

Breast care for blocked ducts and mastitis

A breastfeeding mother may present to her GP with symptoms of a breast that feels tender and/or looks red in one area, or has a lumpy or engorged area.

A blocked duct is suspected

Ducts can become blocked at any time during lactation and there seem to be many reasons why this happens. Sometimes only one duct is affected, at other times a whole segment of the breast is involved. If the blockage is not cleared some of the milk can be forced into the surrounding breast tissue, which becomes inflamed.

Mastitis

Non-infective mastitis generally occurs following leakage of milk into the surrounding tissue as a result of a blockage or obstruction in a duct. Infective mastitis may be either within or outside the duct system. Where it occurs outside the duct system it is difficult to distinguish from non-infective mastitis without culturing the affected tissue.

A great deal of mastitis in breastfeeding mothers is obstructive rather than infectious in origin. Some studies indicate that up to half of mastitis cases are non-infective.

The mother may exhibit the following symptoms:

- Whole or part of the breast is red, swollen, hot and painful
- Skin of the breast is shiny and/or red streaks present
- Fever, flu-like symptoms, even though there may be no infection present.

Treatment

Treatment needs to be started immediately. This is not the time to wean.

Blocked ducts

- Keep the affected breast as empty as possible by frequent feeding, beginning on the affected side and ensuring not to neglect the other side.
- Check that positioning and attachment are correct.
- Gently but firmly massage the lump towards the nipple during and after feeds.



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mothers'**

- Change the feeding position to improve the drainage of the breast.
- Apply cold packs or washed, dried, and chilled cabbage leaves after a feed (these may be changed two hourly or when soft, and discontinued when the breast is comfortable).
- Hand express if the baby won't feed, or it is too painful to feed.
- Rest as much as possible.
- Contact an NMAA breastfeeding counsellor for suggestions/ support.

Mastitis

- Follow the treatments for blocked ducts.
- Mother going to bed and taking the baby with her, if possible.
- Feed frequently or hand express if necessary.
- Use antibiotics if necessary.

Recurrent blocked ducts or mastitis

Some mothers are more prone to blocked ducts and mastitis than others. If a mother presents with recurrent blockages or mastitis, it is worth considering some of the following:

Breast drainage:

- Are feeds hurried or interrupted?
- Is baby's feeding position or attachment poor?
- Is breast being held during feeds?
- Are mother's clothes constrictive?
- Have breasts been operated on, scarred, bumped, handled roughly?
- Does the mother experience problems with oversupply and/or engorgement?

Nipples:

- Do they show signs of damage, soreness, thrush, cracks, milk blisters (white spot covering duct opening)?

Mother's health:

- Has she been ill, over-tired, extra busy, worried, stressed, anaemic?
- Are bouts associated with hormonal changes (ovulation or menstruation)?
- Does she sleep on her stomach?

Mother's diet:

- Is she eating regularly, and eating plenty of fresh food and vegetables?
- Is she drinking to satisfy thirst?

Medication:

- Does she take complete courses of antibiotics?
- Has she had repeated prescriptions of the same antibiotic?

Baby's health:

- Has the baby been ill and infected the mother?

General:

- Has the treatment of previous bouts of mastitis been delayed, inadequate or incomplete?
- Is the mother aware of the symptoms so she can start treatment immediately she experiences them?

Prepared for the Northern Rivers Division of General Practice by Ros Fleetwood, Nursing Mothers Association Breastfeeding Counsellor.

Further reading

Wendy Brodribb (ed) 1997
Breastfeeding Management in Australia
Topics in Breastfeeding Set III 1991
Lactfacts 1996
Breast and Nipple Care Booklet (1995)
Available from the Nursing Mothers' Association of Australia.