Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Possible Breast Changes During and After Pregnancy

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This leaflet is designed to help you understand the possible changes that can occur to your breasts during pregnancy and after giving birth.

Hormones released during pregnancy and after birth can cause lots of changes to your body. Some of these changes will be to your breasts as your body is preparing to feed your baby.

This leaflet identifies the main breast changes you may experience during pregnancy, but it also highlights the importance of continuing to be "breast aware" in the future.

Being "breast aware" is about becoming familiar with your breasts and how they may change throughout your life. It means knowing how your breasts look and feel normally, so that you feel confident about noticing any changes that may be unusual for you.

Sometimes, this may be more difficult during pregnancy because of normal changes that occur to the breasts at this time.

If you are unsure about any changes to your breasts, it is advised that you discuss your concerns with your midwife or GP.

The breasts and nipples

The breasts are mainly made up of fatty tissue that starts high on the front of the chest and continues down and around into the armpit. They are supported by ligaments and the large chest muscle.

Each breast contains a number of lobules which are made up of milk-producing cells with a main duct that opens onto the nipple, surrounded by glandular, fibrous and fatty tissue.

The darker area of skin around the nipple is called the areola. On the areola, you may notice, there are some small, raised bumps called Montgomery's Tubercles, which produce fluid to moisturise the nipple.

How do breasts change during pregnancy?

Changes to your breasts are usually one of the early signs that you are pregnant. These changes may include the following:

- tenderness or a change in sensation of the nipple and breast - this is caused by increased levels of the hormone progesterone and the development of the milk ducts

- an increase in breast size or a change of shape - this varies from woman to woman. You may notice a big change in the size of your breasts or very little change at all. The breast tissue extends into the armpit. Some women have additional breast tissue (accessory breast tissue) under the arm, and this may also get bigger. An increase in size may make your breasts feel heavy and/or tender
- changes in colour and size of nipples and areola - as pregnancy progresses the nipples and areola usually become darker in colour, and the Montgomery's Tubercles may become bigger and more noticeable more prominent veins on the surface of the breasts.

From about the 16th week of pregnancy the breasts can produce milk. It is not unusual for small amounts of clear or coloured fluid called colostrum to leak from the nipples. This is normal and not something that you need to be concerned about. Colostrum is often referred to as the "first milk" and is full of nutrients and antibodies designed to provide your baby with additional protection during the first few days after the birth. If you are worried that it may be noticeable on your clothes, you can use a breast pad (a disposable or washable fabric pad) inside your bra. You can also speak to your midwife about collecting the colostrum during your pregnancy to give to your baby after he/she is born. Your midwife will be able to advise you on when/ how to do this safely.

A few women may notice an occasional leakage of blood from their nipples. This can be caused by the increased number and sudden growth of blood vessels. Although, this can be normal during pregnancy, it is always advisable to get any leakage of blood from the nipple checked by your midwife or GP.

In the last few weeks of pregnancy your nipples may become larger and the breasts continue to grow as the milk-producing cells get bigger. This may cause your breasts to feel tender and sensitive. Wearing a well-fitting bra may help relieve any discomfort and it is fine to sleep in your bra if it is more comfortable for you.

Breast lumps

Breast lumps sometimes develop during pregnancy. The most common ones are:

- cysts (fluid-filled sacs)
- galactoceles (milk-filled cysts)
- fibroadenomas (which develop in the lobules of the breast). These are benign (not cancer) breast conditions. If you had a fibroadenoma before you were pregnant you may find this gets bigger during pregnancy.

Most breast lumps that develop in pregnancy are benign. Breast cancer in women of child-bearing age and during pregnancy is uncommon. However, you should get any new breast lump checked by your GP. If you already have a breast lump that has been diagnosed as a cyst or fibroadenoma, for example, tell your GP or midwife and let them know if it changes.

Bras

As your breasts increase in size you should check that your bra is not too tight. A bra fits well if:

- your breasts fill the cup of the bra leaving no loose fabric and it contains the whole breast without any bulging at the top, bottom or sides
- the strap at the back does not cut in
- the shoulder straps do not carry the full weight of your breasts, stay in place when you lift your arms above your head, and fit closely to your body without digging in
- the strap round the back and the front underband (gore) lies close to your body and are at the same level at the front and back
- with an underwired bra, the underwire lies flat against your body and supports the underneath and sides of your breast without digging in or gaping.

It is sometimes suggested that pregnant women should not wear underwired bras as the wiring may cause blockages in the milk ducts. There is no evidence to support this and as long as the bra fits you well and the wires of the bra are not digging in, there is no reason to stop wearing an underwired bra. However, you may find it more comfortable to wear a maternity or soft cup bra. These types of bras can also be worn in bed if you feel you need extra support while sleeping.

