

BREAST ANATOMY & HISTOLOGY

Dr Evelyne Ruf, IBCLC (since 1993)
Lactation Clinic
Family Health Promotion Center, Sharjah

Objectives

- Locate the major structures of the breast
- Discuss the innervation and blood supply of the breast.
- Describe the histology of the human breast

Breast anatomy_ER_LCTP_2019

2

PLAN

- **Introduction**
- External view
- Internal view ('new' anatomy)
- Supply to the breast
- Histology

Breast anatomy_ER_LCTP_2019

3

Breast... a so special organ

- Medical name: 'mammary gland'
- Comes from Latin word for breast '*mamma*' (probably due to infant's hunger cry '*mamma*')

Breast anatomy_ER_LCTP_2019

4

... a so special organ

- Primary biological function: to make milk
- Symbol of female gender, beauty, sex appeal.... Differing among cultures and ages
- Symbol of death (breast cancer)
- The only organ not fully developed at birth
- Changing appearance during a woman's life:
 - Before, during and after puberty
 - During the menstrual cycle
 - During pregnancy and breastfeeding
 - During menopause

Breast anatomy_ER_LCTP_2019

5

A solid foundation for IBCLCs...

- 'A thorough understanding of the anatomy, histology and physiology of the breast provides a solid foundation upon which to investigate and treat women and infants experiencing breastfeeding difficulties.' (Geddes D., 2007)

Breast anatomy_ER_LCTP_2019

6

General anatomy: Location

- Superficial to the pectoralis major muscle



Image from image.slidesharecdn.com/breastanatomy

7

Breast anatomy_ER_LCTP_2019

Location (end)

- Vertically: between 2nd and 6th rib in the midclavicular line.
- Horizontally: from lateral border of sternum to the mid axillary line along the 4th rib.

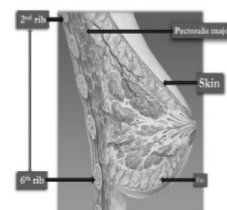


Image from image.slidesharecdn.com/breastanatomy

8

Breast anatomy_ER_LCTP_2019

PLAN

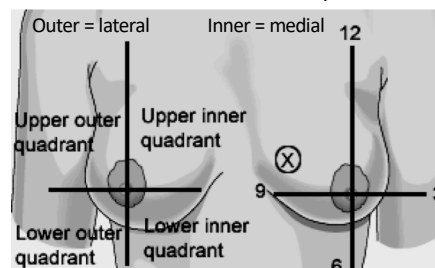
- Introduction
- **External view**
 - Description tool
 - Size
 - Skin
 - Areola
 - Nipple
- Internal view ('new' anatomy)
- Supply to the breast
- Histology

Breast anatomy_ER_LCTP_2019

9

Description: two methods

- Quadrants: UOQ, UIQ, LOQ, LIQ
- Face of a clock: 'at 10 o'clock position'



Breast anatomy_ER_LCTP_2019

http://www.wdv.com/Cancer/Breast/CBE/

10

Size and milk production

- No direct relation between breast size and milk production: what is important is the amount of glandular tissue.
 - E.g. large fatty breasts could make less milk than small breasts full of glandular tissue..
- Breast size is more or less related to milk storage capacity, which is different than milk production capacity (*see session on physiology*).

Breast anatomy_ER_LCTP_2019

11

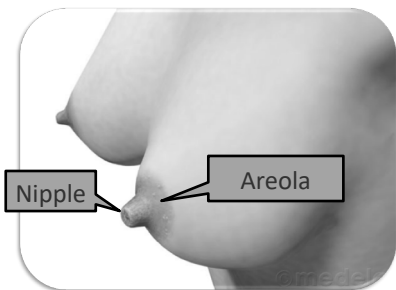
During pregnancy

- Most common: gradual growth throughout entire pregnancy.
- Greatest rate of breast growth: first 5 months.
- Increase in breast volume can range between 12 - 227 ml.
- Some women experience minimal breast enlargement (less than 1 cup size).
- No direct relationship between growth in pregnancy and milk production at 1 month.

Breast anatomy_ER_LCTP_2019

12

External appearance - Skin



©Medela AG, Switzerland, 2006.

Breast anatomy_ER_LCTP_2019

13

Skin of the breast

- It includes the nipple, areola and general skin.
- Thin, flexible, elastic cover of the breast, adherent to the fat-laden subcutaneous tissue.
- It contains hair, sebaceous glands and sweat glands.
- The nipple and areola are extremely elastic and can stretch 2-3 times resting length.

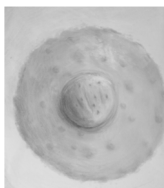


Breast anatomy_ER_LCTP_2019

14

Areola

- Circular pigmented area which surrounds the nipple
- Constructed of smooth muscle, elastic connective tissue fibers in radial & circular arrangement.
- Contains numerous nerve endings.
- Surrounded by hair follicles (not on it).
- Contains Montgomery's tubercles, also called 'areolar glands'.

