



# Information on

# Plugged Ducts



## CLS

Informational Handout

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## HOW DO I KNOW IF I HAVE PLUGGED DUCTS OR MASTITIS?

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When feeling breast pain before, during or after a feed, many mothers start to worry and wonder what is going on; do they have a plugged duct or mastitis? Both of these conditions share similar symptoms, though there is a distinction between the two. And while mastitis and plugged ducts may share some of same symptoms and treatment recommendations, mastitis may need to be treated with antibiotics. If you are unsure, it is best to contact your lactation consultant, who may then also refer you to your Healthcare Provider if they suspect that you may have mastitis.

There are several symptoms that correspond with plugged ducts and mastitis; you may be feeling a hard lump or an area of engorgement in the area of the breast that has the plugged duct or infection. This area may be tender, painful, warm, swollen or even reddened. Or you may have tenderness/pain in one very localized area without the other symptoms. Or perhaps you have flu-like symptoms, with chills, headache and achiness.

So how do you know which one it is or how to treat it, and when to consult a Healthcare Provider? Regardless of whether you are working with a plugged duct or mastitis, it is important to start treatment promptly as soon as you feel any symptoms.

## PLUGGED DUCT

A plugged duct is an area of the breast where the milk flow is obstructed. The nipple pore itself may be blocked, or the blockage may be further back in the ductal system.

### You may notice:

- That the pain is typically worse before a feeding and less painful afterwards
- Redness, pain, and heat may all be present when an area of the breast is engorged or “blocked”/“plugged,” but an infection is not necessarily present
- The pain may be particularly sharp during letdown
- The plugged or lumpy area may feel smaller or less lumpy after a feed
- A plugged duct comes on slowly and affects only one breast

- A white blister or pimple on the tip of your nipple if the blockage is near the pore, also known as a ‘nipple blister’, ‘milk blister’ or ‘nipple bleb’
- ‘Strings’ or grains of thickened milk with expression
- Milk supply and pumping output from the affected breast may decrease temporarily
- Plugs may recur, but with prompt attention and management, they usually resolve in 24-48 hours
- Once a plug is resolved, it is not uncommon to have the area feel bruised for several days

### Usual Causes of a Plugged Duct:

- Engorgement or Inadequate removal of milk (commonly associated with latching problems, oversupply, ineffective suck, sleepy or distracted baby, tongue-ties or other anatomical variations, nipple shield use, timed-feedings, or limiting baby’s time at breast due to nipple pain)
- Infrequent or skipped feedings or pumping (commonly associated with nipple pain, pacifier over-use, returning to work, rapid weaning, baby sleeping longer, scheduled feedings, busy schedules, supplementing)
- Pressure on the ducts (commonly associated with pressure from fingers while holding breast while feeding, tight bra, restrictive clothing, diaper bag, seat belt, sleeping positions that puts pressure on your breast(s))
- Inflammation (from injury, bacterial or yeast infection or allergy)
- Weakened immunity, stress, fatigue, or anemia



# MASTITIS

Mastitis is inflammation and irritation of the breast tissue, usually (though not always) resulting from bacterial infection. It presents as a tender, hot, swollen, wedge-shaped area of the breast (or, less frequently, infection can be seen to include a large or entire area of breast) and is associated with elevated temperatures of 101.3F (38.5C) or greater, chills, flu-like aching, headaches and systemic illness. Mastitis and plugged duct share many of the same localized symptoms, however, mastitis has a few distinctions as seen outlined below.

## You may notice:

*Mastitis has several distinctive characteristics.*

- Chills, flu-like aching, headache
- Fever of 101.3 Fahrenheit or higher
- Tender, hot, swollen wedge-shaped area of the breast
- Red streaks extending outward from the affected area
- Symptoms may come on abruptly
- Milk may take on a salty taste due to sodium/chloride content that occurs during the infection process (some babies may resist or refuse the breast during this temporary change, but it is fine to feed baby this milk)
- Milk may contain mucous, pus or blood
- Expressed milk may appear clumpy, gelatinous, or have small strings of milk solids (this milk is fine for the baby)
- Milk supply and pumping output from the affected breast may decrease temporarily, or permanent lowering of production may occur depending on the extent of the infection
- Even after mastitis has resolved or been treated, the area on your breast(s) that was affected may remain swollen or feel bruised for several days

## Usual Causes of Mastitis:

- The **usual causes outlined for plugged ducts are also the usual causes for mastitis**, while also **adding plugged ducts to the list of possible causes leading to mastitis**
- Infection of the nipple (from sore, cracked or bleeding nipples)
- Having a history of mastitis is a risk factor for recurring mastitis

## TREATMENT FOR PLUGGED DUCT AND MASTITIS

It is always best to treat a plugged/blocked duct immediately and thoroughly to avoid escalation into mastitis. It is **important to NOT decrease or stop nursing** when you suspect that you have a plugged duct or mastitis, as this could further increase the risks of complications.