If you are hoping to breastfeed, you may want to buy a couple of nursing bras. These have cups that unhook or unzip and make it easier to feed your baby. The best time to be fitted for a nursing bra is a few weeks before your baby is due when your breasts will have done the majority of their growing. If you go to a department store or lingerie shop to be fitted for your nursing bra the fitter should take into account that your breasts will increase in size when you start producing milk, but will probably settle down again later. The fitter will probably suggest going up one or two cup sizes to allow for this.

Breast changes after birth

Following the birth of your baby, oestrogen and progesterone levels decrease quickly. Around the third day or so after the birth the colostrum changes to include additional fluid that makes it look much whiter. Around this time your breasts may start to leak milk.

When a baby sucks at the breast it triggers nerves that carry messages to the brain that milk is needed. A hormone called oxytocin is released from the brain and milk is sent to the ducts behind the nipple. You may hear this called the ‘let down’ reflex. It can be very powerful, and some women find milk leaks from the nipple when they hear their baby cry, or if their breasts are full and they feel emotional.

Breastfeeding

The changes that happen to your breasts during pregnancy prepare them for feeding a baby. Whether or not you breastfeed is your decision and some women simply do not feel it is the right choice for them and their baby. There is not a right or wrong decision; you just need to feel you have made the best decision for you and your baby.

Women who have had previous breast surgery - due to breast cancer or breast augmentation, occasionally find breastfeeding a little bit more challenging. Many women are still able to breastfeed after their surgery, depending on the type of surgery they have had. You can contact the Infant Feeding Team for support and/or information.

Possible breast problems after pregnancy

The following information describes some of the problems you may experience when your milk 'comes in' (when your body begins to produce breastmilk and no longer colostrum). This information may apply whether you decide to breastfeed or not.

Sore and cracked nipples

Sore and cracked nipples can develop if the baby does not attach to the breast effectively. If the baby has a shallow or central latch, or if the baby's tongue or roof of the mouth rubs on the nipple. The nipples can quickly become sore and sometimes cracked. It is important to ask for support and advice from a midwife or the Infant Feeding Team as soon as possible if feeding is painful for you. The nipples will not heal if the baby does not attach to the breast effectively.

Milk blebs and blisters

A milk blister (or bleb) is usually a painful white dot on the nipple or areola. Thickened milk may block milk flow near the opening of the nipple, or sometimes a tiny bit of skin overgrows a milk duct opening and milk backs up behind causing the blister. You may then be at risk of developing symptoms of a blocked duct and/or mastitis.

To treat or relieve a milk blister (bleb):

- Apply moist heat using warm compresses and then feed your baby, as suckling may open the blister, and will not cause your baby any harm
- Soak your nipple in warm water
- Wear a cotton ball soaked in olive oil in your bra to soften the skin and then attempt to peel away the thickened layer of skin
- Compress your nipple behind the blockage to try and express the blockage. You may be able to express a plug or string of thick milk.
- Ask a healthcare professional for support, if you cannot clear the bleb and you need further help.

Thrush

Thrush (candida albicans) is a yeast infection that can occur on the nipple and areola. It can develop if there is any damage/trauma to the nipple. It can also happen suddenly without any obvious nipple damage, even when you have been breastfeeding for some time.

The nipple may become itchy, painful, and sensitive to touch. Some women find they have shooting pains deep in the breast that start after feeding and can last for a few hours. If the pain is particularly severe it may mean the infection has extended into the milk ducts.

Sometimes thrush can be difficult to diagnose as the symptoms are similar to those caused by the baby not being latched on to the breast properly.

Thrush can also be passed from mother to baby. Signs of thrush in your baby may include a creamy patch on the tongue or in the mouth which does not rub off, restlessness during feeding, pulling away from the breast and nappy rash (red rash or soreness that is slow to heal). Both you and your baby will need to have treatment at the same time.

Engorgement

Breast engorgement is when the breasts become overfull of milk. It can happen if the baby removes less milk from the breast than the amount that you are producing. Some women may describe their breasts as feeling hard, warm, and throbbing. Breast engorgement generally happens when milk first comes into the breasts (around about day 3 after your baby is born). It may also happen if your baby is not feeding frequently enough, if the breasts are not emptied sufficiently or if the baby is having difficulty attaching to the breast. It can happen if you have decided not to breastfeed at all, or if you suddenly stop breastfeeding.

If your breasts are engorged and you are continuing to breastfeed, it is important to make sure your baby is attaching to the breast correctly. The Infant Feeding Team or your healthcare professional can help you with this. Breast engorgement may be eased by:

- feeding your baby responsively
- expressing to release a small amount of milk either by hand or using a pump, so it is easier for your baby to attach to your breast.

