

Plugged Milk Ducts and Nipple Blebs

A plugged milk duct is an area of the breast where milk flow is blocked. The block can occur inside the breast or at the tip of the nipple. When the block occurs at the tip of the nipple, it is sometimes referred to as a milk blister or a nipple bleb.

What are the symptoms of a plugged milk duct?

You will usually notice a hard lump or an area of engorgement (fullness) near the location of the plugged duct. That area might feel warm and tender or appear red and swollen. Typically, a plugged duct will be more painful before a feeding and less tender after you breastfeed your baby or use a breast pump.

What are the symptoms of a milk blister?

A milk blister, or a nipple bleb, looks like a tiny white spot on the nipple. It can be caused by a plugged milk duct or a thin layer of skin blocking the milk duct. Sometimes a nipple bleb occurs after trauma to the nipple. If it is not painful, no treatment is necessary.

What causes a plugged milk duct?

A plugged milk duct typically occurs when the milk flow is blocked causing milk to build up in the breast. Plugged ducts can occur for a variety of reasons including:

- **Skipped or delayed feedings** caused by mom's return to work, baby suddenly sleeping through the night, abrupt weaning, teething or pacifier overuse.
- **Pressure on the milk ducts** caused by a tight bra or clothing, the strap of a diaper bag or backpack, or sleeping on your stomach.
- **Engorgement or inadequate milk removal** caused by an ineffective latch, a sleepy or distracted baby, not enough scheduled feedings, nipple shield use or sudden weaning.
- **Inflammation** caused by nipple trauma or infection.

What are some of the side effects of a plugged milk duct?

You may notice a decreased milk supply from the affected breast or you might express a “string” of thickened milk. This is normal and should only be temporary. Extra pumping or feeding at the breast should help your supply return to normal in a short time.

What are some things I can do to treat a plugged duct?

Before feedings:

- Apply a warm, moist compress for no more than 3 to 5 minutes to help your milk “let-down” just before a feeding
- Gently massage the breast from the plugged area toward the nipple
- Stand in a warm shower while massaging the affected breast
- Loosen your bra or any tight clothing to help increase milk flow

During feedings:

- Breastfeed your baby on the affected breast first.
- Be sure your baby has an effective, deep latch. If possible, seek the assessment of a lactation consultant to verify an effective latch.
- Gently compress or massage the breast during feedings or pumping sessions from the plugged area toward the nipple.
- Change the position of your baby at each feeding to allow for more complete emptying of the milk ducts.

After feedings:

- Use cold packs on the breasts for 20 minutes after feedings with a layer of fabric between the skin and the cold pack
- Breastfeed or pump frequently, at least every 2-3 hours and empty the breasts completely to prevent further complications.
- If your baby is unable to fully empty your breast, be sure to pump or hand express after a feeding to ensure complete milk removal.
- Get plenty of rest
- When you are ready to wean, do it gradually

What are some things I can do to treat a nipple blister?

A nipple blister (bleb) is when the block occurs at the tip of the nipple. It looks like a white spot on the nipple. It may or may not be painful. If it does not hurt, no treatment is necessary. If the nipple bleb is painful, try the following:

- Before breastfeeding, apply wet heat to the nipple using a warm compress or by soaking in the bath. This will thin the skin to help your baby draw out the plug of thickened milk during a feeding.
- If the plug is not relieved, a cotton ball soaked in olive oil can be worn over the nipple inside the bra to help soften the skin.
- Once the skin is softened, try to peel it away and then breastfeed your baby again. If your baby is not ready to breastfeed, try to manually express the plug.
- If these techniques do not bring you relief, schedule an appointment with your health care provider for assistance opening the bleb.

What medication can I take for the pain?

Acetaminophen or Ibuprofen are compatible with breastfeeding and can be taken as directed for discomfort.

What if I develop recurring or long-lasting plugged ducts?

Plugged ducts can occur at any time during the breastfeeding relationship if the breasts are not emptied fully and frequently. If you have experienced recurring plugged ducts or plugged ducts that last for several days and do not respond to typical treatments, you might be a candidate for occupational therapy.

Occupational therapists use therapeutic ultrasound (using high frequency sound waves to move tissue) to break up the plug. They also use manual drainage techniques to restore appropriate fluid flow to your ducts. You will also learn self-massage and exercise-based stretches to promote maximum breast health and fluid flow.

Please contact your health care provider to rule out infection or suspicion of anything other than a plugged duct. If indicated, your doctor can order a referral to occupational therapy.

When should I call my health care provider?

- Most cases of plugged ducts will resolve within a day or two. If your plugged duct is not relieved by these measures, contact a lactation consultant for help.
 - For general breastfeeding questions, please call the Lactation Help Line at (844) 200-8894. You will be asked to leave a message and a lactation consultant will return your call within 24 hours.
- If you notice signs of infection, including fever, redness or swelling, contact your health care provider.
 - If you delivered your baby within the past 6 weeks, you can call Triage at (734) 764-8134.

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