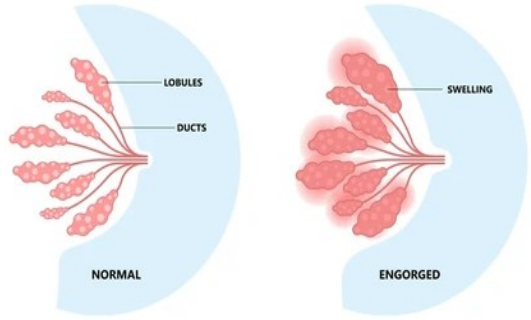
Tips to Resolve Breast Engorgement/Inflammation

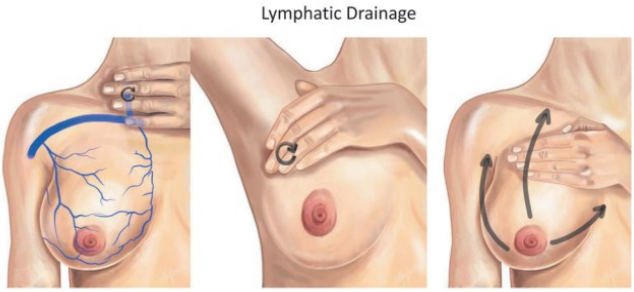


Engorgement is not a sign of abundant milk supply. Instead, it is an abnormal condition that occurs when the breasts are not effectively and frequently drained. When milk remains in the breast, the surrounding tissue becomes inflamed, which can compress the ducts and block milk flow.

BAIT Protocol

- **B**reast rest (don't aggressively pump or feed on that side)
- **A**dvil (or Motrin/ibuprofen, which reduce inflammation)
- **I**ce (not heat!) every 1–2 hours for 10–15 minutes
- **T**ylenol for pain support if needed

My Recommended Protocol



- Put ice packs on the inflamed areas of your breast, then…
- Lying on your back, apply coconut oil to your breast and use *gentle* lymphatic drainage massage from your areola to your arm pit to remove inflammatory fluid from the affected area. Continue laying on your back for at least 30 minutes.
    - Watch these videos for good massage techniques:
        - https://www.youtube.com/watch?v=fHD90LlCkGc
        - https://www.youtube.com/watch?v=24MAkakR5k8
- **Remove milk:** After relieving inflammation, pump or feed baby to remove milk from your breast. From then on, ensure you remove milk adequately every 2 hours to make sure you don't become engorged again.
- **Rest:** Try to get as much rest as possible. Stress and fatigue can make it harder for your body to heal.

Optimizing Pumping

Flange Size

If you're using the flanges that came with your pump, you're probably using one that's too big. Most people actually need sizes 13-17 mm, not 24 mm. Grab a ruler and measure the diameter of the *tip* of your nipple, not the base. That's likely the size you need. While pumping, you want to see your nipple filling the flange, milk to start spraying within a minute, and feel comfortable. It's very likely your current flange isn't doing that for you.

Exception: If you're using a wearable pump and need a silicone insert to make it fit better, you'll probably need to go up 2-3 mm sizes. These inserts tend to come in odd sizes only.

Flange Shape

Did you know there are other flange shapes besides the standard conical style? Most people find optimal comfort and efficiency with Maymom's Crater shape or their oval Pano shape. (The comfy is the same shape as the conical.)

Chances are, the Crater or Pano shape would work better for you.

Flange Material

Research shows that most people respond better to hard plastic flange material, not silicone. The theory is that the hard plastic more closely mimics the pressure of a baby compressing the nipple between their tongue and palate.

Learn more

https://babies-in-common.kit.com/ffguide	https://journals.sagepub.com/doi/epub/10.1177/08903344241296036
	Journal of Human Lactation Volume 41, Issue 1, February 2025, Pages 54-64 © The Author(s) 2024, Article Reuse Guidelines https://doi.org/10.1177/08903344241296036 Sage Journals *Clinical Perspectives* **Flange Size Matters: A Comparative Pilot Study of the Flange FITS™ Guide Versus Traditional Sizing Methods** Lisa A. Anders, PhD, RN, IBCLC [1], Jeanette Mesite Frem, MHS, IBCLC, RLC, CCE [2], and Thomas P. McCoy, PhD, PStat [3]

Other Recommendations

- **Check Bra and Clothing:** Ensure your bra isn't too tight and doesn't have underwire that compresses the breast tissue. Avoid tight shirts or anything that puts pressure on that area.

- **Check Your Nipple:**
    - Is it cracked? Are there scabs on them? Wounds are an entry point for bacteria. Minimize the risk of infection by washing your nipple with soap and water once a day.
    - Are there any white dots? Carefully examine your nipple for a tiny white dot or blister (bleb). If you see one, it might be blocking the duct opening.

Bleb Care

Important: Do *not* try to pop a bleb with a pin or sharp object at home. This increases the risk of infection.

