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Evaluation and management of plugged ducts

1. Definition or Key Clinical Information (Yao et al., 2022)

Plugged ducts are a common inflammatory breast disease resulting in pain and discomfort that is caused by the blockage of lactiferous ducts.

2. Assessment

i. Risk Factors (Mitchell et al., 2022; Mohrbacher, 2020)

excess engorgement, poor latch, frequent pumping, restricted feeding, high milk production, restrictions on breasts (tight clothes, binders, etc.), increase in stress, fatigue, or time commitments, postpartum anxiety disorders

ii. Subjective Symptoms (Mitchell et al., 2022; Mohrbacher, 2020)

swelling, pain, localized heat, tender lump in chest, fever

iii. Objective Signs (Mitchell et al., 2022)

Poor latch, nipple bleb, breasts are tender to the touch

iv. Clinical Impressions

Breast is full, hot, and tender to the touch. Nipple bleb may or may not be present. Nursing is potentially uncomfortable for the mother.

v. Clinical Test Considerations (Mohrbacher, 2020)

Milk culture

vi. Differential Diagnosis (Mitchell et al., 2022; Mohrbacher, 2020)

mammary dysbiosis, mastitis, cellulitis, inflammatory breast cancer, galactoceles, abscess

3. Management plan

i. Therapeutic measures to consider within the CPM scope (Mitchell et al., 2022; Mohrbacher, 2020)

- allow infant to nurse without restriction, dangle feed
- apply warm compress or take warm shower before nursing
- Cold or castor oil compress
- haakaa hack: epsom salt in haakaa
- hand or pump express to comfort only
- Appropriately supportive bra, loose clothing, and rest
- Lymphatic massage
- Happy Ducts tincture from Wishgarden Herbs

- Vitamin C - 4000mg
- Sunflower lecithin - 5-10 g daily to reduce inflammation
- Ibuprofen - 800 mg every 8 hours for inflammation
- Acetaminophen - 1000 mcg every 8 hours for analgesia
- Therapeutic ultrasound

ii. Therapeutic measures commonly used by other practitioners (Mitchell et al., 2022)

- Therapeutic ultrasound
- Antibiotics

iii. Ongoing care

Check in after 1-2 days to see if there is an improvement, if not, or worsening, consider referral

iv. Indications for Consult, Collaboration, or Referral

- IBCLC
- Physician to culture milk/prescribe antibiotic treatment
- Therapeutic ultrasound
- Complications of plugged ducts suspected (galactoceles, abscess, etc.)
- Therapeutic measures not working

v. Client and family education (Yao et al., 2021)

- Education on latch and positioning techniques
- Education on normal breast anatomy
- Client Handout: Tips for feeding your baby

4. References

- Mitchell, K., Johnson, J., Rodriguez, JM., Eglash, A., Scherzinger, C., Zakarija-Grkovic, I., Widmer, K., Berens, P., Miller, B., & The Academy of Breastfeeding Medicine. (2022). Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022. *Breastfeeding Medicine*, 17(5). [www.doi.org/10.1089/bfm.2022.29207.kbm](https://doi.org/10.1089/bfm.2022.29207.kbm)
- Mohrbacher, N. (2020). Breastfeeding Answers: A Guide for Helping Families (2nd ed, pp. 457-464). Nancy Mohrbacher Solutions, Inc.
- Yao, Y., Long, T., Pan, Y., Li, Y., Wu, B., & Ma, H. (2021). A five-step systematic therapy for treating plugged ducts and mastitis in breastfeeding women: A case-control study. *Asian Nursing Research*, 15(3), 197-202. <https://www.doi.org/10.1016/j.anr.2021.04.001>