

RESOLVING PLUGGED DUCTS

MEDICAL WARNINGS: BREAST ENGORGEMENT CAN ALSO BE ASSOCIATED WITH GENERALIZED SWELLING OR EDEMA. IF YOU HAVE HAD ANY HIGH BLOOD PRESSURE EITHER BEFORE OR AFTER DELIVERY, IF YOU HAVE NEW OR UNRESOLVED SWELLING IN YOUR YOUR HANDS, FEET OR BREASTS, ANY DIZZINESS, TROUBLE BREATHING, VISION CHANGES, UPPER ABDOMINAL PAIN, DECREASED URINATION, HEADACHES, OR JUST DON'T FEEL "RIGHT", GO IMMEDIATELY TO YOUR OB OR THE ER TO RULE OUT ANY POSTPARTUM HYPERTENSION. DON'T FEEL SILLY OR THAT YOU ARE OVER-REACTING. POSTPARTUM PRE-ECLAMPSIA IS VERY DANGEROUS.

If you have fever, chills and aches like the flu, or any very large, painful red area, you may have a breast infection called mastitis. Please call your OB or midwife to get started on antibiotics. You should not discontinue breastfeeding and there is no need to pump & dump. Your doctor will not put you on an antibiotic that is incompatible with breastfeeding. If you are unsure, please call me and I will look into the safety of the medication.

If you have a red area that looks unusual, is an open wound, or the tenderness and hardness starts to take over a large area of your breast and is not resolving, please go to your OB. It may be an abscess that will need to get drained.

INFLAMMATION REDUCTION

In order to resolve your breast engorgement, you need to reduce the swelling, inflammation and congestion and get your breasts softer and less swollen. Do not worry that by getting the milk out you will be driving up your supply. Softer, more comfortable breasts will allow you to make just the right amount of milk for your baby. Conversely keeping your breasts full and engorged will signal to your brain to slow down production too much. Not only does engorgement make it hard to pump out milk, but an engorged breast can make it very challenging for a baby to latch. It's like sucking on the outside of a melon!

PLAN: HERE ARE SOME SUGGESTIONS TO RESOLVE YOUR DISCOMFORT. THE FREQUENCY DEPENDS ON HOW WELL YOU ARE ABLE TO GET YOUR BREASTS FEELING MORE COMFORTABLE AND THE SEVERITY OF YOUR ENGORGEMENT:

- 1. If not allergic, and ok with your physician, 400-600 mg. of ibuprofen (advil, Motrin, etc.) can help with pain and inflammation. (Tylenol is not an anti-inflammatory medication.) It is recommended to take the ibuprofen until the engorgement is gone, but then to discontinue it once your breasts are softer to ensure that it is not masking a fever which may indicate mastitis.
- **2. Until resolved start with ice packs or cold compresses for 5-10 mins every hour.** This could be a bag of frozen vegetables, a soaked-with-water-and-then-frozen disposable diaper, or any other malleable frozen pack.

3. THEN BEING THE LYMPHATIC MANUAL BREAST PROTOCOL: PLEASE SEE VIDEO

Arm-pit Pump: take your right hand and gently squeeze your left arm pit, pumping 10 times, then do the same to the other armpit. This is helping to "wake up" the many lymph glands located in your arm-pit.

Breast Gymnastics Placing your hands at the bottom crease of your breasts, gently move them up, down, left right and in small circles in both directions. Then gently push back into your chest wall and relax, repeat several times, and then finish with small gentle shaking while leaning forward. This is helping to loosen up the fascia, a layer of connective tissue.

Breast Manual Therapy (watch video). The pressure of this manual therapy is like brushing crumbs off a counter or stroking your baby's head. If your partner can do this for you, it is more relaxing and you may have better results. Lay flat or slightly reclined back, use a cold washcloth or cold pack on the breast you are not working on. Using coconut oil or olive oil, very gently glide over the skin of your breasts with your finger tips or the flat of your hand in sweeping broad strokes around your breast up to the adjacent armpit (almost like tracing the underwire of your bra), slide over collar bone as well and under your breast, making sure to use a light gliding touch. All strokes finish in the armpit.

You may find that after 10-15 minutes of this light touch, milk will start to leak out from your nipple, which is just what you want.