- Soak the breast in warm saline (mix 1 tsp of salt in 1 cup of warm water) for a few minutes.
- **Nurse or pump after soaking:** Feed or pump right after warming to encourage the trapped milk to release.
- After feeding or pumping, **gently rub the bleb** with a warm, damp washcloth to encourage the skin layer to open. Be gentle, do not scrub. Sometimes, **gentle pressure** behind the bleb during a feeding or pump session can help force the trapped milk through.
- **Epsom salt soak:**
    - Mix 2 tsp of Epsom salt into 8 ounces of warm water.
    - Soak the breast or nipple in the water.
    - You can put this solution in a silicone pump like a Haakaa, using suction to keep it on your breast and help pull out the bleb.

Understanding and Identifying Clogged/Plugged Ducts and Mastitis

Clogged/Plugged Milk Ducts

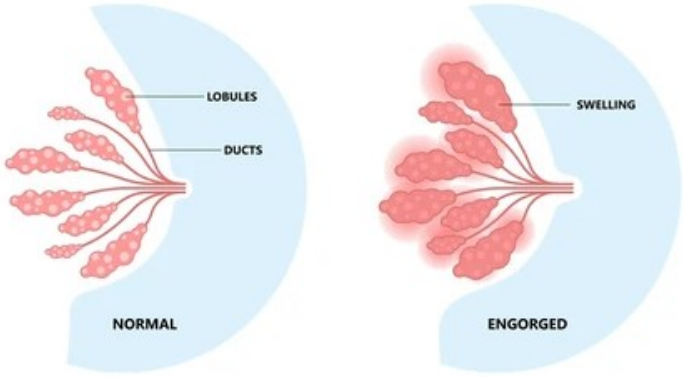
A clogged or plugged milk duct occurs when milk flow is obstructed within a duct in the breast. The name is misleading though**. It isn't actually a plug in the duct- there is inflammation in the tissue surrounding the mammary tissue, blocking milk from flowing from that area.**

Causes:

- **Incomplete Breast Emptying:** Milk remains in the duct after feeding or pumping.
- **Infrequent Feedings/Pumping:** Skipping or delaying milk removal.
- **Poor Latch:** Ineffective milk removal by the infant.
- **Pressure on the Breast:** Tight bras, clothing, or sleeping positions.
- **Oversupply of Milk:** Producing more milk than the baby needs so they aren't emptying it as much.
- **Nipple Bleb:** A blocked nipple pore.

Warning Signs:

- **Localized Tenderness or Pain:** A specific area of the breast feels tender, sore, or painful.
- **Lump or Hardened Area:** A small, hard lump or knot may be felt in the breast.
- **Localized Warmth:** The area around the clog might feel warmer than the rest of the breast.
- **Possible Redness:** Slight redness over the affected area may be present.
- **Decreased Milk Flow:** Reduced milk output from the affected breast.
- **White Dot/Bleb on Nipple:** A tiny white blister or dot may appear on the nipple. (This doesn't mean it's a clogged duct or mastitis, though.)



Key Points:

- Clogged ducts primarily cause localized symptoms in the breast.
- Systemic symptoms like fever and chills are typically absent.
- Early intervention can usually resolve a clogged duct.

Mastitis

Mastitis is an inflammation of breast tissue that may or may not involve infection. It can develop from an unresolved clogged duct or bacteria entering the breast tissue. It can come on rapidly.

Causes:

- **Unresolved Clogged Duct:** Milk stasis creates an environment for inflammation and infection.
- **Bacterial Infection:** Bacteria (often from the baby's mouth or the skin) enter the breast through cracked nipples or milk duct openings.
- **Nipple Damage:** Cracked, sore, or bleeding nipples.
- **Infrequent Feedings/Pumping:** Similar to clogged ducts, this can lead to milk stasis.
- **Oversupply:** Can contribute to engorgement and increased risk of mastitis.
- **Weakened Immune System:** Maternal fatigue or stress.

Warning Signs:

- **Intense Breast Pain:** The breast is very sore, tender, or painful.
- **Breast Swelling:** The breast may appear larger or feel firmer than usual.
- **Breast Warmth:** The breast feels hot to the touch.
- **Breast Redness:** A red, often wedge-shaped, area may appear on the breast.
- **Burning Pain:** A burning sensation, especially during breastfeeding.
- **Breast Lump or Hardness:** A larger, more diffuse hard area.
- **Systemic Symptoms:**
  - Fever (101°F/38.3°C or higher)
  - Chills
  - Body aches
  - Fatigue
  - Headache

Key Points:

- Mastitis involves both localized breast symptoms and systemic symptoms.
- Prompt medical attention is essential to prevent complications.

Differentiation

Feature	Clogged/Plugged Duct	Mastitis
Localized Symptoms	Yes	Yes
Systemic Symptoms	No	Yes (fever, chills, body aches)
Intensity	Mild to moderate	Severe
Onset	Gradual	Rapid
Redness	Slight or absent	Prominent
Warmth	Localized	Localized or generalized

When to Seek Help

Contact your OB if you experience:

- Worsening symptoms.
- Signs of infection (pus, red streaks).
- High fever, dizziness, aches, chills, increased pain.
- **CONTINUE LATCHING/PUMPING.** ***There is no need to stop latching or discard milk- your baby cannot get sick from mastitis*****.**