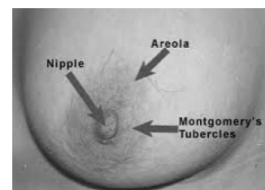


Breast anatomy_ER_LCTP_2019

15

Areolar Glands = Montgomery's tubercles

- Within the areola
- Contain openings for sebaceous, lactiferous and sweat glands.
- Enlarge during pregnancy, become prominent.
- Secrete a substance that lubricates and protects the nipples and small amount of milk.



Breast anatomy_ER_LCTP_2019

16

Areolar Glands (AGs)



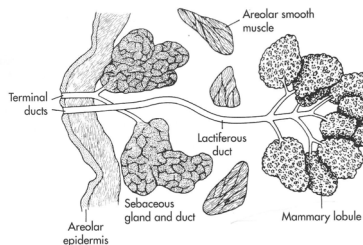
Figure 19a. Milk-white discharge and palpable mass associated with Montgomery gland blockage.

Nicholson B T et al. Radiographics. 2009;29:509-523

Breast anatomy_ER_LCTP_2019

17

Areolar glands: mammary milk glands AND sebaceous glands



Breast anatomy_ER_LCTP_2019

Lawrence 2-9

Tubercle of Montgomery and underlying structures. Lactiferous duct may join sebaceous gland ducts and terminate at common opening in areola epidermis.

18

Areolar glands (cont.)

Study on 29 mothers [Shaal et al.2006, in BF&HL p. 84]

- Mean number of glands: 8.9 (range 0 -38)
- Number unrelated to the size of areola
- Similar between the left and right breast
- More AGs located on the upper, lateral section (where usually baby's nose directed).

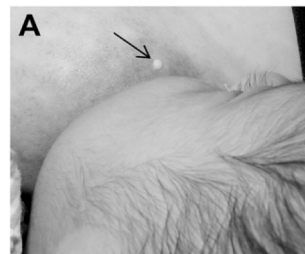
Breast anatomy_ER_LCTP_2019

Nicholson B T et al. Radiographics 2009;29:509-523

19

Areola glands (end)

A) Areola of a lactating woman (day 3 postpartum), with AG giving off their secretion (arrow).



About 1 in 5 lactating women reported seeing a visible fluid emission from their areolar glands.

Excerpt from Figure 1. Areolar glands and infant behavior.

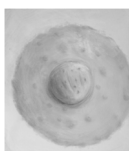
Doucet S, Soussignan R, Sagot P, Schaal B (2009) The Secretion of Areolar (Montgomery's) Glands from Lactating Women Elicits Selective, Unconditional Responses in Neonates. PLoS ONE 4(10): e7579. doi:10.1371/journal.pone.0007579
<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0007579>

Breast anatomy_ER_LCTP_2019

20

Nipple

- Conical elevation located in the center of the areola.
- Average diameter is 1.6 cm, length 0.7 cm.
- Nipples vary in size and shape, some variations carry the potential for a difficult latch.
- Diameter increases during pregnancy (by 9.5 to 11.5 mm) *(and at each pregnancy)*.

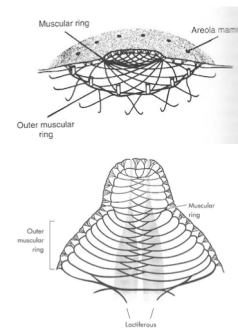


Breast anatomy_ER_LCTP_2019

21

Nipple (cont.)

- Smooth muscle fibers function as a closure mechanism to keep milk from leaking.
- Longitudinal inner muscles and outer circular muscles make the **nipple erect when stimulated**.



Lawrence 2-10

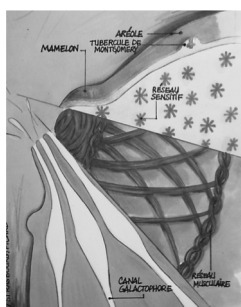
Lawrence 2-11

Breast anatomy_ER_LCTP_2019

22

Summing-up

- Very rich muscular and nervous structure of the nipple & areola complex
- Role of the areolar glands
- Let's enter through a nipple pore...



Action pour l'Allaitement, France

Breast anatomy_ER_LCTP_2019

23

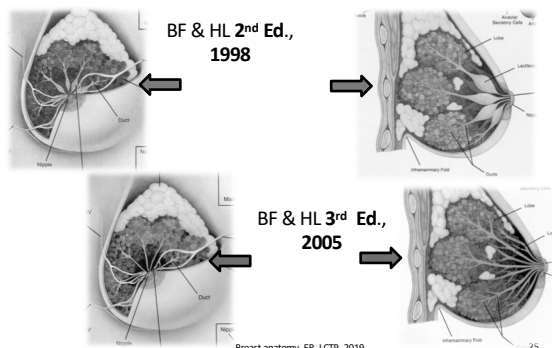
PLAN

- Introduction
- External view
- **Internal view ('new' anatomy)**
 - Historical perspective
 - New research methodology
 - New findings
 - Clinical implications
- Supply to the breast
- Histology

