

YOUR BREASTS

DURING **AND** AFTER PREGNANCY

An Information Booklet from CoppaFeel!



WHO IS THIS BOOKLET FOR?

This booklet is for you if you want to know about changes that might happen to your breasts during pregnancy or breastfeeding.

You might call your breasts your chest, boobs, pecs or something else. In this booklet we will be using the word 'breasts'. When we say breasts, we mean the area from your ribs up to your collarbone and armpits, including your nipples.

WHAT IS THIS BOOKLET FOR?

To help you understand your breasts better and know how to check them for changes.

Why is it important to get to know your body?

If you know what your breasts are usually like, you are more likely to notice any changes to them. This is called 'breast awareness'. Breast awareness is important because some breast changes might be a sign of breast cancer.

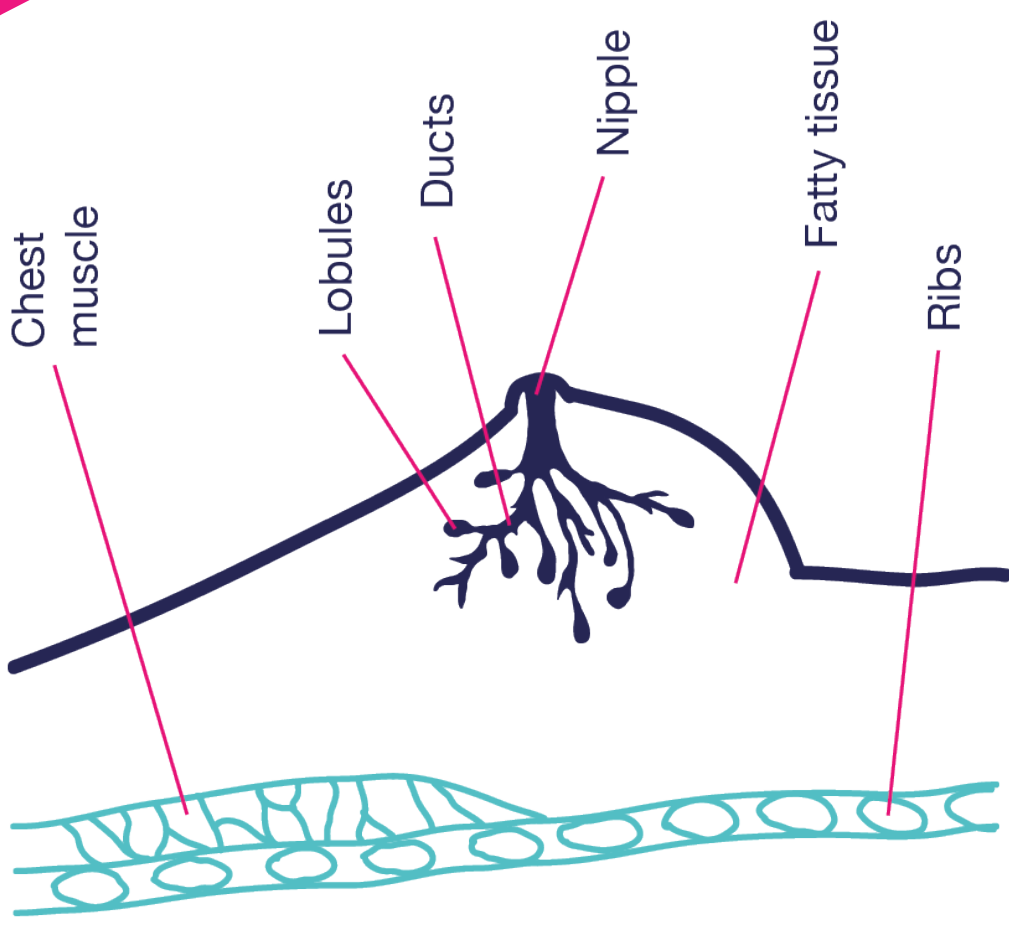
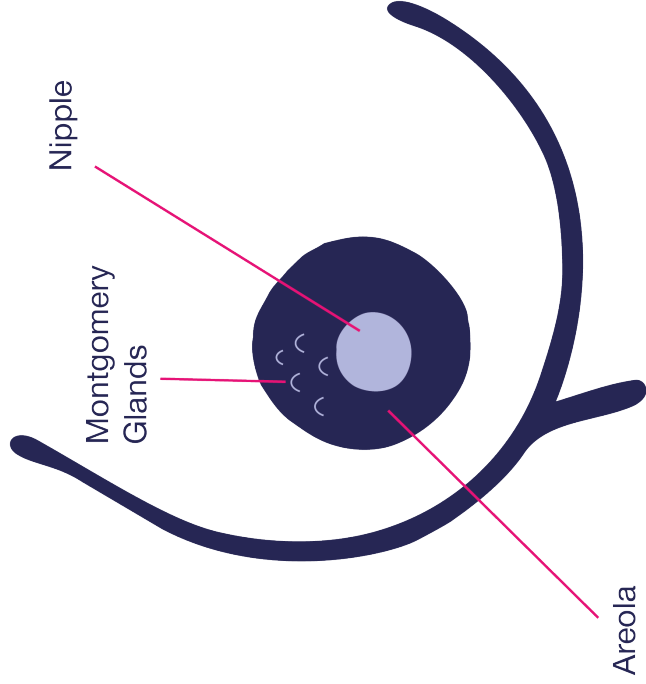
Your breasts can change a lot during and after pregnancy and it can feel confusing to get to know them. But this booklet is to help you better understand your breasts, and feel more confident about checking them.

