

Plugged Ducts & Mastitis

A **plugged duct** is a plug of milk that sits in a milk duct, causing new milk to “back up”. You may feel a firm or lumpy area in your breast that is more noticeable when your breast is full. If you feel a lumpy area in your breast and your **breast is red**, you feel **achy like you have the flu**, or you have a **low-grade fever** (less than 38.4 C or 101 F), you have mastitis, or an inflammation of the breast, which may or may not involve an infection.

What can you do?

- **Continue to breastfeed your baby frequently** (8 - 12 + times in 24 hours).
- **Rest (go to bed!)** and drink plenty of fluids.
- **Apply dry or wet heat to your breast for up to 20 minutes** before breastfeeding or pumping to promote drainage. If desired, **you may add castor oil**: pour castor oil liberally onto a warm, wet washcloth – apply it to the firm or lumpy area on your breast – cover with plastic wrap – and apply a heating pad so area feels warm, but not hot. **Rinse breast with water** before breastfeeding or pumping to avoid baby ingesting the castor oil.
- **Gently massage** the firm or lumpy area in your breast while breastfeeding or pumping. Remember, your breast tissue is a gland, not a muscle, so **be gentle!**
- **Pump the affected breast** if your baby does not thoroughly drain the breast after feeding, or if your baby refuses to feed from the breast.
- **Take ibuprofen** to reduce inflammation and swelling (up to 400 mg every 4 hours).
- Research has shown benefit from taking **Lactobacillus probiotics** for mastitis. Studies have used *Lactobacillus salivarius* and *Lactobacillus fermentum*. *L. salivarius* is present in the “Complete Formula” and *L. frementum* is in “Target B2”, both available for purchase at MilkWorks. (*Arroyo R, et al. Treatment of infectious mastitis during lactation: antibiotics versus oral administration of lactobacilli isolated from breast milk. Clin. Infect. Dis. June 15, 2010;50(12):1551–1558. Oral Administration of Lactobacillus Strains Isolated from Breast Milk as an Alternative for the Treatment of Infectious Mastitis during Lactation E. Jiménez et al Appl. Environ. Microbiol. 2008 August; 74(15): 4650–4655*) *Lactobacillus fermentum* CECT5716 reduces *Staphylococcus* load in the breastmilk of lactating mothers suffering breast pain: a randomized controlled trial. *Breastfeed Med. 2015;10(9):425-432.*
- **Lecithin** (1200 mg, 3 - 4 x/day) may be helpful for a current plug duct or to prevent future plugs.
- **If your plugged duct or mastitis symptoms do not resolve completely**, please seek further evaluation from your health care provider or an IBCLC.

If You Notice Any of the Following, YOU MAY NEED AN ANTIBIOTIC:

- You see no change in 12-24 hours (you feel no improvement and/or the plug is not resolving),
- Your fever continues, or goes higher than 101 F,
- The red area on your breast increases in size, or you see red streaks on your breast,
- You see blood or pus in your milk, or
- You have a cracked nipple on the breast that is red and sore.

Please call your physician or nurse-midwife or make an appointment with our breastfeeding medicine specialist or nurse practitioner. If you are prescribed an antibiotic, take the complete prescribed course, and consider taking a multi-strain probiotic as well. You should see improvement within 24 hours.

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