

## Engorgement And Mastitis in Breastfeeding

There has been an enormous shift in the understanding of engorgement and mastitis (formerly called “plugged ducts”). The internet has not caught up with this. It is now understood that engorgement and even mastitis are caused by swelling and inflammation in the breast. Ice, Ibuprofen and gently removing only the milk needed for the baby usually resolves the issue. It is really important to avoid massage, avoid pumping more than needed and avoid pumping with high pressures. These make the swelling and inflammation worse and can even damage the breast. With this strategy, antibiotics are not usually needed.

Milk is made and stored in milk sacs or alveoli. These sacs are in clusters and can sometimes be felt as little lumps. This is normal. The milk then flows down little tubes called ducts to the nipple.

Engorgement refers to very full milk sacs. These full milk sacs can cause the breast tissue around the milk sacs to get inflamed and swollen. This is normal on days 3-5 postpartum (although less common with frequent breastfeeding in the first few days and 12-16 little snacks is normal in these early days). It can also occur with skipping a feed or pump session and when there is an overproduction of milk. Overproduction can occur naturally or with too much pumping, use of milk collectors such as Haakaa or too many herbs/pills to increase production.

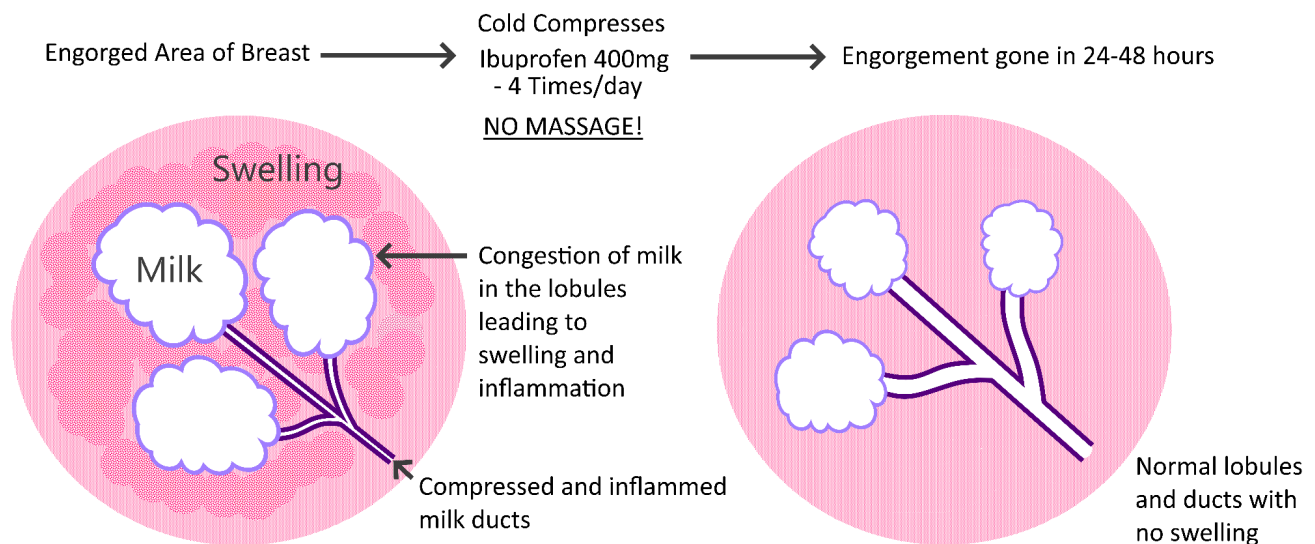


Diagram by Dr. Sarah Hern and Dr. Allison Chapman

Engorgement can lead to mastitis which is inflammation of the breasts. You may have redness, pain and swelling. You may feel whole body symptoms such as fever, chills and body ache. It is safe to continue to breastfeed with inflammation or breast infection. It is also safe to feed the baby milk that has been pumped at this time. If symptoms last more than 24 hours then infection can occur.

With this inflammation and swelling, the ducts can become narrowed. It is not uncommon for milk to flow more slowly or not flow at all. Don't panic. Once the inflammation and swelling settle down, the ducts will widen and milk will flow again. Breastfeeding and gentle hand expression often can help some milk flow.

Squeezing, massage, and excessive pumping or pumping at high pressure only make the swelling worse and can even cause damage to the breast.

There are no plugs and trying to remove plugs is an outdated idea. Trying to fully drain the breast is also an outdated idea and can lead to more overproduction and more inflammation and swelling. Breasts can't actually be fully emptied as they are glands that are always producing milk, instead gently remove what the baby needs.

Swelling and inflammation can also occur on the nipple and areola from pumping with too strong pressure or an ill-fitting flange. Pumping and breastfeeding should not hurt. A baby with a shallow latch or tongue tie may be causing pain and swelling. Even products such as Silverette caps can cause some suction and swelling of the areola and damage nipples if they are soaking in milk.

### **Treatment - Reduce Inflammation**

Instead of massage and trying to drain the breast, focus on reducing inflammation. Most cases of breast lumps/engorgement and even mastitis resolve with treating inflammation. Antibiotics are not usually needed. Use ice on the breasts after each breastfeeding or pumping session. Take Ibuprofen 400mg taken four times a day until pain is resolved.

If symptoms are not improving in 48-72 hours and/or fever lasts > 24 hours then antibiotics may be needed. Please contact the clinic or your healthcare provider.

### **Lecithin**

The supplement lecithin may also be helpful. It is a fat emulsifier which means it takes large globules of fat and breaks them into smaller globules, making it easier for the milk to flow in the compressed ducts. It is a natural food supplement found in most ice creams. It is usually made from either soy or sunflower.

You can take either 2 x 1200mg capsules 3 times/day or granules 1 tsp 3 times/day when breasts are inflamed.

### **Abscesses and Milk Cysts (Galactoceles)**

A milk cyst is a collection of milk. Small milk cysts do not need to be drained and will usually settle down with time. An abscess is a collection of pus (infected fluid) and will need to be drained. You can breastfeed with milk cyst or abscess even when a drain is in the breast.

### **Prevention**

Reducing overproduction is very important in prevention. The first step is to gradually reduce pumping so that you are breastfeeding and/or pumping only what the baby needs now. Avoid going longer than 5-6 hours without milk removal. Going longer than this can result in engorgement and can cause a drop in milk production. Some people with repeated episodes of mastitis will take Lecithin 2 tabs daily.

### **Summary**

Most cases of mastitis/engorgement can be treated by treating the inflammation. Mastitis can often be avoided by appropriate management of engorgement. Use Ice and Ibuprofen (400 mg 4 times/24 hours). Avoid massage and over-pumping. Antibiotics are not usually needed. Call the clinic if symptoms not improving in 48-72 hours or for help reducing overproduction or pain with breastfeeding or pumping.