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YOUR BREASTS

All breast tissue contains fat, but if you are a woman or were assigned female when you were born, breast tissue also contains lobules (glands that produce milk) and ducts (tubes that carry breast milk). During pregnancy, these lobules and ducts get ready to produce milk to feed your baby. This is natural in pregnancy and causes changes to how your breasts look and feel.



NATURAL CHANGES

It is natural for your breasts to change during pregnancy. Both pregnancy and breastfeeding cause changes because your breasts respond to pregnancy hormones. During pregnancy and breastfeeding you might notice the following harmless, natural changes to your breasts:

- Changes in size or shape (including one breast getting bigger than the other)
- Darkening of the nipple and areola (the skin around the nipple)
- More sensitive
- Visible veins
- Stretch marks

Breast changes during pregnancy are natural, but if you are worried about any of the following, talk to your doctor or midwife:

BREASTS FEELING FULL (Also called Engorgement)

It can happen when the first milk your breasts make to get ready for feeding your baby (colostrum) changes to breast milk, usually around 3-5 days after the birth of your baby. Your breasts may feel hard, heavy or throbbing. If you have any other breast symptoms, talk to your doctor as soon as possible. Remember to tell your doctor if you have a history of breast cancer, or if there is history of it in your family.

TENDERNESS, PAIN OR DISCOMFORT

A bit of pain in your breasts is normal during pregnancy or breastfeeding. Pain from cracked nipples or engorgement is usually worse when you first start breastfeeding, and then gets better. Pain on its own is **not** a sign of breast cancer, but if breast pain is a problem, then tell your doctor or midwife. If you wear a bra, make sure you get measured by a trained bra-fitter so you can be as comfortable as possible.



For more information on breast pain visit our website here

LEAKING NIPPLES (Also called nipple discharge)

Is liquid leaking from your nipples. This is very common in pregnancy and breastfeeding. If your nipples are leaking when you are pregnant, it is usually colostrum. Sometimes, leaking from nipples can be blood stained brown or dark red. If you are worried, talk to your doctor.

BREAST LUMPS

Talk to your doctor or midwife if you notice you have a new breast lump. Some non-cancer (benign) breast lumps are more common in pregnancy. These are:

Fibroadenomas:

These are a common cause of breast lumps. If you had one in the past, it might come back or get bigger when you are pregnant.