### Supportive measures for Plugged Ducts and Nipple Blisters:

- Rest
- Adequate fluids
- Immune boosting with special attention to nutritious foods and a daily vitamin formula supplement
- Nursing at least every 2 hours, starting with effected breast (if breast hurts too much, switch to the effected breast immediately following let-down)
- Ensure good latch and positioning. Have latch assessed by skilled lactation consultant
- Try a variety of positions for more complete milk removal (including leaning over baby while nursing so that gravity can help dislodge plug)
- Avoid missed feedings or pump/express to remove milk
- If baby does not adequately remove milk from breasts during a feeding, pump/express milk after feeding
- Nurse long enough on each breast for baby to remove sufficient milk
- Use hot, moist compress before feeding to encourage dilation of milk ducts
- Epsom salt soaks before a feeding helps to open milk duct and aids in healing (2 tsp. of Epsom salt : 1 cup hot water); consider treatment 4 times a day before feedings; rinse with clear water after soaks
- Use of cold compresses after or between feedings
- Massage gently but firmly from the plugged area towards the nipple during feeding, or while in shower
- Use breast compression while feeding
- Avoid excessive pressure one spot for too long (prone sleeping on one side, tight-fitting bra/clothing, always holding baby or breast in one position, bunching of clothing under arm while feeding, etc.)
- Wear larger nursing bra or bra extender

### For Recurring Plugged Ducts:

- Replace saturated fats (animal fats) with polyunsaturated fats (oils) in your diet
- Discuss with your Healthcare Provider the use of lecithin. A common dosage is 1200 mg 3-5 times per day or equivalent of lecithin granules
- Consider antiperspirant constriction of ducts if plugged ducts are near under-arm
- Inflamed areas of breast are more prone to recurrent plugged ducts; monitoring area closely with massage and quick intervention if any plugs noted
- Consider soft cup bra use instead of underwire bra use

### If Nipple Blister Only:

- Epsom salt soaks before a feeding helps to open milk duct and aids in healing (2 teaspoons of Epsom salt to 1 cup hot water - consider treatment 4x day before feedings)
- Warm, Moist compress before feeding to soften the skin before feeding
- Olive oil on cotton ball applied to nipple to soften skin before a feeding
- Rub blister with moist washcloth
- If plug is protruding from nipple; wash hands and gently pull on it to dislodge it
- Consider removal of bleb/blister with sterile needle. Discuss this with your Healthcare Provider.

### Medication Treatment for Plugged Duct:

- Analgesia: pain reliever/ anti-inflammatory: Ibuprofen (take with some food)
- If pain reliever alone: Acetaminophen
- Antibiotic: NO

### Supportive Measures for Treatment of Mastitis:

- Same measures listed above in the supportive measures for plugged duct, plus the following:
- Rearrange priorities, get help with tasks, reduce stress, bed rest while healing
- If infection via cracked nipple: eliminate non-nutritive sucking, briefly soak breast in saline solution. Facilitate healing with use of breast-milk, lanolin, or hydrogel dressing between feedings
- If infection from baby or other family member: treat primary infection in conjunction with mother's infection
- Washing/sterilization of pump parts after use
- Anecdotal studies report the use of the following measures to give relief during mastitis infection: Cool cabbage leaf applied to infected area between feeds, visits to chiropractic or acupuncture therapist
- Consult Clinical Herbalist or Homeopath for herbal and homeopathic preparations
- Omega-3 fatty acids (fish oil supplement) helps to reduce inflammation that occurs with infection

- Contact MD if the following symptoms are present: Mastitis in both breast, baby less than 2 weeks old, red streaking, blood/pus present in milk, temperature suddenly increases, or if symptoms are sudden and severe

### For Recurring/Chronic Mastitis:

- Reduce excessive upper arm exercise which may restrict flow of milk
- Consult MD about low dose prophylactic antibiotic therapy
- Consult MD to rule out other obstructions in the breast or for surgical drainage if abscess develops



### Medication Treatment for Mastitis:

- Analgesia: pain reliever/ anti-inflammatory: Ibuprofen (take with some food)
- Pain reliever alone: Acetaminophen
- Probiotic supplements (certain Lactobacillus strains) may be effective in treating infectious mastitis and may also lower occurrence of repeat mastitis, however, research is inconclusive
- Antibiotics - **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. Most often Healthcare Providers will recommend 10-14 days of antibiotic treatment to prevent relapse. Do not discontinue treatment earlier than prescribed.

## Follow-up

- If symptoms fail to resolve in 48 hours after taking antibiotics, contact your Health Care Provider for further evaluation
- If you experience more than 2-3 recurrences in the same location, contact your Health Care Provider for further evaluation
- Consider the possibility of thrush if nipple pain remains after antibiotic treatment is complete



## Contact us!

My Lactation Consultant's name &  
number are:

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