Breast anatomy_ER_LCTP_2019

24

Between two editions (1998-2005)



BF & HL 2nd Ed.,
1998

BF & HL 3rd Ed.,
2005

Breast anatomy_ER_LCTP_2019

25

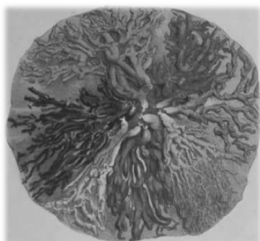
Historical perspective

- All previous diagrams based on drawings published by Cooper in 1840 (“*On the anatomy of the breast*”) from dissections done on cadavers.
- Hot wax was injected into the nipple pores.
- The wax casts of milk ducts, ‘intertwined like roots of a tree’, had been laid out in an orderly manner for the artist to draw.

Breast anatomy_ER_LCTP_2019

26

Historical perspective (cont.)



Wax cast of lactating human breast (Cooper, 1840):

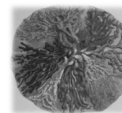
- Dilatation after nipple pore (lactiferous sinuses)
- Milk ducts disposed in a radial or symmetrical pattern

Fig. 1 Artist's impression of the lobes of the breast. The ducts were injected with coloured wax prior to dissection (from Cooper, 1840).

Breast anatomy_ER_LCTP_2019

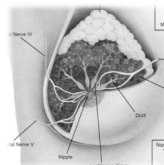
27

Historical perspective (end)



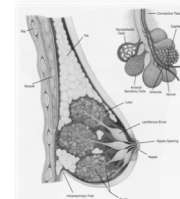
Basis for all breast illustrations

Booklet by Medela



Breastfeeding and Human Lactation, 2nd Edition, 1998

Breast anatomy_ER_LCTP_2019



28


PLAN

- Introduction
- External view
- **Internal view ('new' anatomy)**
 - Historical perspective
 - New research methodology
 - New findings
 - Clinical implications
- Supply to the breast
- Histology

Breast anatomy_ER_LCTP_2019

29

New research

- Ramsay DT, Kent JC, Hartmann RA and Hartmann PE. **Anatomy of the lactating human breast redefined with ultrasound imaging.** *Journal of Anatomy* **2005** 206:525-534.
- The University of Western Australia, Medela. **Anatomy of the lactating breast.** CD, edited by Medela AG **2006.** 
- Geddes DT. **The use of ultrasound to identify milk ejection in women – tips and pitfalls.** *International Breastfeeding Journal* **2009** 4:5



Breast anatomy_ER_LCTP_2019

30

New research: Material and method

- 21 mothers (exclusive BF 1- 6 months old babies)
- High resolution ultra-sound scanning
- For both breasts



Breast anatomy_ER_LCTP_2019

31

New research: method

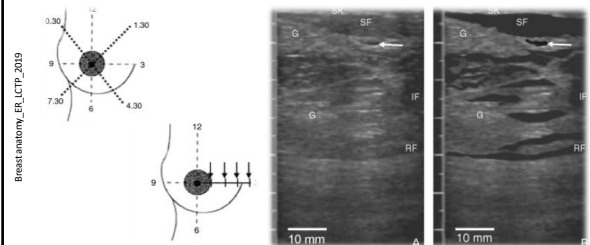


Fig. 5 (A) Ultrasound image of tissues of the lactating breast.
 (B) The skin (SK) is shown as an echogenic (bright) line at the top of the image. The subcutaneous fat (SF) is less echogenic and situated below the skin. The intraglandular fat (IF) is of similar echogenicity to the subcutaneous fat. The glandular tissue is echogenic (G) while the milk duct (arrow) appears as a hypoechoic (low echo) tubular structure. The retromammary fat (RF) is a thin hypoechoic band along the chest wall.

32

PLAN

- Introduction
- External view
- **Internal view ('new' anatomy)**
 - Historical perspective
 - New research methodology
 - New findings: parenchyma and supportive framework
 - Clinical implications
- Supply to the breast
- Histology

Breast anatomy_ER_LCTP_2019

33

FUNCTIONAL PART OF THE BREAST (PARENCHYMA)

- Ducts (from secretory units to nipple pores)
- Glandular tissue (milk production units)

Breast anatomy_ER_LCTP_2019

34

Ultrasound appearance of milk ducts

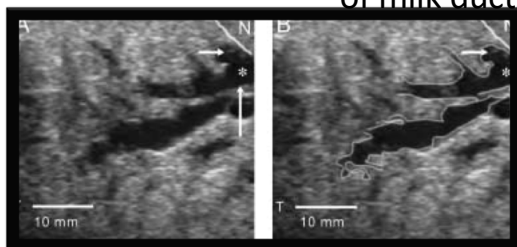


Fig. 2 (A) Ultrasound image of milk duct in the lactating breast. The duct appears as branching hypoechoic structure within echogenic glandular tissue. (B) The ducts focused on in this scan are outlined in white. The duct is traced from the nipple (N) to the periphery of the breast. The walls are echogenic (▲) and the lumen hypoechoic (asterisk). The first branch of this duct (▶) is imaged almost directly under the nipple.

