

INFORMATION FOR PATIENTS

Engorgement, blocked ducts and mastitis when breast/chest feeding

Engorgement, blocked ducts or mastitis can be uncomfortable and unpleasant when breast/chest feeding. Mastitis may lead to supplementing your feeding or stopping breast/ chest feeding completely.

It is important to continue breast/chest feeding during this time – it will help you feel better and will feed baby. Engorgement (normal on day three to four after birth):

- Feed responsively (at least eight times in 24 hours).
- Hand express milk for baby if unable to latch and to soften the breast.
- Try reverse pressure softening to reduce fluid in the breast. Watch a video on YouTube:
<https://www.youtube.com/watch?v=H2iiPP160Y>
- Use ice packs on your breasts hourly.

Causes - ductal narrowing (a blocked duct) and mastitis:

- Ineffective or shallow attachment during breast/chest feeding.
- Missed or shortened feeds.
- Giving bottles or dummies.
- An ill-fitting bra.
- Holding your breast/chest when feeding.

Ductal narrowing

This occurs when milk is unable to flow through the breast/chest easily due to congestion caused by the ducts becoming narrower.

You may notice redness (if you have pale skin) or feel a tender spot or sore lump. Your breasts/chest may also feel full and tender (also known as engorged).

Any engorgement or narrowed ducts need to be treated promptly by feeding baby at least eight times in 24 hours to avoid this developing into severe inflammation.

Avoid repeated, more frequent feeding (which may cause overproduction of milk) – you cannot ‘empty’ the breast/ chest - and do not use aggressive massage as this may cause additional inflammation.

Mastitis

Mastitis (inflammation of the breast/chest) happens when ductal narrowing increases due to overstimulation of milk production – this causes localised swelling and inflammation. This may happen without infection.

If you have mastitis, you may feel ill with a fever or flu-like symptoms. If you have an infection as well, such symptoms will probably be worse.

Symptoms of mastitis:

- Red patches on your breast/chest (if you have white skin).
- Feel a hard sore lump in your breast.
- Feel achy and run down.
- Feel feverish with a temperature less than 38°C.

When to seek help:

- **Call 999** if you feel unwell, dizzy, have slurred speech, or develop diarrhoea, vomiting or nausea, confused, along with symptoms of mastitis.
- **Call 111** if you have:
 - A high temperature above 38°C.
 - A fast heartbeat of over 90 beats/minute.
 - Breathlessness.
 - Breathing more than 20 breaths/minute.
 - Abdominal/chest pain.
 - Diarrhoea and/or vomiting.
 - Pain in your uterus (womb) area or renal angle pain (pain on either side of your spine under the last rib) .
 - Feeling unusually anxious or distressed.
- **Call your GP** if flu like symptoms (fever, aches, and chills) continue for 24 hours, or you feel worse. You may need antibiotics - these should only be prescribed for bacterial mastitis. Take the full 10-14 days course of prescribed medication, rest and drink plenty of fluids.

How to treat mastitis before calling the GP and during antibiotic treatment:

- Keep feeding baby at least eight times in 24 hours to improve milk flow; don't feed with the aim of emptying the breast.
- If one breast is too swollen to feed, rest this breast and feed baby from the other side. Feed from both breasts when the swelling has reduced (you can increase milk production through normal feeding at least eight times in 24 hours).
- Aim for baby to breast/chest feed rather than using a pump as babies remove more milk than a pump.

- If baby is not feeding directly at the breast, then only express when baby wants to feed and give the expressed milk to baby.
- Avoid deep massage; use light sweeping of the skin instead. Gentle breast compressions can be used whilst baby is feeding, or you are using the pump.
- Avoid nipple shields.
- Take ibuprofen to reduce inflammation, pain and temperature, and paracetamol for pain and reducing temperature. DO NOT take aspirin. Antibiotics may be needed if there is no improvement. Ice packs can be applied hourly.
- Treat nipple blebs (milk blisters) - do not use a needle.
- Ask your infant feeding specialist for support if you have an oversupply of milk.
- Look after your mental health and talk to a member of staff who can support you during this time.

It is important to keep feeding - your milk is not infected, and your baby will not be harmed by drinking it.

To help avoid future problems:

- Breast/chest feed your baby frequently (avoiding long periods between feeds), day and night.
- Keep your baby in the same room (day and night) for safety and also easier to notice early feeding cues feeds easier.
- Treat any engorgement promptly and check that all areas of your breast/chest feel soft and comfortable after feeds.
- Take extra care of yourself or consider expressing when there are changes in routine which may cause longer gaps between feeds, such as holidays, special occasions or family events.

Contact details:

- **Natalie Boxall, Specialist Midwife Infant Feeding, IBCLC**
Telephone: 01623 622515, extension 6095.
- **Lime Green Team (open 9am-5pm)**
Email: sfh-tr.infantfeeding@nhs.net
- **Sherwood Birthing Unit (open 24 hours a day)**
Telephone: 01623 672244.
- **Out of Hours GP**
Telephone: 111.
- **Breastfeeding Network (open 24 hours a day)**
Telephone: 0300 100 0212.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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