



Breastfeeding Committee
for Saskatchewan

www.thebcs.ca

Important:

Mom should be encouraged to contact her health care provider to discuss methods to prevent recurrence

For further information contact:

Local Public Health Nurse

International Board Certified Lactation Consultant (IBCLC)

Local breastfeeding support Group

Saskatchewan HealthLine 811

MASTITIS/PLUGGED DUCT

(Information For Health Care Professionals)

Mothers at risk for (bacterial) mastitis are those who experience:

- Sudden decrease in nursing frequency leading to milk stasis
- Sudden increase in maternal activity
- Poor latch
- Nipple trauma
- Fatigue
- Inadequate drainage in mother with abundant milk supply
- Constriction to breast tissue (example: restrictive clothing)

Symptoms:

- Sudden onset
- Elevated temperature accompanied with flu-like symptoms
- Pain may be intense but localized
- Breast may appear red or have red streaking

Management:

The mother should be encouraged to:

- Continue nursing with more frequent feedings. The baby will not get sick from this infection. If nursing is too painful, express milk (hand or pump).
<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- Get extra bed rest to fight off the infection; lay on the unaffected side.
- Apply warmth to the breast, before and between feeds, using warm cloths, a warm water bottle, etc.
- Gently massage the affected area before nursing and use breast compression during the feed.
- Breastfeed on the affected side first, and for as long as the baby wants, in order to keep the breast well drained.
- Reposition the baby to assist proper drainage from the breast so that the nose and chin are in line with the affected area. Ensure proper latch and suck.
- Take Acetaminophen or Ibuprofen for pain and/or fever, if she feels unwell. Ibuprofen is more useful due to its anti-inflammatory affect.
- Consult her physician within 24 hours if symptoms persist. An antibiotic may be indicated—one that is effective against Staphylococcus Aureus i.e. cephalexin, cloxacillin, amoxicillin combined with clavulanic acid, clindamycin & ciprofloxacin. Antibiotics that can be used with MRSA are cotrimoxazole and tetracycline.
- Mother should NOT stop breastfeeding when taking an antibiotic, even if infected with MRSA. Breastfeeding decreases the risk of the baby getting the infection.



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Breast Abscess (collection of pus in one area of the breast)

- A breast abscess is usually the result of untreated mastitis or mastitis that has not responded to treatment. Ultrasound examination can be helpful for diagnosis. Surgical incision and drainage might be necessary. Mothers should be instructed to continue frequent feedings from both breasts.

Plugged Ducts

Lumps are common and sometimes develop in the breast if the milk is not being fully drained. Pressure builds up behind the plug and can cause inflammation in the surrounding tissue. This almost always resolves spontaneously within 24 to 48 hours, even without any treatment.

Symptoms:

- Comes on gradually
- Generally affects one breast
- Temperature may be slightly elevated
- Mother feels generally well
- No increased warmth in the area
- The pain is mild and localized
- There might be a white spot on the nipple (the opening to the duct is plugged)

Management:

The mother should be encouraged to:

- Warm the area with a very warm cloth or towel, or shower to promote drainage.
- Massage the breast firmly from behind the lump, toward the nipple area with fingertips and then with the flat of the hand.
- Change the baby's nursing position to encourage proper drainage; the baby's chin should be pointed to the area of hardness. Ensure proper position, latch and suck.
- Use breast compression during the feed.
- Encourage the baby to nurse longer and more frequently, particularly on the affected breast.
- Support breast from the underneath, if heavy.
- Avoid tight or restrictive clothing.
- If the lump persists past 48 hours (unusual) other treatment options may be considered.
- If there is a white blister or bleb area on end of nipple, it can be opened with a sterile needle. Do not dig around-just pop the top or side of blister; try squeezing (toothpaste-like material) from just behind the blister. Put the baby to the breast.
- Therapeutic ultrasound often helps, with a dose of 2 watts/cm², continuous for five minutes to the affected area, once daily for up to 2 doses. Ultrasound therapy may also prevent recurrent blocked ducts that occur in the same part of the breast.
- Lecithin, one capsule (1200mg) 3 or 4 times a day may prevent recurrent blocked ducts.

Consult her physician if the lump persists.

References:

1. Mohrbacher, N. "Breastfeeding Answers Made Simple", Hale Publishing. 2010, pg 682-683
2. Newman, Dr. Jack, 2009, Blocked Ducts and Mastitis. www.drjacknewman.com

