Tips from the Trenches – #7

Sore nipples, plugged ducts, and mastitis –

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Nipple Soreness—

1. Breastfeeding is NOT “supposed to hurt”!

2. There might be some initial tenderness in the first couple of days, as an extremely sensitive part of your anatomy gets used to being suckled, but this should not last past day #5!

3. If it does, there is something wrong – with how the baby is latching, or with your nipple. See the Getting Started with Breastfeeding handout for tips on correct latching.

4. Occasionally, a baby latching incorrectly in the first few days can cause a crack in the skin.

5. Lanolin can help prevent this, but should not be necessary, once mom and baby have learned what to do.

6. Cracks should begin to heal within a couple of days of the latch being corrected.

7. If cracks don’t heal promptly, this could be a sign of infection. This type of infection is easily treated with topical ointment, and does not interfere with breastfeeding.

8. If pain on day #7 is worse than on day #5, GET HELP IMMEDIATELY!

9. Nipple infections that are not properly treated can lead to a more serious infection of a larger part of the breast called mastitis – see below.

Plugged Milk Ducts –

10. If you get a sudden painful lump in your breast, but no other symptoms, it may be a plugged milk duct.

11. Risk factors for milk duct plugs include getting dehydrated, going too long between feedings or pumping sessions, baby suddenly sleeping through the night or longer than usual, pumping with flanges that are not fitted correctly for your nipple size, flanges “digging in” to your breast while pumping, scar tissue in your breast from previous surgery or injury, wearing underwires or poorly fitting bras, long car rides (shoulder belts), sleeping on your stomach, or anything else that presses on your breast enough to keep milk from flowing out.
12. Putting off feedings to fit a schedule or to try to make baby sleep longer is also a risk factor.

13. Some researchers think that a diet with a lot of saturated fats (junk food) may also be a risk factor.

14. Oversupply may also be a risk factor.

15. Plugged ducts usually cause a lump you can feel under the skin, though it won’t have a distinct edge. The lump will be oval, and will point toward your nipple.

16. There may be some mild pinkness of the skin over the lump.

17. If you have a temperature > 100.5 degrees F, all-over body aches, extreme tiredness, or other flu-like symptoms, you have more than just a plugged duct. See below under “mastitis”.

18. The best way to unplug a milk duct is to get the milk flowing again: breastfeed more often than usual; or pump with well-fitted flanges and a good automatic pump, if baby won’t cooperate.

19. If possible, point baby’s chin toward the lump, so her tongue milks that duct preferentially. You may need to get creative.

20. One idea is to lie down on your back, with baby lying on her belly on top of you, or with her feet in which ever direction is necessary to get her chin in the right place.

21. Another way is to lay baby down on her back and lean over with your breast hanging above her. Turn her whatever way is necessary to get her chin in the right direction. Remember, this is only for one or two feeds.

22. Massaging the lump while in the warm shower and while nursing will help loosen the clogged milk.

23. Drinking more water will help. Especially in the hot summer months, or while exercising, drink enough water to keep from getting thirsty and to keep your urine nearly clear.

24. An over-the-counter dietary supplement called Lecithin may help. The dose is 1200mg by mouth four times daily. Different brands are different strengths – you may need to “do the math”. Don’t take it if you are allergic to soybeans. Use with caution if you are allergic to peanuts.

25. If you have an electric toothbrush, you can use that to vibrate the plug to help it dissolve. With it on, rub the back (smooth side) of the toothbrush over the sore area from the lump toward your nipple for a few minutes several times a day. (This works much like lithotripsy for kidney stones.)

Mastitis –
26. Mastitis is an infection of the breast tissue between the milk-producing glands.

27. It is more common in the first six weeks after birth, but it can happen anytime while breastfeeding.

28. Risk factors include nipple cracks, plugged milk ducts, or a depressed immune system. Some authorities think a previous episode of mastitis is a risk factor for getting it again.

29. Symptoms of mastitis include a sudden sore, red area of one breast, together with fever higher than 100.5 degrees F, and other “flu-like” symptoms such as all-over body aches, headache, and extreme tiredness - “malaise.”

30. **Do NOT stop breastfeeding. BREASTFEED MORE!**

31. For the first 24 hours, you should treat mastitis with rest, increased fluid intake, breastfeeding or pumping more often and making sure that area of your breast is well-drained each time.

32. Practically speaking, put a tall glass of ice water on your night stand and go to bed with your baby. Nurse as often as she will cooperate. Many babies are “willing” to nurse more often than they actually “demand” to nurse.

33. By doing those things, you may be able to avoid having to take antibiotics, with their side effects and risk of yeast infections for you and baby.

34. If your fever and other “all over” symptoms last longer than 24 hours, you will need to take antibiotics. Don’t worry, the antibiotics used to treat mastitis are the same ones often used to treat infections in babies—so they are safe to take while breastfeeding.

35. Be sure to take all doses of your antibiotic as prescribed. Don’t stop taking them when you feel better – finish out the whole prescription.

36. The most common reason for recurrent mastitis is not finishing your prescription the first time.

37. Be sure to tell your doctor if you work in a healthcare setting, as that may make a difference in what antibiotic he/she gives you.

38. If your symptoms are not better within 48 hours of starting your antibiotic, call your doctor back and let them know – you may need a different antibiotic.

39. Mastitis that is not treated with the right antibiotic, or that is not completely treated, can lead to a breast abscess.

40. Always get rechecked after being treated for mastitis. There is a type of breast cancer, “inflammatory”, that starts off like mastitis – though usually has a more gradual onset and no fever. Do make sure that the red, sore area and “firmness” go away completely. If not, tell your doctor!