

Plugged Ducts & Mastitis

Our understanding of what causes a “**plugged duct**” is evolving. It is no longer felt there is a “**plug**” to release, but that there is an area of the breast that is swollen, narrowing the ducts and making it harder for milk to get out. They definitely tend to occur when milk sits in your breast(s) longer than usual, and you feel a firm or lumpy area in your breast that is more noticeable when your breast is full, and does not soften after nursing or pumping. 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 require an antibiotic.

What can you do?

- **Continue to drain that breast as often as you normally would.**
- **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.
- **GENTLY apply pressure behind the area that is not draining well** while breastfeeding or pumping to try and help the milk get through narrowed ducts. Remember, your breast tissue is a gland, not a muscle, so **be gentle!**
- **Pump the affected breast** if your baby does not drain that breast well after feeding, or refuses to feed from that breast.
- **Take ibuprofen** to reduce inflammation and swelling (400 mg every 4-6 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. (Reference on back)
- **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 one of our providers.

If You Notice Any of the Following, YOU MUST SEE A PROVIDER:

- You feel no improvement in 12-24 hours
- 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 that breast.

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 36 hours of starting the antibiotic.



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Reference: (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.

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