CLINICAL PRACTICE GUIDELINE

Breastfeeding: Blocked ducts

This document should be read in conjunction with this Disclaimer

Aims

- To provide WNHS staff with the appropriate information to manage blocked ducts promptly and effectively
- To prevent further blockages and mastitis due to milk stasis in the breast.
- To nurture a mothers confidence in her ability to breastfeed and correctly manage challenges associated with breastfeeding

Key points

1. A blocked duct presents as a tender breast lump, which may also include localised redness. The milk accumulates behind the blockage causing inflammation of the surrounding tissues
2. Blocked ducts that commonly occur around 3-4 months of lactation may be caused by a 'white bleb/spot' on the nipple.
3. Mothers with a large milk supply may be prone to blocked ducts or mastitis. It is especially important for these mothers to be aware of preventative measures including varying feeding positions to ensure each area of the breast is drained.

Prevention

- Unrestricted breastfeeding from birth i.e. feeding at least 8-12 times in 24 hours.
- Correct positioning and attachment and ensuring effective suck action is vital for good milk transfer.
- Complimentary feeds are not required for the healthy term breastfed infant
- Dummies are best avoided whilst breastfeeding is being established
- Avoid restrictive clothing or bras that place undue pressure on breast tissue
- Avoid long intervals between feeds.
- Guide the mother to assess her breasts before and after a feed to ensure adequate drainage-comfortable and no lumps

Management

1. Commence variance sheet ‘MR 261.15 Blocked milk ducts’.
2. Employ the above preventative measures and correct if necessary.
3. Applying cold before a breast feed will reduce inflammation and encourage milk flow
4. Gently stroke the breast towards the nipple before, and as, baby breastfeeds.
5. If the lump is still present after feeding, express breast with an electric pump, using a single pumping action to drain the breast. Check the pump equipment is correctly fitted, including the correct diameter breast shield.
6. Ensure only a gentle even pressure is exerted on the breast tissue by the breast shield of the electric pump.
7. Referral to a physiotherapist for ultrasound treatment has shown to be clinically effective if the problem is not resolved by the above measures. Drain the breast thoroughly within 20 minutes of the ultrasound therapy.
8. Commence anti - inflammatory medication e.g. Ibuprofen
9. If the breast becomes red, hot and painful and the mother becomes unwell, suspect mastitis. See Clinical Guidelines, O&G Mastitis (including management in the home).

Discharge planning

1. Variance sheet ‘MR 261.15 Blocked milk ducts’ to be continued at home.
2. Arrange a breast pump loan.
3. Arrange a follow up appointment with the Breastfeeding Centre.

References

1. Walker M. Breastfeeding Management for the Clinician. 4th edition. 2017.
2. Mannel R, James P J, Walker M. Core Curriculum for Lactation Consultant Practice. 3rd edition. 2013.
3. Wilson CB. **Breastfeeding Atlas**. 2018.

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines: O&G: Newborn Feeding: Breastfeeding Challenges: Mastitis

WNHS Breastfeeding Policy

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