Breast anatomy_ER_LCTP_2019

35

Measurements done on milk ducts

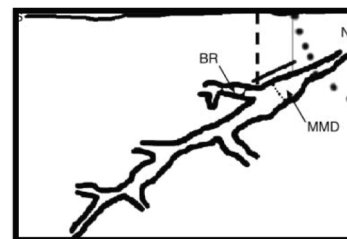
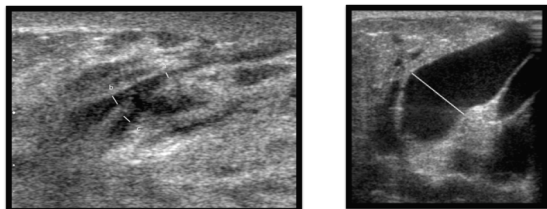


Fig. 3 Diagram of the milk duct coursing deep into the breast from the nipple (N). Measurements were made of the depth (thin solid line) and diameter (dotted line) of the main milk duct (MMD) and the distance of the first branch (BR, thick solid line) from the base of the nipple. The diameter (double line) and depth from the skin (dashed line) of the first branch (BR) of the duct were also measured.

Breast anatomy_ER_LCTP_2019

36

Milk ducts diameter vary between women



Main milk duct: 0.4 mm (a).
Merging milk ducts: 0.8 mm (b) and 0.75 mm (c).
Main milk duct: 9.2 mm

Geddes *International Breastfeeding Journal* 2009 4:5 doi:10.1186/1746-4358-4-5

Breast anatomy_ER_LCTP_2019

37

Detection of milk ejection by ultrasound



Breast anatomy_ER_LCTP_2019

Ultrasound scanning position for detection of milk ejection in the lactating breast. The breast that is not suckled/expressed is monitored using a high frequency linear array ultrasound transducer. The milk duct monitored is in the lateral portion of the breast near the base of the nipple. Minimal pressure must be used to avoid compression of the duct.

Geddes *International Breastfeeding Journal* 2009 4:5 doi:10.1186/1746-4358-4-5

Detection of ME by US (cont.)



Photograph of the right areola of a lactating woman prior to milk ejection. The milk ducts directly superior to the nipple are very superficial and can be seen as bulging under the skin.

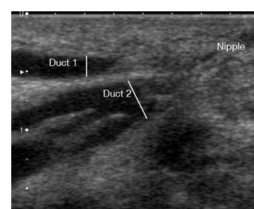


Photograph of the right areola of a lactating woman at milk ejection. Note the increased swelling of the areola. This is due to the superficial ducts expanding at milk ejection.

Breast anatomy_ER_LCTP_2019

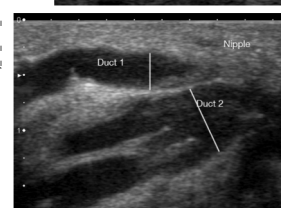
Geddes *International Breastfeeding Journal* 2009 4:5 doi:10.1186/1746-4358-4-599

Detection of milk ejection (cont.)



Ultrasound image of milk ducts in the human lactating breast prior to milk ejection. Two main milk ducts are displayed on ultrasound. Duct 1 is more superficial (1.95 mm) than Duct 2 (3.72 mm).

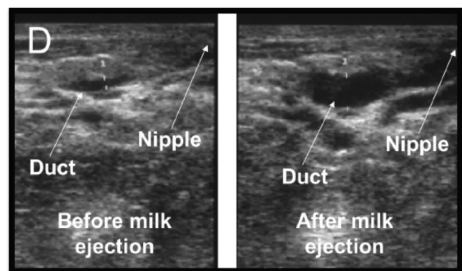
Breast anatomy_ER_LCTP_2019



Ultrasound image of milk ducts [...] at milk ejection. Duct 1 has increased from 1.95 mm to 3.44 mm in diameter. Duct 2 has increased from 3.72 mm to 6.24 mm.

Geddes *International Breastfeeding Journal* 2009 4:5 doi:10.1186/1746-4358-4-5⁴⁰

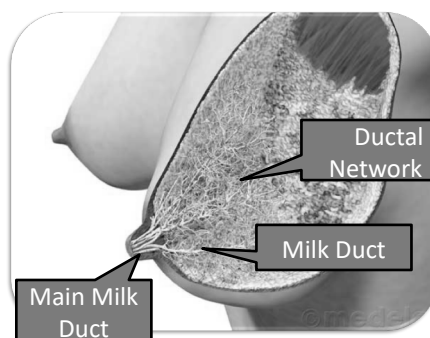
“Lactiferous sinuses” exist only during the MER



Breast anatomy_ER_LCTP_2019

41

Milk ducts



Breast anatomy_ER_LCTP_2019

42

©Medela AG, Switzerland, 2006.

Milk ducts (cont.)

