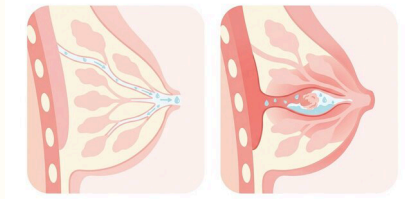
BREASTFEEDING GUIDE

Plugged Ducts, Mastitis, Engorgement & Milk Bleb

Difference and treatment

Simply Lactation
Personalized Breastfeeding Support

1 Plugged (clogged) milk duct



Milk flow is restricted in part of the breast, causing localised swelling, tenderness and inflammation — more a **narrowing and swelling of the ducts** than a solid plug of milk.

CAUSES

- Missed or delayed feeds
- An improper latch
- Oversupply of milk
- Pressure on the breast from tight clothing or bras

SIGNS

- A small, firm or tender lump
- Pain or tenderness in one specific area
- Fullness or pressure
- Soreness or a bruised sensation
- **Usually no fever** or flu-like feeling

TREATMENT PLAN

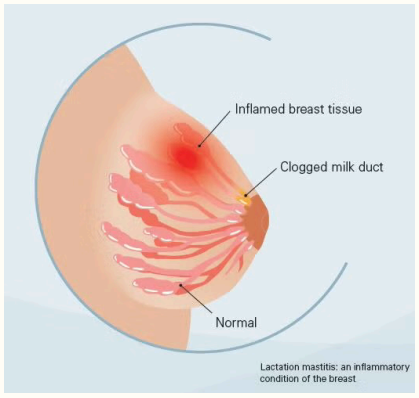
- Keep feeding to your baby's hunger cues; check latch and positioning
- Cold compress between feeds; brief gentle warmth just before a feed
- Hand-express only enough to relieve discomfort
- Ibuprofen or paracetamol; sunflower lecithin

THE HAAKAA TRICK

1. Add 1–2 tbsp Epsom salt to the pump and fill almost to the top with warm water
2. Cap and shake until the salt fully dissolves
3. Fold the flange back, squeeze the base and centre the nipple so it is submerged, then release
4. Lean forward slightly and gently massage the sore spot
5. Leave on 10–15 minutes, or until the suction wears off or you feel relief

✕ No deep or forceful massage, no tight bras

2 Mastitis



Inflammation of the breast tissue, most often during breastfeeding. It may develop **with or without** a bacterial infection, and can also occur when not breastfeeding.

CAUSES

- Milk buildup (milk stasis): milk made faster than it is removed
- Poor latch or positioning
- Missed or delayed feeds; feeding mostly from one breast
- Engorgement, or pressure from a tight bra
- Suddenly reducing or stopping feeding or pumping
- Injury to breast tissue or milk ducts

SIGNS

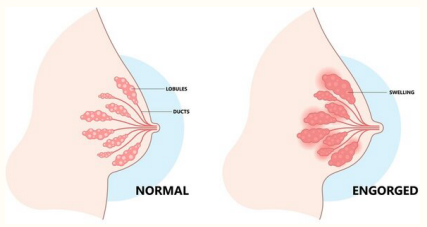
- Sudden onset, usually in **one breast**
- A painful, swollen, warm or hot area
- Redness or a wedge-shaped area of inflammation
- A hard lump or firm area
- Burning or throbbing pain, worse when feeding
- Nipple discharge, sometimes blood-streaked
- **Fever, chills, body aches** or flu-like symptoms

TREATMENT PLAN

- Continue breastfeeding — stopping suddenly can make it worse
- Feed to the normal pattern; do not try to empty the breast
- Express only enough to relieve discomfort
- Cold compress, about 10 minutes at a time
- Rest, fluids, paracetamol or ibuprofen
- No improvement in **12–24 hours**, or getting worse: see a doctor. Antibiotics may be needed

✕ No vigorous massage, no tight clothing

3 Breast engorgement



The breasts become excessively full, swollen, firm and painful from increased milk volume and tissue swelling. **Usually both breasts**, and most common in the first days after birth.

CAUSES

- Milk coming in **2–5 days** after delivery
- Infrequent or missed feeds; a restricted feeding schedule
- Sudden changes in breastfeeding or pumping
- Poor or ineffective latch
- Excessive pumping, which stimulates more milk
- Premature or sleepy babies who cannot remove enough milk

SIGNS

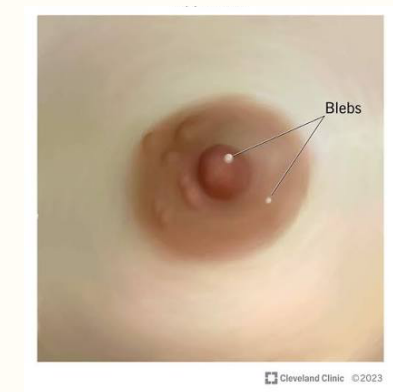
- Breasts very full, heavy, hard or firm
- Swelling of one or both breasts, with tenderness or pain
- Skin tight, shiny or stretched; breasts may feel warm
- Nipples flattened and hard for the baby to latch onto
- Milk difficult to express despite feeling full
- Pressure or throbbing; sometimes mild redness

TREATMENT PLAN

- Drain frequently: feed on demand **8–12 times in 24 hours**
- Cloth-wrapped ice packs 15–20 minutes after feeding
- Reverse pressure softening: press the areola in toward the ribs for 60 seconds to ease a tight latch
- Pump only to comfort, to avoid creating an oversupply
- Ibuprofen for swelling and pain

✕ No heavy massaging or extended heat

4 Milk bleb (nipple bleb)



A small area of inflammation over one of the nipple openings, appearing as a tiny white, yellow or translucent blister. It is an **inflammatory condition**, not simply a plug to be opened.

CAUSES

- Not always known; thought to involve inflammation and narrowing around a nipple opening
- Repeated nipple trauma, irritation, pressure or friction
- A shallow or ineffective latch
- Oversupply, or recurrent breast inflammation and blockage
- Excessive pumping, wrong flange size or too much suction

SIGNS

- A white, yellow or clear dot or blister over a nipple opening
- Sharp, burning or stinging nipple pain during or after feeds
- Pain when the baby latches on that side
- Milk not flowing normally from that spot
- A firm or tender area deeper in the breast; recurrent blockages
- Some blebs cause little or no pain and resolve on their own

TREATMENT PLAN

- Continue feeding normally; avoid pumping to empty the breast
- Cold compress after feeding; ibuprofen if safe for you
- Brief, gentle warmth before a feed — avoid prolonged heat
- Persistent blebs may need a prescribed topical corticosteroid
- Have latch and pumping technique assessed if they keep returning

✕ **Never pop, squeeze or pierce a bleb** — this damages tissue and risks infection

When to seek medical advice

These apply to all four conditions.

- Fever, chills or flu-like symptoms
- Symptoms not improving within 12–24 hours of supportive care
- The breast becomes increasingly red, hot, swollen or painful
- Pus or unusual nipple discharge, or a nipple lesion that will not heal
- You feel increasingly unwell
- A breast lump that persists despite treatment

Source: Academy of Breastfeeding Medicine (ABM) patient and clinical resources. This guide is general information and does not replace individual medical advice.

Simply Lactation