Pumping: If the baby is not able to latch well enough after getting your milk flowing or can only soften one side, pump on a low setting so that both sides are comfortable. Pumping on a high setting is not always the best thing to do at first because it may result in pulling too much fluid down into your nipple area making it more congested. If pumping is working and you are getting milk out, you can then slowly increase the suction, but not so high that your nipples hurt. You might also find that pumping, then stopping for a short break, and returning to pumping will help get more milk out.

IF THE THERAPEUTIC BREAST MASSAGE TECHNIQUE DOES NOT WORK, HERE ARE SOME OTHER IDEAS.

- 1. "CLEARING THE DUCT" MANUAL TECHNIQUE (USE COCONUT OIL OR OLIVE OIL):
 - ROLL THE NIPPLE AROUND BETWEEN TWO FINGERS TO SEE IF YOU CAN GET THE CLOGGED MILK PORE TO RELEASE MILK AND DO SOME HAND EXPRESSION.
 - If that doesn't work, massage up towards the inflamed area by small increments. Start at the nipple, go up 1/2 inch then down towards, the nipple. Then, go up 1 inch and massage in the direction of the nipple, and so on until you reach the plug.
 - YOU MIGHT END UP MASSAGING OUT SOME THICKENED MILK SECRETIONS WHICH IS WHAT YOU
 WANT.
- **2. Sunflower Lecithin** is a popular supplement to help prevent recurrent plugged ducts. (With Medical provider's permission)
- **3. Potato Slices** cold slices can also be very comforting and reduce localized inflammation.
- **4. CASTOR OIL PACKS:** CASTOR OIL HAS A LONG MEDICINAL HISTORY, BUT FOR YOUR PURPOSES IT MAY HELP RELIEVE PAIN, INFLAMMATION, AID IN CIRCULATION, AND FACILITATE LYMPHATIC DRAINAGE, IF THE ABOVE RECOMMENDATIONS DON'T WORK. WHEN STORED TIGHTLY IN A ZIPLOCK BAGGIE, THE CASTOR PACK CAN LAST MONTHS IN THE FREEZER OR REFRIGERATOR AND CAN BE GREAT ON ANY AREA OF THE BODY THAT IS SORE.

Warning: This should not be ingested. If you do a castor pack, please wash breasts off with soap and water before pumping or nursing to ensure that the castor oil isn't ingested by the baby. There is no concern, however, with the coconut or olive oil as a massage lubricant.

SUPPLIES NEEDED:

- CASTOR OIL (EXPELLER PRESSED OR COLD PRESSED) (4 OZ BOTTLE)
- ABSORBENT CLOTH DIAPER, WASH CLOTH OR FLANNEL THAT WILL FIT WELL AROUND YOUR BREAST.
- SEALABLE ZIPPER-TYPE PLASTIC BAG (MAKE SURE IT IS NEW WITH NO HOLES)

PREPARATION OF PACKS:

- PLACE THE CLOTH INTO THE BAGGIE. DRIZZLE CASTOR OIL OVER THE CLOTH UNTIL EVENLY DISTRIBUTED AND WORKED INTO THE CLOTH. CLOTH SHOULD BE SATURATED BUT NOT DRIPPING.
- SEAL BAGGIE, LABEL AND DATE IT.
- PLACE IN THE FREEZER UNTIL READY TO USE (PACKS WILL KEEP FOR MONTHS IN THE FREEZER BUT WILL TURN RANCID IF LEFT AT ROOM TEMPERATURE)

APPLICATION:

- 1. Remove from freezer
- 2. REMOVE FROM BAGGIE (CLOTH WILL BE STIFF BUT PLIABLE)
- 3. Lay down on a towel to protect your couch or bed linens. Wrap castor oil-saturated cloth around your breast.
- 4. COVER THE OIL-SATURATED CLOTH WITH A LARGE PIECE OF PLASTIC WRAP TO FURTHER PROTECT YOUR BEDDING, CLOTHING OR FURNITURE.
- 5. Cover with a heating pad or a rice bag heated up in a microwave briefly. Make sure it is not too
- 6. Leave on the area for 5-10 mins before doing the therapeutic manual protocol mentioned earlier, but wash breasts first.

When done, replace oiled cloth back into the baggie and place back into the freezer. Replenish castor oil as needed.

CAUTION: DO NOT HEAT THE CASTOR OIL PACK IN THE MICROWAVE. IT COULD CAUSE A FIRE!