You may also find the following helpful:

- wear a well-fitting nursing bra that does not restrict your breasts.
- apply warm or cold compresses to your breasts before expressing your milk. This may help to reduce pain and swelling
- take paracetamol at the recommended dose to ease the pain. This is safe to take while you are breastfeeding.

Blocked milk ducts

Sometimes a milk duct becomes blocked. You may notice a small, painful, hard lump or a bruised feeling.

Things that may help include:

- feeding your baby more often
- changing position when you are feeding (this may help to drain the area more fully)
- “dangle feeding” positions
- gently massaging the lump towards the nipple while your baby is feeding
- massage the affected area with a vibrating implement such as an electric toothbrush or vibrator
- applying warm flannels to the breast
- ensuring your bra and clothes are not too tight so the milk can flow freely.

Mastitis

Mastitis occurs if breast engorgement or blocked milk ducts continue, and the breast(s) become inflamed or infected. The breast may appear to be red and feel hot and painful. Mastitis can cause flu-like symptoms including headache, nausea, and a raised temperature. If you think you may have mastitis you will need to see your doctor as it may need treating with antibiotics and/or anti-inflammatory drugs. Mastitis can also occur if you have chosen not to breastfeed.

If you are breastfeeding it is important to continue to feed your baby frequently as this helps to clear the infection and is not harmful to the baby, as any bacteria are killed in the baby’s stomach.

Putting a warm flannel on the breast or having a warm bath or shower before you feed your baby can help the milk to flow. If your breast is not sufficiently drained after feeding, you may be advised to express some of the remaining milk either by hand or using a breast pump to just to relieve your discomfort.

Breast abscess

If mastitis or an infection is not treated, some women go on to develop an abscess (a collection of pus) in the breast. Breast abscesses are not common - if you think you have an abscess it is very important to see your midwife, your GP or speak to the Infant Feeding Team. They may refer you to the breast clinic at your local hospital for treatment, unless you are very unwell, in which case you should be referred to the emergency surgical team.

Treating a breast abscess:

- Usually, a breast abscess is treated by needle aspiration, using ultrasound if necessary and available
- If the drainage is done initially without ultrasound, one will be performed later to check that there is no further fluid to drain
- Occasionally if the skin over the abscess is damaged or the abscess does not respond to needle aspiration, surgical drainage may be needed.

Milk fistula

A milk fistula is a rare but troublesome complication associated with a breast abscess and its treatment. This can be avoided by draining the abscess using the most minimally invasive technique suitable and placing incisions as far from the nipple as possible. If you are breastfeeding, you will be encouraged to continue feeding or expressing regularly from the affected side to minimise the risks of ongoing engorgement and further complications.

What happens if I do not breastfeed, or want to stop?

If you choose not to breastfeed and no milk is being removed, you will eventually stop producing milk. You may find your breasts feel engorged (heavy, uncomfortable, and tender) for a few days. Hand-express some of the milk just to relieve your discomfort, wear a supportive bra (but not too tight or digging in anywhere) and take regular pain relief to help.

If you are breastfeeding you will continue to produce milk as long as breastfeeding continues and with the right support, most difficulties encountered can be overcome to enable you to continue breastfeeding for as long as you feel is right for you and your child.

If you stop breastfeeding suddenly, this can lead to engorgement, so it is best to gradually reduce the length and/or number of your breastfeeds. When you stop breastfeeding it may take some time for the milk production to stop completely, and your breasts will gradually reduce in size.

Your breasts after pregnancy

After pregnancy, whether you have breastfed or not, your breasts probably will not look or feel the same as they used to.

You may have gained or lost weight. It is not unusual to find your breasts have altered in size and shape compared with before pregnancy.

These changes are part of the normal changes your breasts go through at different stages in life. It is important that you get to know how your breasts look and feel now, so you can be aware of any new changes.

Useful contacts

You can call the **Infant Feeding Team** at any time on **0151 290 4166** and leave a message, we will always return your call. Alternatively, you can email us on:

InfantFeedingTeam@sthk.nhs.uk

Please be aware that our phone line and email address are not accessible to us outside of normal working hours, so if your query is urgent please contact Ward 2E or the maternity bleep-holder via switchboard **0151 426 1600** (24 Hours).

National Breastfeeding helpline

0300 100 0212 (9.30 am - 9.30 pm every day of the year)

www.facebook.com/nationalbrestfeedinghelpline

Breastfeeding network website

www.breastfeedingnetwork.org.uk

Local Breastfeeding Peer Support Contact Numbers

St Helens	**07919 305 174**
Knowsley	**0151 244 3269**
Halton	**0300 029 0029**
Liverpool	**0151 233 6874**
Sefton	**0151 291 8010**
Wigan	**07742 234 496 / 01942 777 903**

Burney Breast Unit Reception

01744 646 036

Burney Breast Unit Voicemail

01744 646 053

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