

Mastitis Spectrum Protocol - Tip One

What was once thought of as separate breast problems have now been found to be points on a spectrum, moving from engorgement and "overproduction" to inflammatory mastitis to bacterial mastitis to abscess. Included in the spectrum are nipple blebs, galactoceles, phlegmons, and what we refer to as "plugged ducts".

Many of the suggestions that have been given for helping these situations resolve are no longer recommended.

Mastitis Spectrum Protocol - Tip Two

"Plugged ducts" are actually not plugged. They are caused by inflammation and swollen alveoli around the ducts. Expression and pumping can actually make the problem worse by increasing milk production. Baby should be fed on demand and pumping should only be used when the mother is separated from the baby or has medical reasons for pumping.

Soaking with saline (salt water), castor oil or other topical products, including Epsom salts in silicone pumps is not recommended, as they may cause tissue damage. Deep massage, as well as electric toothbrushes or other vibrating or massage devices should be avoided. Manual lymphatic drainage with light sweeping of the skin is the most successful technique.

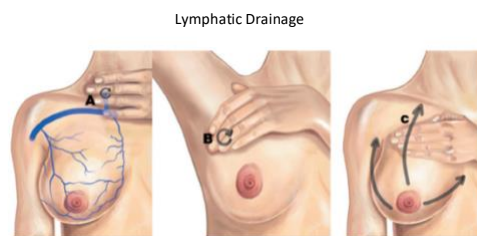
LYMPHATIC DRAINAGE

Lymphatic drainage reduces swelling and edema by encouraging flow of fluids back into the lymphatic system and circulation.

Technique

- Use a very gentle touch with light stroking, like you would use petting a cat. This lifts the skin to allow blood and lymph fluid to drain back into the circulation.
- Make ten small circles in the area shown on diagram A (where the internal jugular vein and the subclavian vein meet).
- Make ten small circles in the front of the armpit, as shown in diagram B.
- Continue to stroke with a light touch from the nipple, toward your collarbone and armpit, see diagram C.

Start during pregnancy if experiencing painful rapid breast growth and use as needed postpartum for engorgement.



Images: Kelly Rosso, MD

Link to protocol and Fig. 21: <https://www.bfmed.org/assets/ABM%20Protocol%202336.pdf>

Mastitis Spectrum Protocol - Tip Three

- Blebs, painful white spots on the nipple, should not be "popped" or otherwise removed.
- Haakaas or similar silicone pumps with Epsom salts in them should not be used, as they can cause tissue damage.
- Saline (salt water), castor oil soaks or other substances on the skin should not be used.
- Squeezing and deep massage should be avoided as this will cause more inflammation and possible damage.
- Ice is the treatment of choice, along with the other mastitis spectrum recommendations.

Mastitis Spectrum Protocol - Tip Four

- Overstimulation of the breast causing oversupply plays a part in setting up the inflammation and edema (swelling) that is part of the mastitis spectrum.
- Since milk production is a feedback system, any pumping in addition to baby's breastfeeding can increase milk production.
- Even using a Haakaa with low suction encourages more milk to be produced.
- Hand expression of small amounts of milk for comfort can be done until milk production levels out with baby's needs.
- Mothers using breast pumps should only remove the amount of milk their baby drinks. "Feed the baby, not the freezer" is important to remember.

Mastitis Spectrum Protocol - Tip Five

- No evidence exists for using cabbage leaves on the breast rather than cold packs or ice packs.
- In addition, cabbage may carry Listeria bacteria which can cause illness.
- The Academy of Breastfeeding Medicine (ABM) recommends the use of ice or cold packs for relief of engorgement or other swelling in conditions on the mastitis spectrum.

Mastitis Spectrum Protocol - Tip Six

The Academy of Breastfeeding Medicine (ABM) has evidence-based research which indicates that "plugged ducts" are part of the inflammation/edema spectrum called mastitis.

Ducts in the breast are innumerable and interlacing and it is not physiologically or anatomically possible for a single duct to become obstructed with a visible milk "plug".

Lactation professionals have typically used the term "plugged ducts" and may still use the term – but need to recognize that it is not entirely accurate.

Based on the ABM Protocol, plugged ducts don't happen on their own inside a duct. There are a group of ducts which have swelling around them that cause the partial blocking of the flow of milk.

This is why the use of lecithin to emulsify the milk may help it to move through better.

Mastitis Spectrum Protocol - Tip Seven

Milk volume is based on a feedback system so increased milk removal increases milk production. Pumps stimulate milk to be made, but without removing the milk as effectively as an infant does.

If engorged, hand expressing small amounts of milk for comfort is suggested. It is never suggested to try to "empty" the breast at any point on the mastitis spectrum. Feed the baby on cue, even when experiencing symptoms on the mastitis spectrum.

Mastitis Spectrum Protocol - Tip Eight

When pumping, only the amount of milk needed to feed the baby should be removed. Pumping should mimic the frequency and volume that would be normal in breastfeeding.

The lack of bacteria exchanged between the baby's mouth and the breast may create a dysbiosis (imbalance in the correct types of bacteria in the breast).

While experiencing symptoms, use of a pump should be limited to when a mother is separated from her baby or if either mother or baby has a medically indicated reason to require pumping.

Always make sure that flanges are correctly sized and avoid using high suction or pumping for an excessive length of time. Since these factors may cause trauma to the breast and nipple/areola.

Mastitis Spectrum Protocol - Tip Nine

Physiological breastfeeding, which focuses on feeding the baby on cue and not increasing milk production through use of the breast pump is the best anti-inflammatory measure.

The goal of pumping is removing the amount of milk needed for a baby's feed, and no more.

Pumping to build a "stash" creates a perfect environment for inflammatory mastitis since milk supply is increased and the pump is not as effective at removing the milk as the baby.

Mastitis Spectrum Protocol - Tip Ten

Normal glandular breast tissue during lactation often feels "lumpy" and uncomfortable at times.

In the postpartum period, normal hormonal shifts can result in sweating and hot flashes, sometimes making mothers feel like they have a fever.

If the baby has a long stretch of sleep, there may be pain and redness in the breast due to swelling and excess fluids, but an infection would not develop that quickly.

Mastitis Spectrum Protocol - Tip Eleven

A Swedish study¹ of women with inflammatory mastitis, concluded that most recovered from all symptoms without any antibiotics or other medical treatment.

Ice or cold packs, decreased stress, and increased opportunities to rest were all factors that helped with recovery.

¹ Kvist LJ, Hall-Lord ML, Rydhstroem H, et al. A randomised-controlled trial in Sweden of acupuncture and care interventions for the relief of inflammatory symptoms of the breast during lactation. *Midwifery* 2007; 23:184–195.

Check out the links below for more information

ABM Mastitis Spectrum Protocol: <https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf>

Mastitis and Sore Breasts:

<https://lila.org/breastfeeding-info/mastitis/>

Hand Expressing:

https://www.lillasia.org/hand_expression.pdf

<https://lila.org/breastfeeding-info/hand-expressing/>