- Ductal network: complex ; ducts not always arranged in a radial or symmetrical manner.
- Ductal anatomy: similar for each breast but can vary greatly between women.
- Main function of ducts: transport, not storage of milk.
- Resting duct diameter (prior to milk ejection) can differ greatly between women (range: from 1 mm to 4.4 mm).

Breast anatomy_ER_LCTP_2019

43

Milk ducts (cont.)

- At milk ejection the ducts expand in diameter (average 58%).
- The main milk ducts near the nipple are:
 - approximately 2 mm in diameter,
 - superficial,
 - branching close to the nipple,
 - easily compressed and occluded.
- The conventionally described 'lactiferous sinuses' behind the nipple do not exist.
- The number of milk ducts that exit the nipple ranges from 4 to 18 (average 9).

Breast anatomy_ER_LCTP_2019

44

Milk ducts (end)



©Medela AG, Switzerland, 2006.

Breast anatomy_ER_LCTP_2019

45

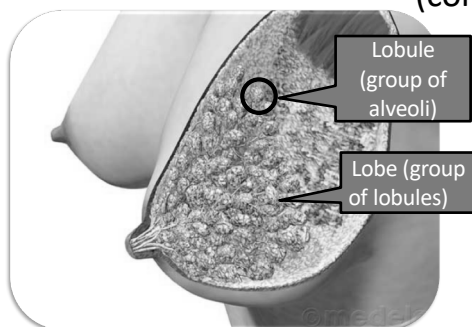
Glandular tissue

- Site of milk production
- Breastmilk synthesized by mammary secretory epithelial cells (**lactocytes**).
- Lactocytes line the **alveoli**.
- Alveoli (10 to 100) grouped into bunches
→ **lobules**
- Lobules (20 to 40) → **lobes** (4 to 18)
- Ratio glandular/fatty tissue is 2:1
- 65% of the glandular tissue located in a 30 mm radius from the base of the nipple.

Breast anatomy_ER_LCTP_2019

46

Glandular tissue (cont.)



©Medela AG, Switzerland, 2006.

Breast anatomy_ER_LCTP_2019

47

Glandular tissue (end)



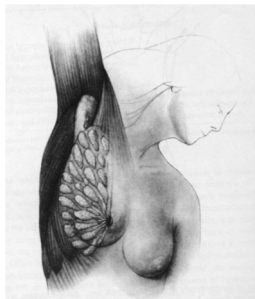
Breast anatomy_ER_LCTP_2019

©Medela AG, Switzerland, 2006.

48

Axillary tail, or tail of Spence

- In 95% of women, the ducts ascend into the axilla, partly under the lateral border of the pectoralis majora.
- Occasionally the extension reaches until the apex of the axilla.



Lawrence 2-6

Breast anatomy_ER_LCTP_2019

49

Tail of Spence (end)

- Prolongation of upper outer quadrant in axillary direction



BF Atlas 2nd ed. 1002 h: engagement of Tail of Spence

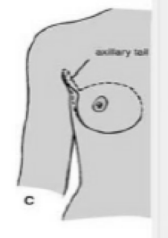


Image from image.slidesharecdn.com/breast

Breast anatomy_ER_LCTP_2019

50

STRUCTURAL PART OF THE BREAST

- Fatty tissues
- Ligaments

Breast anatomy_ER_LCTP_2019

51

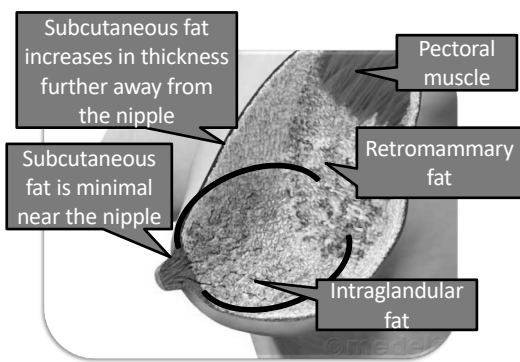
Fatty tissues

- Approximately 37% of the breast is fatty tissue.
- The amount of fatty tissue present is similar for each breast but can vary greatly between women.
- Fatty tissue is found in three areas: subcutaneous, intraglandular and retromammary.
- The intraglandular fat intermingles with the glandular tissue and is difficult to separate.

Breast anatomy_ER_LCTP_2019

52

Fatty tissues (cont.)



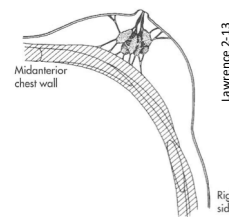
©Mediela AG, Switzerland, 2006.