Cysts (Filled with fluid)

Galactoceles (Filled with milk)

None of these lumps are cancer, and they are usually harmless, but do not ignore breast lumps, get them checked out!

BREAST PROBLEMS DURING AND AFTER PREGNANCY

The following are common breast problems that can happen when your breasts make milk (lactation). Lactation usually happens after the birth. If you are worried about any of the following, talk to your doctor or midwife.

TOP TIP

Lactation will occur even if you don't plan to breastfeed, so make sure you get some advice about how to hand express milk. Tommy's has lots of advice about this.

MASTITIS

Mastitis when your breast gets inflamed (red, swollen and hot). This can be with or without infection. If you have mastitis, you might have:

- A hot, red, swollen, burning or very painful breast
- A nipple that could become pulled-in (inverted)
- A lump behind your nipple
- Fluid from your nipple that could be blood stained

Mastitis is common in people who are breastfeeding or who have just given birth. If you smoke, have your nipple pierced or have a skin condition, you are more likely to have mastitis. Mastitis needs to be checked by a doctor as soon as possible. If you have infected mastitis the doctor will give you antibiotics to make it better. They might also send you for an appointment at the hospital to have an ultrasound scan. An ultrasound is safe if you are pregnant or breastfeeding.

ABSCESS

If mastitis is not treated it can cause an abscess. A breast abscess is a painful build-up of pus in the breast. An abscess is diagnosed by a doctor, using an ultrasound. In extreme cases, a breast abscess can lead to an abnormal hole or passage (fistula) in the breast, but this is rare. An abscess is treated with antibiotics or in hospital by draining pus with a needle.

BLOCKED DUCT

Sometimes milk ducts in your breasts can become blocked. This can cause a small, hard lump in your breast. Blocked ducts are more common if you have had surgery to the breast. Gentle stroking massage and frequent breastfeeding can help you avoid blocked ducts. If you keep getting blocked ducts in the same place, then changing the feeding or pumping position can help. **If you think you have a blocked duct, tell your doctor!**

THRUSH

Thrush (*candida albicans*) is a fungal yeast infection that occurs on the nipple and areola. It can cause cracking and damage to the skin in that area. It can also cause itching and shooting pains. Thrush needs to be assessed by a doctor as soon as possible. If you are breastfeeding, you can pass thrush onto your baby, so you must get any symptoms checked out. Thrush is treated with antifungal gel. If you are having treatment, talk to your doctor about treatment for your baby.

SORE NIPPLES

It is common to have sensitive, sore or cracked nipples when you first start breastfeeding, but talk to your midwife about things that can help. You could try nipple balms, but some contain lanolin which can cause skin irritation (dermatitis) or blocked pores. The best thing to relieve nipple pain is expressing a few drops of your milk and rubbing it into the area as it has anti-inflammatory properties.

HOW TO CHECK YOUR BREASTS

Everyone should be checking their breast tissue, no matter their age or gender. The good news is there is no special way of checking, just do whatever feels comfortable for you. As long as you get to know what's normal for you, then you are doing it right! This is called breast awareness. Our 5 handy tips for breast awareness are below:

- **Look AND feel** - it is important to look at your breasts as well as feel them. This is because many of the signs and symptoms of breast cancer can be seen.
- **Check ALL breast tissue** - your breast tissue goes up to your collarbone and under your armpits too, so make sure you check all those areas. Don't forget your nipples!
- **Check roughly once a month** - this doesn't have to be at a specific time in the month. If you have periods, it doesn't need to be at a certain time in your cycle. Just get to know your monthly fluctuations.
- **Get to know YOUR normal** - no-one knows your body as well as you do, so you are the best person to know how your breasts normally look and feel. You are not looking for cancer, you are just checking everything seems normal for you.
- **Be aware of the signs and symptoms of breast cancer** - You don't have to memorise these, just be aware of the symptoms on the next page.



