



Mastitis

Blocked Ducts/Blebs

Mastitis:

Mastitis is a bacterial infection of the breast that usually occurs in breastfeeding mothers. Nobody knows exactly why some women get mastitis and others do not. Bacteria may gain access to the breast through a crack or sore in the nipple, but women without sore nipples also get mastitis.

Symptoms of mastitis are:

- Flu-like symptoms including fever, body aches, chills
- Severe breast pain
- Hard knot in breast painful to touch
- Red area on breast

Risk factors for developing mastitis are:

- Blocked ducts
- Stress/Overly tired
- Latch problems
- Dropping the number of feedings/Engorgement
- Tight bras
- Open cracked nipples
- History of mastitis

Treatment:

- Lactation consultants cannot diagnose mastitis but we can refer you to your doctor if we think your symptoms appear to be mastitis.
- If symptoms persist more than 24 hours, antibiotic treatment should be started.

Antibiotics that work best for mastitis are: Dicloxacillin, cephalexin, cloxacillin, flucloxacillin, clindamycin and ciprofloxacin.

- Continue breastfeeding, unless it is too painful. You will need to express your milk if you are not breastfeeding. Restart breast feeding as soon as possible.

- Get plenty of rest. Eat well and drink extra fluids.
- If nipples are cracked and bleeding, clean with soap once a day.
- Apply heat with warm wash cloths to the affected area a few minutes before a feeding.
- Cold packs help with swelling and pain, a bag of frozen vegetables can be used.
- Acetaminophen and ibuprofen help the pain. Ibuprofen works the best for inflammation.

If it takes longer than a couple of weeks for a lump to go away or get smaller, you should be seen by a doctor. You can still breastfeed while you have a mammogram, ultrasound and even a biopsy.

Blocked Ducts:

A blocked duct is a swollen firm knot in the breast. The skin over the duct will be red and slightly painful. Blocked ducts will clear up in 24-48 hours with treatment. Baby may be fussy on the affected side due to slower milk flow. Untreated blocked ducts can turn into mastitis.

Treatment:

- Continue breastfeeding on both sides.
- Empty the blocked duct by positioning the baby so his chin "points" to the blocked duct area.
- Use breast compression by getting your hand around the blocked duct and apply steady pressure while baby is sucking.
- Apply heat with warm wash cloths to the blocked duct area for a few minutes before a feeding. Ice can be used for pain between feedings.
- Get plenty of rest.
- If you also have a bleb, see treatment.

Continued on back



Mastitis/Blocked Ducts/Blebs Continued....

Blebs:

A bleb is a blister-like area on the nipple. It is unclear what causes blebs. Some ideas are:

- Thickened milk blocking the flow of milk.
- A thin layer of skin covering the opening of a milk duct.
- A small cyst formed at the end of a milk duct.

Treatment:

- If the bleb does not hurt you can allow it to clear up on its own, it may take a few weeks.
- Apply a damp, warm wash cloth or soak nipple in warm water.
- Wear a cotton ball soaked with olive oil to soften the bleb, this may be done for several days.
- Try to peel away the thickened skin.
- Try to remove any milk left in the duct by squeezing behind the bleb. You might express a thickened string of milk.

If these treatments do not work, it may be necessary for you to see your physician so the blister can be opened.

It is important to prevent infections after the bleb is opened so washing with a mild soap once a day is a good idea. You may also apply an antibiotic cream. Take turns using a purified lanolin to keep the nipple soft. This will help stop the bleb from coming back.

If you have recurring blebs you may want to reduce saturated fats from your diet or take a lecithin supplement. Lecithin dosage is (1200 mg capsules) one capsule three to four times a day.

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Newman, Jack "Blocked Ducts and Mastitis", January 2005 <http://drjacknewman.com>>

Mohrbacher, N. and Stock J., *The Breastfeeding Answer Book*, Third Revised Edition. Schaumburg, IL: La Leche League International Inc.; 2003



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