Breast anatomy_ER_LCTP_2019

53

Cooper's ligaments

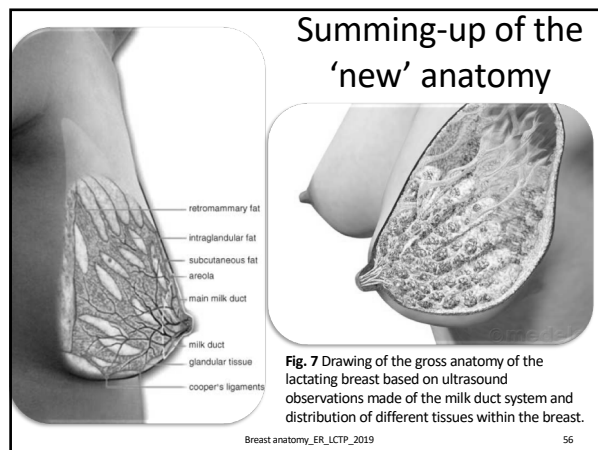
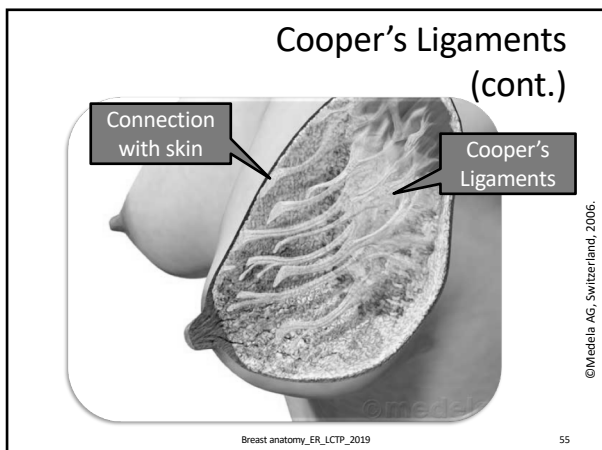
- Named after Sir Astley Paston Cooper
- Also known as the suspensory ligaments
- Provide a loose framework of connective tissue
- Radiate from the fibrous stroma of the breast to the skin, providing support for the fatty and glandular tissues.



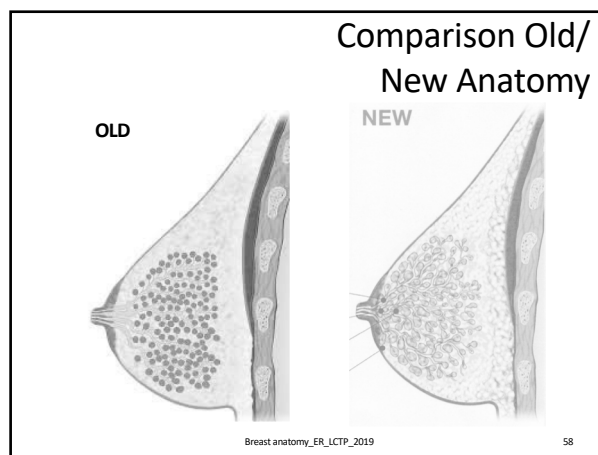
Lawrence 2-13

Breast anatomy_ER_LCTP_2019

Right side



- ### PLAN
- Introduction
 - External view
 - **Internal view ('new' anatomy)**
 - Historical perspective
 - New research methodology
 - New findings
 - Clinical implications
 - Supply to the breast
 - Histology
- Breast anatomy_ER_LCTP_2019 57



- ### Comparison Old / New
- | | |
|---|---|
| <ul style="list-style-type: none"> • No branching of ducts until deep in the breast • Lactiferous sinuses • Glandular tissue starts deep in the breast • Undifferentiated fatty tissue • Even ratio of glandular to fatty tissue • Even distribution of glandular tissue • Ductal network depicted as radial and symmetrical • 15 to 20 ducts at the nipple | <ul style="list-style-type: none"> • Branching of ducts close to the nipple • No lactiferous sinuses • Glandular tissue starts close to the nipple • Subcutaneous, intraglandular, retromammary fat • Ratio of glandular to fatty tissue is 2:1 • 65% within 30mm of nipple • Ductal network not always radial or symmetrical • 4 to 18 ducts exiting at the nipple (average 9) |
|---|---|
- Breast anatomy_ER_LCTP_2019 59

- ### Clinical implications
- Number of milk ducts lower than previously believed → loss of only a few ducts has more consequences.
 - The intermingling of fat and glandular tissue may make breast surgery more complex in order to preserve a woman's future potential to breastfeed.
 - Milk removal: larger milk duct diameters associated with longer milk ejection episodes.
 - Ducts superficial and compressible → well fitted breastshield (flange) needed during breast expression.
- Breast anatomy_ER_LCTP_2019 60

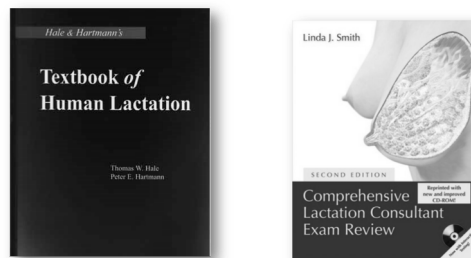
Future use of ultrasound scanning

- Detection of blockage of duct (not easily compressed, like DVT)
- Assessment of amount of glandular tissue (for low milk supply, breast asymmetry...)
- Further research on milk ejection reflex, role of position of the nipple in the mouth in relation with suck/swallow/breath cycle...