LOOK
changes in skin texture
e.g. puckering/dimpling



LOOK
swelling in your armpit
or around collar bone



FEEL
lumps and thickening



LOOK
nipple discharge



LOOK
a sudden change in size
or shape



LOOK
nipple inversion and
changes in direction



LOOK
a rash or crusting of the
nipple or surrounding area

COMMON QUESTIONS

Q: Can you get breast cancer if you're pregnant?

A: Yes. It is rare to get breast cancer while you are pregnant, but it can happen. Breast cancer happens in 1 in every 3,000 pregnancies. That means around 200 women a year in the UK will have breast cancer while they are pregnant, or up to a year after having their baby.

Q: What do I do if I notice unusual changes in my breast while I'm pregnant or breastfeeding?

A: If you are unsure about a symptom, talk to your doctor. If you are pregnant or have just had a baby, the 8 week postnatal check with your GP is a good time to discuss any worries. But you can speak to them sooner if you are worried.

Q: Does pregnancy increase the risk of breast cancer?

A: No. Breast cancer risk goes down by 7% with each birth. The younger you are when you first give birth, the more the risk goes down. If you have been through treatment for breast cancer in the past, there is no evidence that getting pregnant will increase your risk of it coming back.

Q: Does breastfeeding reduce the risk of breast cancer?

A: Yes. Breastfeeding reduces your lifetime risk of breast cancer. The longer you breastfeed for, the more you lower your risk.

Q: What if I don't breastfeed?

A: Breastfeeding is a personal decision. If you don't breastfeed you may find that your breasts are heavy, sore and engorged for several days. It can help to put warm flannels or a cold compress on your breasts. Only express small amounts of milk if you need to, for comfort. Whether you breastfeed or not, it is important that you are breast aware and get any unusual breast changes checked out with a midwife or doctor.

Q: What can I expect from a doctor's appointment about my breasts?

A: Your doctor will probably want to examine your breasts, and the area under your armpits and up to your collarbone. You might find it helpful to wear loose clothing or a separate top and bottoms. If your doctor refers you to a breast specialist, it does not mean you have breast cancer. The breast specialist may want you to have some tests, those tests could include a biopsy or an ultrasound. Both of these tests are safe if you are pregnant or breastfeeding.

Q: When will my breasts go back to 'normal'?

A: This depends on whether you have breastfed, and for how long. You might find that your breasts get bigger after birth, and after a few weeks return to the size they were during pregnancy. You might also find that your breasts return to the size they were before pregnancy a few months after you stop breastfeeding. Breasts change a lot during pregnancy and childbirth and you might find that your breasts are always different after having a child. They may be smaller or bigger than they were before pregnancy.

ABOUT US

CoppaFeel! is a breast cancer education charity, and we are on a mission to ensure all breast cancers are diagnosed early. We know early diagnosis saves lives, so we want to make sure that everyone is breast aware.

Visit our website at coppafeel.org for more information.

For checking advice visit our Self-Checkout here:



References to sources of information used in this booklet can be found at coppafeel.org

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Patient Information Forum

USEFUL RESOURCES

- Lactation consultants
- Bra fitting advice from nct.org.uk
- tommys.org.uk
- Tommy's Advice Line: 0800 014 7800
- coppafeel.org
- National Childbirth Trust: 0300 330 0700
- National Childbirth Trust Breastfeeding Advice: 0300 330 0700
- laleche.org.uk
- National Breastfeeding Helpline: 0300 100 0212
- The Breastfeeding Network supporter line in Bengali and Sylheti: 0300 456 2421

Text **EARLY** to **82228**
for a free text reminder every month to help you remember to check your breasts.

**WE WANT TO GIVE EVERYONE
THE BEST POSSIBLE CHANCE OF
SURVIVING BREAST CANCER.**



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