachment behaviors. **Interventions and Implementation:** Skin-to-skin contact (kangaroo care) was encouraged. Eye contact establishment was supported. Holding the infant was encouraged. Skin-to-skin contact during bottle feeding was supported. Participation in infant care (diaper changing, bathing) was supported. Talking to the infant was encouraged. The mother's physical capacity was evaluated. Care tasks she could perform were identified together. Tasks were prioritized.

Adaptations appropriate for physical limitations were planned. A daily care routine was created. Family member participation was provided. Support roles and responsibilities were distributed. Spouse's active participation was encouraged. A shift system was created (day/night). Intra-family communication was strengthened. A support network map was created. Attachment behaviors were supported. **Evaluation:** The goal was achieved. Achieved goals included mother confidently continuing infant care, effective use of family support, successful adaptation to the maternal role, continuation of caregiving role despite inability to breastfeed, increased maternal self-confidence, role satisfaction achievement, strengthened mother-infant bonding, and establishment of intra-family cooperation. Observed positive indicators included mother comfortably holding and carrying the infant, willing performance of infant care tasks, and effective cooperation with spouse.

Nursing Diagnosis: Risk for Caregiver Role Strain (December 1, 2025)

Assessment: Risk for caregiver role strain related to consecutive surgical interventions and inability to breastfeed. Etiological factors included physical limitations after surgery, inability to breastfeed, fatigue and pain, and interruptions in infant care. Defining characteristics included worry about inability to fulfill infant care, need for assistance, and role confusion. **Planning:** The goal was for the mother to effectively maintain her caregiving role. Outcome criteria included mother safely caring for the infant, effective use of family support, maternal self-confidence, and increased role satisfaction. **Interventions and Implementation:** The mother's physical capacity was evaluated. Care tasks she could perform were identified together (holding the infant, bottle feeding, singing lullabies). Support was planned for tasks requiring limitation. The spouse was actively included in the care process. Grandparent support was coordinated. Day/night support shifts were created. A family meeting was held to clarify roles. The mother's concerns were heard with empathy. Every success was verbally appreciated. It was emphasized that inability to breastfeed does not

define the maternal role. Guilt feelings were addressed through therapeutic communication. The mother's strengths were highlighted. Evaluation: The goal was achieved. Achieved goals included mother confidently continuing infant care, effective use of family support, successful adaptation to the maternal role, continuation of caregiving role despite inability to breastfeed, increased maternal self-confidence, role satisfaction achievement, strengthened mother-infant bonding, and establishment of intra-family cooperation. Observed positive indicators showed effective cooperation with spouse and mother identifying herself as a "good mother." Risk for caregiver role strain was prevented. Despite physical limitations, the mother assumed an effective caregiving role with family support.

Discussion

In this case report, we addressed the complex clinical course and nursing care management of a woman diagnosed with giant fibroadenoma during the postpartum period. This case constitutes a significant example highlighting the difficulty of managing breast pathologies during pregnancy and breastfeeding and the importance of a multidisciplinary approach.

Evaluation of breast masses during pregnancy can be complicated due to physiological changes in breast tissue related to hormonal changes. In our case, fibroadenoma was detected at the 16th week of pregnancy and the diagnosis was confirmed by biopsy. Consistent with the literature, surgical intervention was deferred to the postpartum period (Helewa et al. 2002). However, progressive growth of the mass during pregnancy (more than 10 cm) set the stage for a more complex clinical picture in the postpartum period. Giant fibroadenomas (more than 5 cm) constitute approximately 0.5-2% of all fibroadenomas and are generally seen in adolescent or young adult women (Sosin et al. 2015). Fibroadenomas showing rapid growth due to hormonal stimulation during pregnancy can adversely affect the breastfeeding process and create challenges for surgical planning.

In our case, the breastfeeding process was adversely affected by multiple factors: breast cyst presence, misconceptions (concern that the

cyst would burst), newborn's NICU admission, inadequate breastfeeding counseling, and consecutive surgical interventions. These factors created serious barriers to breastfeeding initiation and maintenance.

As stated in the literature, the role of healthcare professionals in early recognition and management of breastfeeding problems is critically important (Tiryaki & Antikaynak 2021). In our case, correction of misconceptions and teaching of correct breastfeeding techniques were delayed, and this situation contributed to the development of milk stasis and engorgement. Breast abscess development (or milk accumulation evaluated as an abscess) led to further interruption of breastfeeding. As stated by Amir (2014), lactational mastitis and breast abscess may not prevent continuation of breastfeeding with appropriate management. However, in our case, continuation of breastfeeding was not possible due to consecutive surgical interventions and wound complications.

Due to repeated suture dehiscence, the decision was made to pharmacologically terminate lactation. Cabergoline, as a dopamine agonist, effectively stops milk production by inhibiting prolactin release. The standard dose is two doses of 0.5 mg (total 1 mg) administered one week apart (Oladapo et al. 2012). This protocol was successfully applied in our case, and lactation was terminated. Termination of lactation can be a psychologically challenging process, especially for mothers with high motivation for breastfeeding. Providing psychosocial support to the mother during this process in nursing care is of great importance.

Nursing care in this case required a multidimensional approach. Breastfeeding counseling included teaching correct breastfeeding and expression techniques, correcting misconceptions, and supporting milk production. Wound care involved evaluation of the surgical site, aseptic dressing application, and monitoring for infection signs. Psychosocial support encompassed anxiety management, support of mother-infant bonding, and family education. Patient education included information on infection signs, hand

hygiene, wound care, and medication compliance. The nursing care plan was systematically implemented within the framework of NANDA-I diagnoses, NIC interventions, and NOC outcome criteria. This approach provided an important framework for standardization and evaluation of care. This case required coordinated work of obstetrics, general surgery, radiology, neonatal intensive care, and nursing teams. The subsequent realization that the initial surgical intervention (abscess drainage) may have been unnecessary emphasizes the importance of diagnostic evaluation. Mass characterization through advanced imaging (MRI) and optimization of surgical planning contributed to better clinical outcomes.

Conclusion: This case emphasizes that management of breast pathologies during pregnancy and breastfeeding requires a multidisciplinary approach and highlights the critical role of nursing care in this process. Systematic follow-up of breast masses detected during pregnancy and monitoring of growth rate are important. Surgical planning in the postpartum period should take the breastfeeding process into consideration. Proactive breastfeeding counseling starting from the prenatal period would be beneficial. Patient and family education should be prioritized for early detection and correction of misconceptions. Routine breast evaluation in the prenatal period and identification of risk factors are recommended. Use of evidence-based practices in breastfeeding counseling and creation of individualized care plans are important. Coordinating multidisciplinary team cooperation in complex cases is among the nurse's responsibilities. Integrating psychosocial support into the care plan and adopting a family-centered care approach are necessary. More comprehensive studies on the management of breast pathologies during pregnancy and lactation are needed.

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