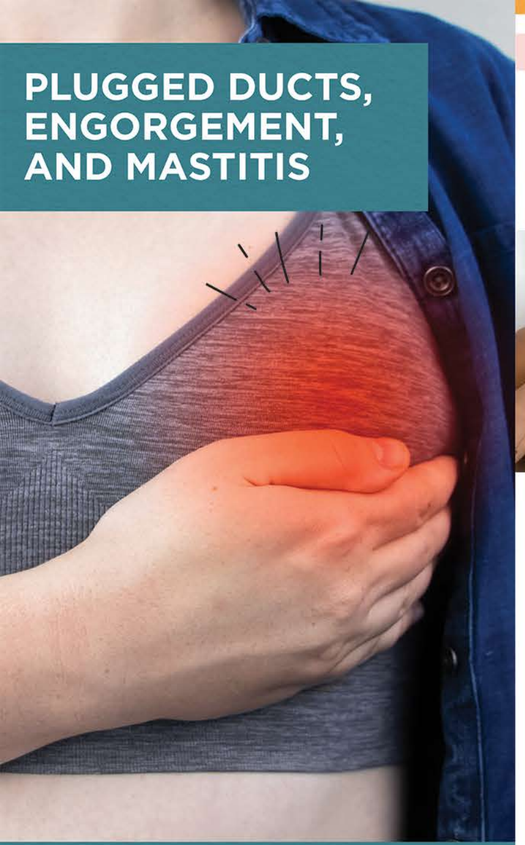
PLUGGED DUCTS, ENGORGEMENT, AND MASTITIS



WIC NEVADA

PLUGGED MILK DUCTS

Plugged milk ducts may feel like a tender or sore lump or knot in the breast. This can happen when a milk duct does not drain properly. Pressure builds up behind the plugged duct and the tissue around it becomes irritated.

Several things can cause plugged ducts:

- Skipping feedings or not feeding as often as usual.
- Severe engorgement or re-occurring engorgement.
- Regularly breastfeeding on only one breast.
- Cracked nipples or nipple pain.
- Wearing a tight bra, having a seat belt strap or a heavy diaper bag across your chest can cause plugged ducts.

Relief for Plugged Ducts:

- Before a feeding, take a hot shower, allowing the water to hit your back and not your breasts or chest. You can also apply a warm, moist cloth over the plugged duct before a feeding or pumping.
- Gently massage your breast from the plugged duct down to the nipple, before and during a feeding or pumping session.
- Feed or express milk frequently. Offer or pump the affected side first.
- Wear a well-fitting, supportive bra that is not too tight. Consider a bra without underwire.
- Ask for help to get extra sleep or rest to help with healing. A plugged duct can indicate you are doing too much.

If you have plugged ducts that reoccur, talk to a WIC lactation consultant and your healthcare provider for care and support.

ENGORGEMENT

Your breasts or chest may feel tender and full after your baby is born. This change is because your body is making milk and your breasts are receiving additional blood flow. However, if your breast or chest is warm, hard, or painful, they may be too full of milk, or engorged.

Engorgement is uncomfortable and can lead to other issues like plugged ducts or mastitis, a type of breast infection. Engorgement can slow or decrease your milk supply because your body is not getting the message to make more milk. It may also be hard for your baby to latch onto the breast to feed since your breasts are so full.

Preventing Engorgement:

- Breastfeed early and often – at least 8-12 times in 24 hours.
- Make sure your baby latches well to help remove milk effectively.
- Allow baby to finish the first breast before offering the other side. Don't limit your baby's time at the breast.
- Help regulate your milk supply by avoiding pacifiers (unless medically indicated) and other artificial nipples until breastfeeding is going well, typically about 2-4 weeks postpartum.
- If you are going back to work or school, be sure to express milk frequently and at regular intervals while you and baby are apart.
- Take care of yourself by eating well, drinking plenty of fluids (especially water), and getting enough sleep.

Relief for Engorgement:

Engorgement usually goes away in a few days by following these tips:

- Express or offer the engorged breast or chest first.
- Before a feeding, put a warm, moist cloth on your breast or chest.

- Massage your breast or chest before and during a feeding or pumping session, gently moving from the chest wall to the nipple.
- If your breast or chest is hard, hand express or pump a little before the feeding to soften your breast and make it easier for your baby to latch onto your nipple.
- After feedings, only express enough milk to soften your breasts or to comfort. If you express too much milk, you may encourage your body to make more milk, resulting in additional engorgement.
- Between feedings, apply cold compresses to help reduce inflammation and swelling.

MASTITIS

Mastitis is a breast infection which may have flu-like symptoms. Mastitis can occur when you're stressed or have changes in your usual routine, like returning to work or school.

Signs of mastitis may include:

- Fever of 101.3°F or higher, chills, body aches, nausea, vomiting, or fatigue.
- Yellowish discharge from the nipple, similar to colostrum.
- Breast or chest which feels tender, warm, or hot to the touch; may appear inflamed, darker, pink, or red, depending on your skin tone.

Relief for Mastitis:

- See your healthcare provider for treatment and reach out to the WIC IBCLC for support.
- Rest and drink plenty of fluids.
- Get family and friends to help with household chores, meals, and other children, etc., so you can rest.
- Feed your baby frequently at the breast or express milk frequently.
- Express milk at regular intervals when you and baby are separated.
- Apply a clean, warm, moist cloth over the affected breast or chest when resting.

Remember, if you are using a breast pump, be sure to keep your pump and pump parts clean to prevent reoccurring breast infections.

RESOURCES

Nevada WIC
Resources and information on how to keep your pump clean.
https://nevadawic.org/breast-pumps-and-accessories/

WIC Breastfeeding Support
Information on plugged ducts, engorgement, and mastitis.
https://wicbreastfeeding.fns.usda.gov/

Office on Women's Health
General information regarding common lactation concerns.
https://www.womenshealth.gov/breastfeeding

Stanford Newborn Nursery
Great videos on hand expression and other resources.
https://med.stanford.edu/newborns/professional-education/breastfeeding.html

QUESTIONS?

If you have any questions about these breastfeeding or chestfeeding discomforts:

WIC NEVADA

1-800-8-NEV-WIC
(1-800-8-638-942)
NEVADAWIC.ORG

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