



Management of Blocked Ducts and Mastitis

Important note: A painful, red, swollen breast *does not* always mean bacterial mastitis. Routine antibiotic use is *not* appropriate and can create future issues.

- The majority of localized swelling, redness and pain in a lactating breast can be managed conservatively, without the use of antibiotics.
- Breasts that are producing milk often feel lumpy and can be tender/painful at times. Although it can be uncomfortable, it is not dangerous. It is *normal*.
- There is a lot of misinformation or old information, on the Internet, and even amongst medical professionals, about the management of mastitis and blocked ducts. The main issue/problem is *inflammation*, and not bacterial infection that requires the use of antibiotics.
- Many will have relief of symptoms from antibiotics because antibiotics have anti-inflammatory effects. The problem with the inappropriate use of antibiotics is that it can create resistance issues (the medications will not work as well in the future when you truly do need antibiotics) and it can predispose you to dysbiosis (a disruption in the normal bacteria that lives in your milk ducts and ensures a healthy breast environment).

How do you manage what might be a 'blocked duct' and early inflammatory mastitis?

1. Forget about everything your friends/mother/mother-in-law/Google search tells you about how to manage it. *Do not* aggressively massage, use a vibrating toothbrush on your breast, or frequently empty the affected breast (either through aggressive pumping or more frequent feeding). This will only worsen the swelling/inflammation and can make you more at risk of developing a bacterial mastitis/breast abscess.
2. Treat your breast as you would a sprained ankle. Do not do any aggressive massage, apply ice every 1 hr for 5-10 minutes (as tolerated), take anti-inflammatories (Advil, Motrin, Aleve, etc.), and analgesics (Tylenol) if it is safe for you to do so. Some people should not take these medications, check with your physician or midwife first. Feed or pump as you normally would on the affected side. Some might find that applying heat helps with pain. It may temporarily increase inflammation, but it is safe to do for short periods of time.
3. If you cannot feed on the affected side for whatever reason (too much pain, too much swelling around nipple and baby is unable to latch, etc.), take a break from

feeding on that side, and feed from the unaffected breast. Eventually the milk production will decrease from less emptying. This, along with measures outlined in number 1 above, will help with the swelling and inflammation in the breast. Once symptoms improve, feed as normal on the affected side and milk supply should gradually improve.

4. Consider doing gentle breast lymphatic drainage massage to try to decrease swelling/inflammation in the breast. This pdf is a great resource that shows you how to do this safely.
(<https://static1.squarespace.com/static/5cae1b90a09a7e52e72c667e/t/5daa2c7b4990dc3d5fa76556/1571433600382/Lymphatic+massage+handout.pdf>)
5. If symptoms are not improving after 24 hours, get in touch with a medical professional for reassessment.
6. Bacterial mastitis does NOT develop in a few hours. It typically takes >24 hours from the first symptoms for infection to set in. If there is a localized area that is tense/boggy to touch, the breast is red/hot to touch, if you feel unwell with heart racing, high fever (temperature >38°C), muscle aches, chills, these could be indications of a possible bacterial infection or breast abscess. Call your doctor or midwife/go to a walk-in clinic/go to Urgent Care for an urgent assessment.