

If you are new parent trying to breastfeed, it is likely that at some point during your breastfeeding and pumping journey, you will run into a clogged duct or mastitis.

MASTITIS AND CLOGGED DUCTS ARE MOST COMMON IN BREASTFEEDING WOMEN,

within the first 6 months postpartum. According to University of Michigan Health, for new parents the pain and stress of dealing with clogged ducts and mastitis, added to the pressure of taking care of a new baby, often lead to moms quitting breastfeeding and pumping altogether.

In order to give you the knowledge and tools to set yourself up for breastfeeding and pumping success, despite an eventual run-in with a clogged duct or mastitis, we spoke to LaShanda Dandrich, and International Board Certified Lactation Consultant, from Uptown Village Cooperative in New York City, to answer the most common questions related to clogged ducts and Mastitis.





Clogged ducts, also referred to as plugged ducts, happen from milk accumulating or being "stuck" in the milk ducts and not allowing milk to move freely through the ducts.

It may feel like a particular area of the breast is more firm than other parts of the breast or the breast may feel like "lumps" under the skin, or even concentrated in an area and feel like a "pea" or "grape" sized lump.

Plugged/clogged ducts can happen at any point in the ductal system. Blebs which occur closer to the nipple area, is clogging of the pores of the nipple. Sometimes they can appear white (that is trapped milk) and can be painful.



HOW DO I TREAT A CLOGGED DUCT QUICKLY SO IT DOESN'T GET WORSE? WHAT CAN YOU DO RIGHT AWAY TO KEEP IT FROM ESCALATING?

When plugged or clogged ducts occur, the ultimate goal is to clear the milk through that area. If you are feeding the baby from the breast, **feed the baby making sure baby has a deep latch and is actively engaged in the feeding**, meaning the baby is swallowing and not just pacifying.

While the baby is feeding, you can gently massage/stroke your breast in the area that is clogged. Stroke toward the nipple, pushing milk through the ducts and helping the baby drain the breast well.

The clogged area should feel softer and cleared after the baby has fed or milk has been removed by hand expressing or pumping.

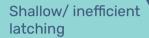
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Placing a warm compress on the area that is clogged right before feeding or expressing milk can help clear the ducts as well.



I HAVE RECURRING CLOGGED DUCTS. WHY DOES THIS KEEP HAPPENING TO ME?

Plugged/clogged ducts can occur and reoccur for several reasons, how to treat them depends on what is causing them in the first place.



Wide deep latch onto the breast. Baby has more breast tissue in the mouth and not just on the nipple.

Blebs (clogging of the nipple pores)

Unlatch baby when you feel latch get shallow (baby has slipped to the tip of the nipple).

Relatch so baby stays deeper on breast. Nipple should be round when baby unlatches.

Pacifying and not actively feeding

Keep baby actively feeding, watch for swallows. Feel for tugging and pulling of breast tissue.

Abundant milk supply (oversupply)

Feed the baby more frequently or for longer stretches to help drain the breast. Use milk collector in between feeding.

Scheduled or timed feedings

Follow baby feeding cues, feed more frequently. Pump more often, when breast are starting to get firm or engorged. Do not wait until they become painful.

Poor

Make sure your flange is fitting correctly. A flange that is too small or too big can cause ducts to not

Flange Fit

drain efficiently.

Tight or ill fitting maternity or nursing bra

Wear comfortable clothing that is not too restricting in the breast





I HAVE A CLOGGED DUCT AND IT HURTS WHEN I PUMP. WHAT CAN I DO TO CLEAR IT? ★

Plugged/clogged ducts can occur and reoccur for several reasons, how to treat them depends on what is causing them in the first place.



MY CLOGGED DUCT ISN'T GOING AWAY, NO MATTER WHAT I TRY! AT WHAT POINT DO I NEED TO GO TO A DOCTOR (WHAT ARE THE WARNING SIGNS)?

If plugged/clogged duct is not clearing after trying the mentioned techniques AND continue to be painful AND you are developing a fever. **Call your midwife or doctor.**

It can be progressing to mastitis. Which can require antibiotics.

In some instances ultrasound therapy by a chiropractor or physical therapist can help clear ducts. And in more rare cases, seeing a breast surgeon to have the clog opened and drained with a sterile needle.





HOW DO I KNOW IF MY CLOGGED DUCTS HAVE

TURNED INTO MASTITIS?

MASTITIS IS CLASSIFIED AS AN INFECTION IN THE BREAST.

Mastitis can develop from clogged/plugged ducts or from bacteria entering into the milk ducts from cracked nipples.

Mastitis presents an area of the breast (wedge-like area) that is tender, hot, swollen AND a fever is present. Overall flu-like feelings of being run down and body aches.



I WAS DIAGNOSED WITH MASTITIS AND I AM BED RIDDEN WITH FEVER AND PAIN. HOW DO I FEED MY CHILD?

Even though it may not feel great to breastfeed while having Mastitis, it is still encouraged to feed if you can.

Having a baby feed well and drain the breast can sometimes be **the best way** to help relieve the pain and drain/ clear the clogged ducts.





MY MASTITIS KEEPS COMING BACK. WHAT SHOULD I DO TO PREVENT IT?

Once you get Mastitis, it can easily reoccur if you are not careful to look for and manage the signs. Once an area of the breast gets clogged it can continue to clog. Take care to keep the ducts cleared. If the breast starts to fill and feel full or firm, you should release the milk by feeding baby, hand expressing or pumping. If you are hand expressing or pumping, it is only until the area feels softer or more clear. This may only take 3-5 minutes. Do not overly pump to keep draining the breast, which would encourage the body to continue to make milk and further contribute to the issue.

If Mastitis continues and you feel it is from inefficient latching or poor pumping routine, reach out to a lactation consultant for guidance to help pinpoint the true issue.

Meeting with an IBCLC, lactation consultant can help direct you to a medical professional such as a breast surgeon if an underlying infection may be present, causing the recurring Mastitis. It may require a culture of your milk to test for bacteria.

Consult with an IBCLC, lactation consultant to help make sure the baby is getting a deep latch. Try different positions such as side lying or laid back positions to help get rest while also breastfeeding.

THE BOTTOM LINE

Understanding clogged ducts and mastitis can help you prepare for a common issue breastfeeding and pumping moms face in their journeys. Knowing what to expect and how to treat it can be instrumental in allowing you to reach your breastfeeding and pumping goals, with the least amount of pain and discomfort.

Keep in mind that these recommendations are simply a guide, and do not substitute your general practitioner's or IBCLC's advice.

OUR LILU MASSAGER + BRA CAN ALSO HELP PREVENT AND RELIEVE CLOGGED DUCTS AND MASTITIS.

It's gentle, yet effective compressions, work with your pump to empty your breasts more fully, so that you can make more milk per pumping session while also being more comfortable in between sessions.

This article was written in collaboration with LaShanda Dandrich, IBCLC.

Lashanda Dandrich is an International Board Certified Lactation Consultant and co-founder of Uptown Village Cooperative. After the birth of her daughter in 2009, her passion for breastfeeding and supporting mothers and families in the postpartum period blossomed. She became a trained postpartum doula while pursuing her IBCLC credential. She has supported familes of all diverse cultural and socio-economic backgrounds throughout NYC.Lashanda lives in Harlem with her daughter, Ava. When she is not busy being a mom and supporting other moms, she enjoys traveling, reading sci-fi, and trying new cuisines.

