

How do you treat a milk blister?

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By Kelly Bonyata, BS, IBCLC

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What is a milk blister?

A milk blister, or blocked nipple pore, is also called a bleb or nipple blister, or simply “milk under the skin.” It occurs when a tiny bit of skin overgrows a milk duct opening and milk backs up behind it. A milk blister usually shows up as a painful white, clear or yellow dot on the nipple or areola (see photo), and the pain tends to be focused at that spot and just behind it. If you compress the breast so that milk is forced down the ducts, the blister will typically bulge outward. Milk blisters can be persistent and very painful during feeding, and may remain for several days or weeks and then spontaneously heal when the skin peels away from the affected area.

This is not the same as a blister on the nipple caused by friction. This type of blister, which may sometimes be a red or brown “blood blister,” can be caused by friction from baby’s improper latch or sucking or from the use of a badly fitting nipple shield or pump. In this type of blister, the problem is nipple damage due to friction, rather than a milk duct opening being blocked. Here is information on healing broken skin in the nipple area, plus more thoughts on the causes of friction or blood blisters.

A white spot on the nipple may also be caused by an obstruction within the milk duct (as opposed to skin covering the milk duct). The obstruction might be a tiny, dry clump of hardened milk or a “string” of fattier, semi-solidified milk. The first type of milk duct obstruction will often pop out from the pressure of nursing or manual expression, or can be gently scraped from the surface of the milk duct with a fingernail. The second type can often be manually expressed from the milk duct; reducing saturated fats can help to prevent recurrence of this type of obstruction. Both of these types of milk duct obstruction are associated with recurrent mastitis.

What causes a milk blister?

Milk blisters are thought to be caused by milk within a milk duct that has been sealed over by the epidermis and has triggered an inflammatory response. The underlying cause of a milk blister may be oversupply, pressure on that area of the breast, or the other usual causes of plugged ducts. Latch, suck, and or tongue problems may contribute to blisters because of friction on the tip of the nipple.

Thrush (yeast), can also cause milk blisters. Thrush occasionally appears as tiny white spots on the nipple, but can also appear as larger white spots that block one or more milk ducts. If you have more than one blister at the same time, suspect thrush as the cause. Yeast is often accompanied by a “burning” pain, and the pain tends to be worse after nursing or pumping (whereas a plugged duct generally feels better after the breast has been emptied).

Treatment

Recommended treatment for a milk blister usually consists of four steps: apply moist heat prior to nursing, clear the skin from the milk duct, nurse or pump with a hospital-grade pump, then follow up with medication to aid healing. You may need to repeat this for several days (or longer) until the plugged duct opening stays clear. Following are more detailed suggestions.

1. Apply *moist heat* to soften the blister prior to nursing. Several times per day, add a *saline soak* prior to applying the moist heat.

- An epsom-salt soak before breastfeeding helps to open the milk duct opening and also aids in healing. Use a solution of epsom salt — 2 teaspoons to 1 cup water. The epsom salt is first dissolved in a small amount of very hot water, then further water is added to cool it down enough to soak in. Try to add this epsom-salt soak to your routine at least 4 times per day.
- Prior to nursing (and directly after the epsom-salt soak) place an extremely hot wet compress on the milk blister immediately before nursing or pumping. Be careful not to burn yourself. A cotton ball soaked with olive oil can be used to soften the skin instead of the wet compress.

2. Clear the skin from the milk duct.

This may *not* be necessary, as the combination of the heat and nursing/pumping should cause the skin to expand and the blister to open. However, it can be helpful to do one of the following at least once per day until skin no longer grows over the duct.

- Rub the blister area with a moist washcloth.
- If a plug is protruding from the nipple, you can gently pull on it with clean fingers.
- Loosen an edge of the blister by gently scraping with your fingernail.
- If the above methods do not work, a sterile needle may also be used to open the blister. To minimize the risk for infection, ***ask your health care provider to do this*** (do **not** do this on your own). There is a much greater risk of infection if you do it yourself. First, wash the area well with soap and water; pat dry. Use a sterile needle to lift the skin at the edge of the blister. If a sterile needle is not available, sterilize needle with an autoclave or commercial sterilizing solution, by holding in a match flame until red hot (cool before using), or by soaking 10-15 minutes in rubbing alcohol. Use a *lifting* action, at the edge of the bleb, rather than a piercing action. Don't push *into* the blister as it can push bacteria deeper into the nipple. If there is any loose blister-like skin, your health care provider may need to remove that also, using sterile tweezers and small sharp scissors to entirely remove the excess skin. Follow up with a soap and water wash (and be sure to use an antibiotic ointment after nursing). See Healing broken skin in the nipple area.

3. Nurse or pump with a hospital-grade pump. Nurse *first* on the breast with the milk blister, directly after applying heat.

Before you nurse, it can be helpful to use breast compression and attempt to hand express back behind and down toward the nipple to release any thickened milk that has backed up in the duct. Sometimes clumps or strings of hardened milk (often of a toothpaste consistency) can be expressed from this duct.

4. Treat the milk blister after nursing to aid healing.

Additional treatments for recurring milk blisters

Lecithin supplements can help to heal and prevent recurrent plugged ducts

Massaging the breast, areola and nipple with a massage oil containing grapefruit seed extract (GSE) can help to heal recurrent milk blisters. To make the massage oil: mix a few drops of grapefruit seed extract or citrus seed extract into olive oil.

Another treatment for persistent milk blisters: Once per day, spray breast and nipple area with a solution consisting of 5 drops of grapefruit seed extract, 1/4 cup vinegar, and 2 cups water.

Vitamin E ointment – *applied very sparingly and wiped off before feedings* (too much vitamin E can be toxic to baby) – can also help.