Breast anatomy_ER_LCTP_2019

61

Spreading of the new anatomy



Breast anatomy_ER_LCTP_2019

62

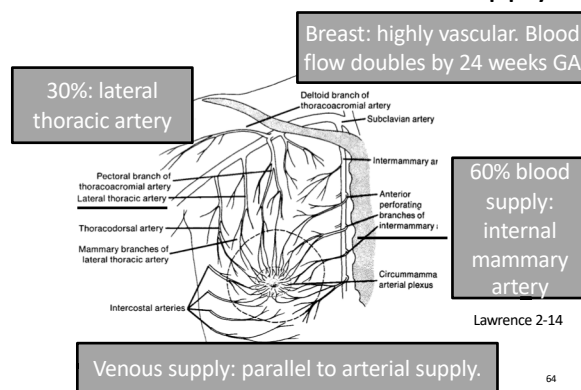
PLAN

- Introduction
- External view
- Internal view ('new' anatomy)
- **Supply to the breast**
 - Blood supply
 - Lymphatic drainage
 - Innervation
- Histology

Breast anatomy_ER_LCTP_2019

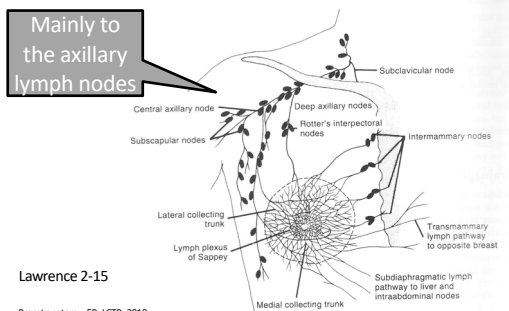
63

Blood supply



64

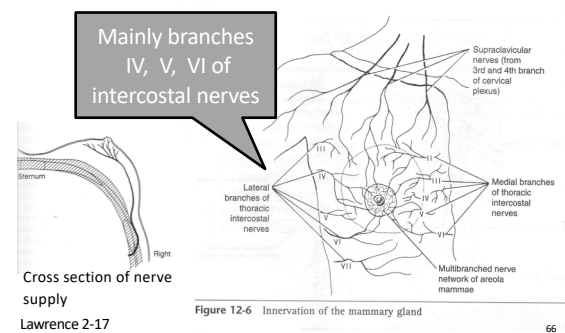
Lymphatic drainage



Breast anatomy_ER_LCTP_2019

65

Innervation of Breast



Breast anatomy_ER_LCTP_2019

66

Innervation (Cont.)

Areola:
branch IV of intercostal nerves

If scar at 7-8 o'clock:
→ loss of sensation nipple and areola

Figure 12-6 Innervation of the mammary gland

Breast anatomy_ER_LCTP_2019 67

PLAN

- Introduction
- External view
- Internal view ('new' anatomy)
- Supply to the breast
- **Histology**

Breast anatomy_ER_LCTP_2019 68

Histology of the lactating breast: not studied in depth

- Due to ethical considerations
- And difficulties to acquire tissue from lactating breasts (compared to non-lactating breasts or to animal models).

Breast anatomy_ER_LCTP_2019 69

Overview of a Lobule

Breastfeeding & Human Lactation

Breast anatomy_ER_LCTP_2019 70

Alveolar secretory cell: LACTOCYTE

- Alveolus consists of a continuous single layer of lactocytes
- Delineated at the outside by the basal lamina.
- Lactocytes: cuboidal/ columnar in shape.
- Coupled with specialized cell junctions, which are tight during established lactation, and leaky during pregnancy.

Breast anatomy_ER_LCTP_2019 71

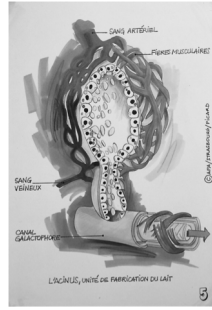
Lactocyte (cont.)

- Portion of the lactocyte directed towards the lumen is termed "apical" and the outer portion "basal".
- Microvilli project from the apical surface of the cell into the lumen.
- Milk secretion occurs at the apical surface of the lactocyte.
- Increased intra-alveolar pressure → flattens lactocytes and decreases milk secretion.

Breast anatomy_ER_LCTP_2019 72

Myoepithelial cells

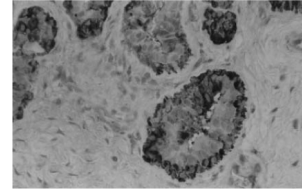
- Surround the alveolus and extend onto the milk ducts.
- Smooth muscle filaments, appearance differs depending on location:
 - Cells that surround the alveoli are stellate shaped.
 - Cells associated with ducts are spindle shaped, aligned longitudinally.



Breast anatomy_ER_LCTP_2019 73

Myoepithelial cells (cont.)

