Mastitis after medical review: discharge

Assume that today's date is 5 November 2026. Ms Rizvi is returning home after assessment in the postnatal assessment unit. This is original independent practice material. You are a registered nurse in the postnatal assessment unit. Using the case notes, write a discharge letter to Ms Delia Yabut, Community Midwife, Postnatal Home Service, 24 Station Road, SW1V 2AB, United Kingdom. Request continued feeding support and communicate the agreed assessment and medical review arrangements for Ms Asma Rizvi. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Asma Rizvi	☐	☐	☐
2. DOB: 18/07/1996 (30 yrs)	☐	☐	☐
3. Home: 8 Park Road, SW1V 2AD, United Kingdom	☐	☐	☐
4. Assessment unit attendance/discharge: 05/11/26; medical review completed 09:00	☐	☐	☐
Social background			
5. First baby born 24/10/26; uncomplicated vaginal birth	☐	☐	☐
6. Enjoys gardening; previously attended a weekly craft group	☐	☐	☐
7. Partner at home this week; helping with meals	☐	☐	☐
8. Supermarket employee; currently on maternity leave	☐	☐	☐
9. Complained receptionist was unfriendly; requested this be recorded	☐	☐	☐
Medical history			
10. Appendicectomy in childhood; no ongoing problems	☐	☐	☐
11. No known drug allergies; no regular medicines	☐	☐	☐
12. Exclusively breastfeeding; no previous mastitis	☐	☐	☐
Assessment			
13. L breast pain/redness began overnight; no prior self-treatment	☐	☐	☐
14. Clinician assessment today: mild lactational mastitis; suitable for home care	☐	☐	☐
15. Localised warm, tender area L breast; no discrete lump	☐	☐	☐
16. Afebrile; observations stable; alert, drinking normally; no systemic illness	☐	☐	☐
Assessment			
17. After supported feed: discomfort ↓; residual tenderness remains	☐	☐	☐
18. Wishes to breastfeed; asks whether stopping would help recovery	☐	☐	☐
19. Shallow attachment observed; repositioning improved comfort; needs further practice	☐	☐	☐
Agreed feeding support			
20. Continue breastfeeding responsively, including affected breast; do not stop suddenly	☐	☐	☐
21. If affected-side feeding too painful: hand express enough for baby; avoid extra pumping to empty breast	☐	☐	☐
22. Avoid firm breast pressure or deep massage	☐	☐	☐
23. Cold compresses and rest advised for comfort	☐	☐	☐
Discharge plan			
24. Clinician plan: supportive care from 09:00 today; no antibiotic; GP review 06/11, 09:00, for treatment decision	☐	☐	☐
25. Agreed midwife home visit 06/11, 08:00; relay findings to GP before review	☐	☐	☐
26. Midwife: reassess breast symptoms; observe feed; support positioning/attachment; reinforce feeding advice	☐	☐	☐
27. Worsening symptoms → urgent GP advice; NHS 111 if unavailable; do not await appointments	☐	☐	☐
28. New confusion or severe breathing difficulty → ambulance, 999	☐	☐	☐
29. Baby feeding well after support; usual wet nappies	☐	☐	☐
30. Routine postnatal follow-up already arranged by recipient	☐	☐	☐