

## Engorgement/Blocked ducts & Mastitis

While it is physiologically normal for breasts to become enlarged in the first week after birth, and a woman may experience low-grade pyrexia as it occurs, this engorgement may become painful if the breasts are not emptied effectively, with the secondary effect of endangering milk supply.

### Engorgement

Frequent feeding in the first few days will usually minimise engorgement, but if the breast becomes too full and taught for baby to latch, even with a wide, yawn-like gape, then it may be necessary to hand express a small amount in order to soften the areola<sup>1</sup>. If a woman's nipples are particularly flat or inverted this may further complicate the situation, and it may be helpful to use the Lansinoh® LatchAssist™ Nipple Everter to help evert the nipple.

Health professionals have also reported increased incidence of oedema in the breast when women have had large amounts of IV fluids in labour, which may also contribute to the difficulty sometimes experienced in getting baby to latch at the breast and to effectively empty the breast in the early days. 'Reverse pressure softening'<sup>2</sup> may help to shift the oedema in order to make space for the milk to flow, while cool compresses may help with swelling. A short duration of warm compress just before feeding may help milk to flow. Women may also find a warm shower on their back, or back massage helps.

Lansinoh® Thera° Pearl 3-in-1 Breast Therapy packs may be used heated or cooled and are an invaluable tool for new mums; cool for engorgement, heated to help with let-down and milk flow. They can also be used warmed around a breast pump funnel to encourage let-down if pumping.

### Blocked ducts

Blocked ducts may occur if part of the breast is not effectively emptied, resulting in milk stasis, either because of the baby's latch, or because Mum's fingers or clothing have been compressing a duct, or even because of a bruise. Mum is afebrile, but the lump is painful, and may track up through the breast.

Frequent feeds, different positions, or gentle expression may all help clear blocked ducts. By positioning the baby's chin over the blocked duct when feeding, that part of the breast may be emptied more effectively. Gentle massage towards the nipple while feeding or expressing may also help, as well as a warm compress or Lansinoh® Thera° Pearl to help the milk flow.

### Mastitis

Mastitis often begins with either a blocked duct, or restriction on feeding time at the breast. There may be a red area on the breast where the block is, or the whole breast may become red. When we talk about mastitis, we are generally referring to 'infective' mastitis, which can be mild and localised, or as severe as septicaemia. If the symptoms are short-lived (less than 24 hours) and Mum is not feeling unwell then it may be that with good breast drainage, plenty of fluids and rest, that it will clear without the need for antibiotics<sup>1</sup>. The evidence is not conclusive as to whether antibiotics are more effective than good breast drainage and rest<sup>3</sup>, however if Mum has any flu-like symptoms (shivering, pyrexia, aching and tired) then she may need to consider them. She may also require pain relief and anti-inflammatories which her healthcare provider can prescribe. Mastitis may be recurrent if position and attachment is not optimal. It is advisable to note that Thrush may occur after antibiotics, and that prophylactic pro-biotics may be indicated.

### References

1. Mohrbacher and Stock (2008), "The Breastfeeding Answer Book" La Leche League International. Illinois.
2. Cotterman, J (2005), "Reverse Pressure Softening" accessed (April 2015) at <http://www.health-e-learning.com/resources/articles/41-reverse-pressure-softening>
3. Jahanfar S, Ng CJ, Teng CL (2013), "Antibiotics for mastitis in breastfeeding women (Cochrane Review)" Wiley and Sons Ltd.
4. Torgus and Gotsch (Eds) (2009), "The womanly art of breastfeeding" LLLI, Illinois.
5. Werner C, Sobiraj A, Sundrum A. (2010), "Efficacy of homeopathic and antibiotic treatment strategies in cases of mild and moderate bovine clinical mastitis." J Dairy Res. Nov; 77(4):460-7. doi: 10.1017/S0022029910000543. Epub 2010 Sep 8. accessed (April 2015) at <http://www.ncbi.nlm.nih.gov/pubmed/20822562>

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### Key Points

In your role as a health care professional you will be adept at continually assessing a potentially ever-changing, dynamic clinical situation. The pointers below are designed to help you by giving you quick reference and reminders to be alert to in your care of women and babies.

### CHECKLIST

#### Keys to avoiding problems of engorgement, blocked ducts and mastitis

- Frequent feeding at the breast/responding to baby's cues/not limiting feeds.
- Good positioning and attachment enabling effective emptying of the breast.
- Avoid tight-fitting clothing/bras, or undue pressure from hands during a feed.
- Use position-changes to help ensure all ducts are effectively emptied.
- Use warmth, gentle massage, shower or bathing to help milk flow.

#### Key responses to problems

- Keep on breastfeeding to avoid milk stasis and risk of infection. Mum will need to hand express or pump to empty breast if baby is unable to feed. This will also protect her supply.
- Consider using reverse pressure softening if oedema of the breast is causing a problem.
- Check that baby is taking a good full mouthful of tissue and effectively emptying the breast. (Check for tongue tie or other oral attributes that may contribute to ineffective emptying)
- Use Lansinoh Therapearl (or compress) warm for blocked ducts or mastitis to help milk flow; cool to reduce swelling and soothe engorged breasts. Dark green cabbage leaves in the bra may also help, however, it is important for Mum not to overuse these as they can also inhibit milk supply.<sup>4</sup>
- Recommend gentle massage towards the nipple to help milk flow for blocked ducts or mastitis (with the fingers, or a wide toothed comb lubricated with soap or a vegetable based oil)
- Consider advising mum to do gentle expression (either hand expression or with a pump) in order for her to feel more comfortable (only enough so she has released milk to ease the pressure of the swelling but not to stimulate more milk than is needed)
- Rest. (Rest and good nutrition are key to fighting infection. A low iron count will also make a woman more vulnerable to infection, and subsequently to thrush if she has had antibiotics)
- Consider anti-inflammatories and pain relief in the form of paracetamol or ibuprofen.
- Antibiotics may be needed if no improvement is seen.
- Some women may choose to use homeopathic remedies to support their recovery<sup>5</sup>

#### Notes Section (use this section to make notes or reflect on your practise)

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