

Breastfeeding management
FACT SHEET
for health professionals

Blocked ducts and mastitis

Blocked ducts and/or mastitis are common problems experienced by breastfeeding mothers. While blocked ducts and mastitis are distinct entities, the boundaries between them are often blurred. Mastitis often occurs following milk stasis from a blocked duct when milk leaks out from the ducts into surrounding tissue. This does not always signify infection, although the presenting symptoms are frequently similar.

Resources:

Amir, L.H. The Academy of Breastfeeding Medicine. *ABM Clinical Protocol # 4: Mastitis*. Revised March 2014. Breastfeed Med. 2014;9(5):235–243.

Breastfeeding: breast and nipple care booklet. Australian Breastfeeding Association.

Brodrribb, W. (ed) 2019, *Breastfeeding Management in Australia*. 5th ed. Australian Breastfeeding Association, Victoria.



**Australian
Breastfeeding
Association**

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Signs and symptoms of a blocked duct:

- pain, especially during the milk ejection reflex, and tenderness over the affected area
- redness may or may not be present
- no systemic symptoms.

Signs and symptoms of mastitis:

- systemic symptoms including increased body temperature ($38.5^{\circ}\text{C}+$), chills, general malaise
- a red, swollen, painful segment of the breast.

The following can increase the risk of blocked ducts or mastitis:

- missed feeds/long interval between breastfeeds
- incomplete breast drainage
- oversupply of breastmilk
- trauma/external pressure
- white spot on the nipple
- exhaustion/fatigue
- damaged nipples and outside sources of infection such as from the infant's nose and mouth or mother's hands (mastitis)].

Management:

- Ensure positioning and attachment are optimal
- Keep the affected breast as drained as possible by frequent feeding. Begin feeds on the affected side, while still ensuring the unaffected breast is not neglected. If starting feeds on the affected breast is too painful, it can help to start on the unaffected breast until the milk has let down and then switch to the affected breast
- Express if the baby will not feed, or it is too painful to feed
- Rest as much as possible
- Apply warmth to the breast for up to a few minutes before a feed to encourage milk flow
- Use cold packs after feeds for comfort and to reduce inflammation
- Massage gently during feeding/expressing to help encourage milk flow
- Use of mild analgesic/anti-inflammatory drugs may be beneficial for pain relief
- Antibiotic therapy started early if infective mastitis is suspected, or after 24 hours of conservative management.