- Devoid of innervation
- Contraction effected by hormone oxytocin by binding to a receptor (OTR) on the myoepithelial cell.
- Lactating breast highly sensitive to oxytocin (minute amount required)



Immunohistochemical stain for smooth muscle actin identifies myoepithelial cells with brownish deposits in the cytoplasm

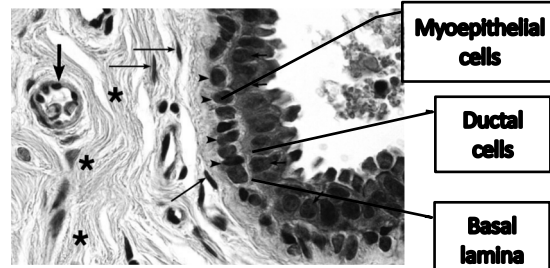
Breast anatomy_ER_LCTP_2019 74

Milk ducts

- Form the pathway for milk to be transported to the nipple.
- Do not actively participate in either the secretion or modification of milk.
- Consist of an inner layer of epithelium, stratified squamous type in the nipple, cuboidal within the gland.

Breast anatomy_ER_LCTP_2019 75

Milk ducts (cont.)



- Myoepithelial cells apposed to the basal lamina.
- Ductal cells are partly overlapping in this section but form a single cell layer above the myoepithelium.

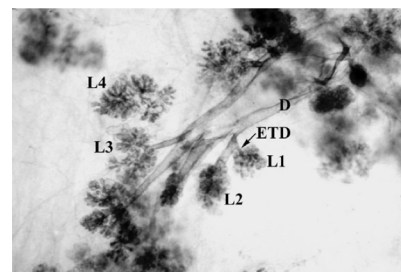
76

Milk ducts (cont.)

- Terminal duct lobular unit (TDLU): lobular architecture and intralobular connective tissue (hormonally responsive, fibroblasts, macrophages, lymphocytes, vessels).
- Continuous basement membrane follows contour of the ducts and ductules.
- Main ducts are supported by fibrous connective tissue.
- Shape of duct varies according to amount of milk (more irregular when less milk).

Breast anatomy_ER_LCTP_2019 77

Terminal Duct Lobular Unit



Slice of human mammary tissue, the TDLU
 D : duct, ETD: extra lobular terminal duct
 L1-4: Lobules. L1 = 1mm in diameter

Breast anatomy_ER_LCTP_2019 78

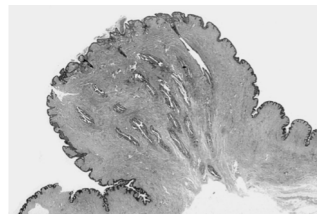
Nipple

- Contains numerous sebaceous glands independent of hair follicles, dense fibrous stroma containing erectile smooth muscle tissue, stratified squamous epithelium resembling skin but with increased melanin pigment.
- Stratified squamous epithelium extends into duct lumens for a short distance.
- Nipple is unpigmented before menarche, pigmentation increases after first menstrual cycle

Breast anatomy_ER_LCTP_2019

79

Nipple (cont.)



This histological section shows the nipple and some areola. Epithelium stains blue and stroma stains red. Note lactiferous duct at the surface of the nipple. It is plugged with keratin. This mechanical barrier prevents bacteria from entering the duct in non-lactating women.

Breast anatomy_ER_LCTP_2019

80

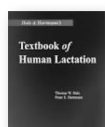
Sources (books)



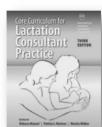
'The BF Atlas'
Wilson-Clay &
Hoover,
4th Edition (2008)
and CD from 2nd
edition



'BF and Human
Lactation'
Jan Riordan & K.
Wambach
5th Edition (2016)



'Textbook of
Human Lactation'
Thomas Hale &
Peter Hartmann
1st Edition (2007)



'Core
Curriculum'
ILCA
3rd Edition
(2013)



Breastfeeding – A Guide for the Medical Profession
By Ruth Lawrence and Robert Lawrence (2011, 7th Edition)

Breast anatomy_ER_LCTP_2019

81

Other References (histology section)

- <http://tgmouse.compmed.ucdavis.edu/cmpath/jensen/slide9.jpg>
- <http://www.thevisualmd.com/spaw/uploads/images/MJ3316/thumb/1002784thumb.jpg>
- http://www.deltagen.com/target/histologyatlas/atlas_files/integumentary/mammary_glands_20x.jpg
- <http://www.pathologyoutlines.com/topic/breastnormal.html>
- <http://ccm.ucdavis.edu/bcancercd/21/development.html>
- <http://www.lab.anhb.uwa.edu.au/mb140/CorePages/FemaleRepro/femalerepro.htm#LabMamm>

Breast anatomy_ER_LCTP_2019

82

Thank you!

Breast anatomy_ER_LCTP_2019

83

People love to get worked up about breastfeeding in public!
But now we have the perfect solution to please
both the lovers and the haters

 An advertisement for 'The Boob Beanie'. It features a black and white photograph of a woman breastfeeding an infant. She is wearing a crocheted beanie that covers her chest. To the right, there are three more examples of crocheted beanies in different colors and patterns.

THE BOOB BEANIE

<http://fb.cdn-sphotos-4-a.akamaihd.net/photos-ak-frc3/11...>