

Plugged Ducts and Mastitis

BLOCKED DUCT		MASTITIS
PREDISPOSING FACTORS		
	<ul style="list-style-type: none"> ▶ <i>Milk stasis / restricted milk flow...</i> may be due to: <ul style="list-style-type: none"> • Engorgement or inadequate milk removal (due to latching problems, ineffective suck, tongue-tie or other anatomical variations, nipple pain, sleepy or distracted baby, oversupply, hurried feedings, nipple shield use, twins+, blocked nipple pore, etc.). • Infrequent/skipped feeding (due to nipple pain, teething, pacifier overuse, busy mom, return to work, baby suddenly sleeping longer, scheduling, supplementing, abrupt weaning, etc.). • Pressure on the duct from fingers, tight bra or clothing, prone sleeping, diaper bag, etc. • Inflammation from injury, bacterial/yeast infection, or allergy. ▶ <i>Stress, fatigue, anemia, weakened immunity</i> 	<ul style="list-style-type: none"> ▶ <i>Milk stasis (usually primary cause)</i> <ul style="list-style-type: none"> • Same as for blocked duct. • Blocked duct is risk factor. ▶ <i>Stress, fatigue, anemia, weakened immunity</i> ▶ <i>Infection</i> <ul style="list-style-type: none"> • Sore, cracked or bleeding nipples can offer a point of entry for infection. • Hospital stay increases mom's exposure to infectious organisms. • Obvious infection on the nipple (crack/fissure with pus, pain) is risk factor. • Past history of mastitis is risk factor.
PRESENTATION		
Onset		
	Usually comes on gradually. One breast affected. Location may shift.	May come on abruptly. One breast usually affected; Most common in first 2-3 weeks, but can occur at any stage of lactation.
Systemic Symptoms		
	<ul style="list-style-type: none"> • Usually none, but a low fever (less than 101.3°F / 38.5°C) may be present. 	<ul style="list-style-type: none"> • Fever of 101.3°F / 38.5°C or greater • Chills • Flu-like aching, malaise • Systemic illness
Local Symptoms		
	<ul style="list-style-type: none"> • Hard lump or wedge-shaped area of engorgement in the vicinity of the plug. • May feel tender, hot, swollen or look reddened. • Occasionally mom will only notice localized tenderness or pain, without an obvious lump or area of engorgement. 	<ul style="list-style-type: none"> • Same as for blocked duct, but pain/heat/swelling is usually more intense. • Red streaks extending outward from affected area may be present.
Symptoms during a feed		
	<ul style="list-style-type: none"> • Typically more painful before a feeding and less tender afterward, • Plugged area will usually feel less lumpy or smaller after nursing. • Nursing on the affected side may be painful, particularly at letdown. 	<ul style="list-style-type: none"> • Same as for blocked duct, but pain is usually more intense.
Other things that mom may notice		
	<ul style="list-style-type: none"> • Milk supply & pumping output from the affected breast may decrease temporarily. • Occasionally a mom may express "strings" or grains of thickened milk or fatty-looking milk. • After a plugged duct or mastitis has resolved, it is common for the area to remain reddened or have a bruised feeling for a week or so afterwards. 	Same as for blocked duct, <i>plus</i> : <ul style="list-style-type: none"> • Expressed milk may look lumpy, clumpy, "gelatin-like" or stringy. This milk is fine for baby, but some moms prefer to strain the "lumps" out. • Milk may take on a saltier taste due to increased sodium and chloride content - some babies may resist/refuse the breast due to this temporary change. • Milk may contain mucus, pus or blood.

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TREATMENT "Heat, Massage, Rest, Empty Breast"		
Pharmacological		
Antibiotic?	No	<ul style="list-style-type: none"> No: If symptoms are mild and have been present for less than 24 hours. Yes: If symptoms are not improving in 12-24 hours, or if mom is acutely ill.
Which one?	---	<p>Talk to DR about starting antibiotics immediately if:</p> <ul style="list-style-type: none"> Mastitis is in both breasts. Baby is less than 2 weeks old. Crack has obvious signs of infection. Blood/pus present in milk. Red streaking present. Temperature increases suddenly. Symptoms are sudden and severe. <ul style="list-style-type: none"> Most common pathogen is penicillin-resistant <i>Staphylococcus aureus</i>. Typical antibiotics used for mastitis: <ul style="list-style-type: none"> Dicloxacillin, flucloxacillin, cloxacillin, amoxicillin-clavulanic acid Cephalexin, erythromycin, clindamycin, ciprofloxacin, nafcillin Most recommend 10-14 day treatment to prevent relapse. Consider probiotic to reduce thrush risk.
Analgesia	<ul style="list-style-type: none"> Pain reliever/anti-inflammatory (e.g., ibuprofen) Second choice – pain reliever alone (e.g., acetaminophen) 	Same as for blocked duct.
Supportive measures		
	<ul style="list-style-type: none"> Rest Adequate fluids & nutrition 	<ul style="list-style-type: none"> Bed rest (preferably with baby) Increase fluids, adequate nutrition Get help around the house
Breastfeeding Management – SAME for blocked duct or mastitis – important to start promptly		
<p>Nurse frequently & empty the breasts thoroughly. Aim for nursing at least every 2 hrs. When unable to breastfeed, mom should express milk frequently and thoroughly (with a breast pump or by hand). Keep the affected breast as empty as possible, but don't neglect the other breast.</p>		
Before nursing:	<ul style="list-style-type: none"> Use heat & gentle massage before nursing (warm compress, basin soak, shower, try massaging with soapy wide-tooth comb). 	<ul style="list-style-type: none"> Loosen bra & any constrictive clothing to aid milk flow.
While nursing:	<ul style="list-style-type: none"> Nurse on the affected breast first; if it hurts too much to do this, switch to the affected breast directly after let-down. Ensure good positioning & latch. Use whatever positioning is most comfortable and/or allows the plugged area to be massaged. 	<ul style="list-style-type: none"> Use breast compressions. Massage gently but firmly from the plugged area toward the nipple. Try nursing while leaning over baby so that gravity aids in dislodging the plug.
After nursing:	Pump or hand express after nursing to aid milk drainage and speed healing. Use cold compresses between feedings for pain & inflammation.	
Follow-up		
	<ul style="list-style-type: none"> Re-evaluate treatment plan if symptoms do not begin to resolve within 2-3 days. Investigate further if mom has more than 2-3 recurrences in the same location. 	<ul style="list-style-type: none"> Consider the possibility of thrush if sore nipples begin after antibiotic treatment.
Cautions		
<p>Do not decrease or stop nursing, as this increases risk of complications (including abscess).</p>		