

# Managing Breast Pain and Mastitis

## What is postpartum engorgement?

**Postpartum engorgement** is when both breasts become swollen (engorged) and tender. It happens most often about 3 to 5 days after giving birth (postpartum)—or later, if you had a C-section—but can happen at any time you are producing milk. The increase in milk can cause swelling in the tissue around the milk ducts. This narrowing used to be called “plugged ducts,” but we now know that the ducts are not actually plugged. Postpartum engorgement is usually treated the same as mastitis.

## What is mastitis?

Mastitis is now called **mastitis spectrum**. This is because it is not always an infection and has many symptoms. It usually starts as postpartum engorgement (inflammation) in the breast tissue on one side of the chest. While common shortly after giving birth, it can happen at any time. The extra swelling puts pressure on the ducts, reducing flow.

## What are the symptoms of mastitis?

Symptoms of mastitis spectrum may include flu-like symptoms (such as chills, body aches, fatigue, headache, and fever above 100.4° F or 38° C) and a throbbing pain in one breast. In addition, an area of your breast may be red and painful to the touch, or the skin may look tight and shiny. Many symptoms will go away with early and appropriate care. This inflammation is only swelling, not an infection.

## How do I treat mastitis?

It's important to remember that inflammation is only swelling, not an infection. With proper care, inflammatory mastitis does not need to become an infection that requires antibiotics. Also remember that breast tissue is full of glands and normally lumpy. Breasts are shaped like a wing—the roundness on your chest comes to a point at your armpit.



It is normal to sweat and have hot flashes that feel like a fever. Most symptoms will go away with early and appropriate care. Home treatments include:

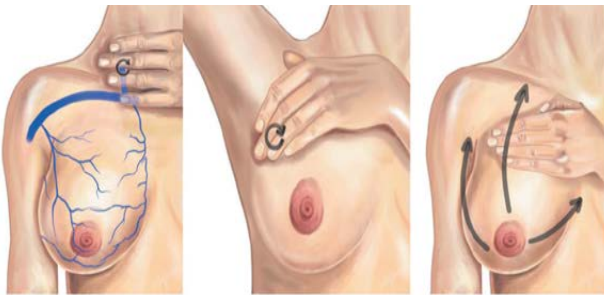
- **Continue feeding your baby every 2 to 3 hours.** Try to decrease stress, increase rest times, and eat healthy food.
- **Hand express or pump as needed, but not excessively.** Only pump as much as your baby would eat. There is no need to pump after each feeding to empty the breasts. This can worsen the inflammation and swelling.
- **Wear an appropriate fitting and supportive bra.** If it has an underwire, the wire should not put pressure on the glandular tissue. The support also prevents back and neck pain.
- **Avoid saline soaks, castor oil, electric toothbrushes, or other commercial devices.** These may cause tissue damage and more swelling. Delicate handling is the best treatment.
- Unless your baby is in the NICU, **use minimal sterilization of pump parts and household items like infant toys.** Pump kit parts and infant toys should be cleaned appropriately with dish soap and water. Sterilizing too often can disrupt your balance of good bacteria.
- **Avoid over cleaning your nipples.** Over cleaning may cause nipple damage and pain. This is not an infection and does not spread to your baby.

- **Avoid deep tissue massage.** Gentle compressions while using a breast pump provides an effect similar to hand expression and is safe as long as it's gentle. This is called "hands on pumping." When doing hands on pumping, massage forward from the armpit towards the nipple. This is different from lymphatic drainage, shown below.

### Lymphatic Drainage

Lymphatic drainage can help reduce swelling by moving the extra fluid to the lymph nodes in your armpit (see illustration below). It can be done once every hour or more frequently as needed.

- 1 Elevate the breast by lifting it up or lying down on your back. Put one hand below the breast. Use the other hand to massage and do gentle sweeping.
- 2 Use soft, circular motions: 10 small circles just under the collar bone and 10 small circles in the armpit.
- 3 Using a gentle, light touch, massage from the nipple toward the collar bone and to the armpit. (Gentle pressure is the same as petting a dog or cat.) Lifting the skin allows the extra fluid to drain.



- **Use over-the-counter medication** to help reduce swelling and provide pain relief. These include ibuprofen (Advil, Motrin, others) or acetaminophen (Tylenol, others). You may also use soy or sunflower lecithin to decrease the "stickiness" of the fats in your breast milk. Be sure to ask your doctor how much you should take.
- **Avoid using heat.** This includes hot pads, warm or wet washcloths, hot showers, or other treatments. Heat will increase swelling and pain.

### Think RICE!

To help reduce discomfort and pain:

- Get enough **REST** to allow your body to heal.
- Use **ICE** or cold packs every 15 minutes or so, as needed. Cold helps reduce swelling and pain. Be sure to place a towel between the ice and your skin.
- Use gentle **COMPRESSIONS**, as in "hands on pumping" or lymphatic drainage
- **ELEVATE** your breast by lifting and supporting it or by lying on your back.

- **Treat milk blebs gently.** A bleb is inflammation of the milk duct at the nipple. It may look like a pimple. **Do not pick at it.** This causes nipple trauma or damage. Try soy or sunflower lecithin. This can help reduce the "stickiness" of the fats in your milk.

If these remedies don't help, consider the following:

- **Try a steroid cream** (such as 0.1% triamcinolone) on your nipple. This nipple treatment is better than using a prescription nipple ointment (such as Newman's nipple ointment). The steroid cream is safe to use when breastfeeding and can be wiped off with a tissue or towel before feeding your baby. Do not use steroid cream or prescribed nipple ointment for more than 1 week at a time. Ask your healthcare provider how much you should be using. **Treat hyperlactation (oversupply of milk).** Work with a lactation consultant to slowly and safely decrease your milk supply. An oversupply of milk is more likely to cause mastitis symptoms.
- **Use therapeutic ultrasound (TUS)** to help reduce inflammation and swelling. This is done by a doctor or technician and can be done daily. Ask your healthcare provider if this is an option for you.
- **Consider taking probiotics.** Probiotics help restore the healthy balance of bacteria in the milk ducts. This is especially important if you are taking an antibiotic. Choose a probiotic that includes *L. fermentum* or *L. salivarius*.
- **Watch for mood changes.** If you have a history of anxiety and depression, you may have higher rates of mastitis symptoms. Talk with your healthcare provider to get the help you need.

