

MASTITIS & BLOCKED DUCTS



WHAT IS MASTITIS?

Mastitis and blocked ducts are an inflammation of the breast and although the size of the affected area can vary, it is usually confined to one breast. Symptoms can suddenly emerge and within a very short time you can be feeling quite poorly, with or without infection.

SYMPTOMS

- Reddening of the skin (may not be as apparent on black or brown skin tones)
- Hard swelling.
- Throbbing heat.
- Severe pain,
- High temperature.
- Shivering.



All these symptoms would suggest an infection, and certainly in some breasts this can be the case, especially if you already have an entry point for bacteria such as a cracked nipple. However, in most women with mastitis, these painful symptoms are simply due to a blocked duct which causes the milk to backlog. This build up forces the milk back up the ducts, within the breast, to the alveoli where it leaks into the surrounding tissue and eventually enters the blood stream. The blood doesn't recognise this substance and assumes it to be a bacteria or virus and sets up the whole natural defence mechanism.

The simple answer is to release the blockage and get the milk flowing again. Easier said than done, when the breast is too painful to handle! Be on the lookout for very early signs, such as not feeling the fabulous relief you get when a baby feeds on a full breast. For those of you who have never breastfed, it's a bit like when you are desperate for the loo but there's no toilet to be found. After diddling for ages with an increasingly full bladder you finally find one... Ah! Relief! Get the picture?

A bit of work at this stage can often prevent an infection developing, which needs treatment with antibiotics.

CAUSES OF MASTITIS

Mastitis can develop for a variety of reasons and in some cases it's hard to understand quite why it has happened. However, here are some of the more common ones:

- Baby not latching on deeply enough to remove milk from the breast well.
- Not feeding responsively and trying to feed to a schedule instead.
- Cutting feeds short, timing or skipping feeds.
- Restrictive bras or tight clothing pressing on the breast during feeds.
- Incorrectly wearing/fitting of slings or baby carriers.
- Incorrectly fitting bras.
- A knock or trauma to the breast.
- Squeezing the breast or over handling it during feeds.
- Pump hardware being pressed in too enthusiastically during expressing.
- Infected mastitis can be caused by bacteria tracking up from a cracked nipple.
- A milk bleb may be blocking one of the nipple pores, causing milk to back up behind it.
- Being exhausted, stressed or run down seems to be a risk factor as well.

MASTITIS & BLOCKED DUCTS TREATMENT



- Getting baby feeding is usually the best way to clear the back up of milk and get you feeling better! Feed and/or express milk regularly to keep the milk moving.
- Pay attention to getting a deep, effective latch. If your breasts still feel full and heavy after most feeds, this may show milk transfer is not as effective as it could be and that you might need some breastfeeding support.
- Warm the affected breast with flannels, or better still, shower with warm water for 5 minutes, directing the flow close to the reddened area; this can be really helpful directly before feeding or expressing to help milk flow. Avoid power showers directly on the breast though.
- In between feeds it might be helpful to use cool packs to reduce swelling. This can be especially effective if you think a knock or rough handling of the breast caused your symptoms.
- Using the flats of your fingers, not the tips, gently massage the affected area by leaning forward and using your fingers gently. You may want to use an unscented moisturiser to help.
- Some people find dangle feeding, or feeding in different positions helps to remove milk from different parts of the breast and get things moving again.
- Some people find using something that vibrates, such as the back of an electric tooth brush head, on the reddened area helpful (be gentle!).
- If feeding or expressing is simply too painful, hand expression can be gentler and more localised.
- If you have a white, sore spot on the end of the nipple on the affected breast, you might have a milk bleb. Clearing it can be helpful: using hot compresses to open the pores directly before feeding or pumping or lightly rubbing at it with a washcloth can be helpful. You can also pick at the edge with a very clean fingernail. Try to resist popping blebs with needles; you run the risk of an infection developing if you do this.
- Taking painkillers can help ease your pain. Anti-inflammatory therapy such as Ibuprofen is preferable, although paracetamol can be used if pre-existing conditions mean Ibuprofen cannot be taken. Speak to a pharmacist if you are unsure.
- Drink plenty of fluids and rest much as you can!



WHEN TO SEEK MEDICAL HELP

The symptoms of mastitis and infective mastitis (requiring antibiotics) are often almost identical in the early stages but most importantly with infective mastitis, they don't clear or improve with the simple remedies above. If symptoms are still present or worse after 24 hrs, antibiotics might be needed. Visit your GP or a Walk in Centre if out of hours for some advice. Best not to delay treatment in these cases. If at any point you begin to feel dizzy, start feeling sick/ vomiting or develop slurred speech alongside your other mastitis symptoms, you must seek immediate medical attention.

Mastitis is unpleasant but can usually be dealt with using these self-help measures or antibiotics. Try to remember, though difficult, this will be a passing experience; before you know it, breastfeeding will be back to normal.

CONTACT US FOR SUPPORT

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