

**An information booklet  
from CoppaFeel!**

# **YOUR BREASTS**

**During and after  
pregnancy**

**CoppaFeel!**  
breast cancer awareness



# 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. This booklet will help you better understand your breasts, and feel more confident about checking them.

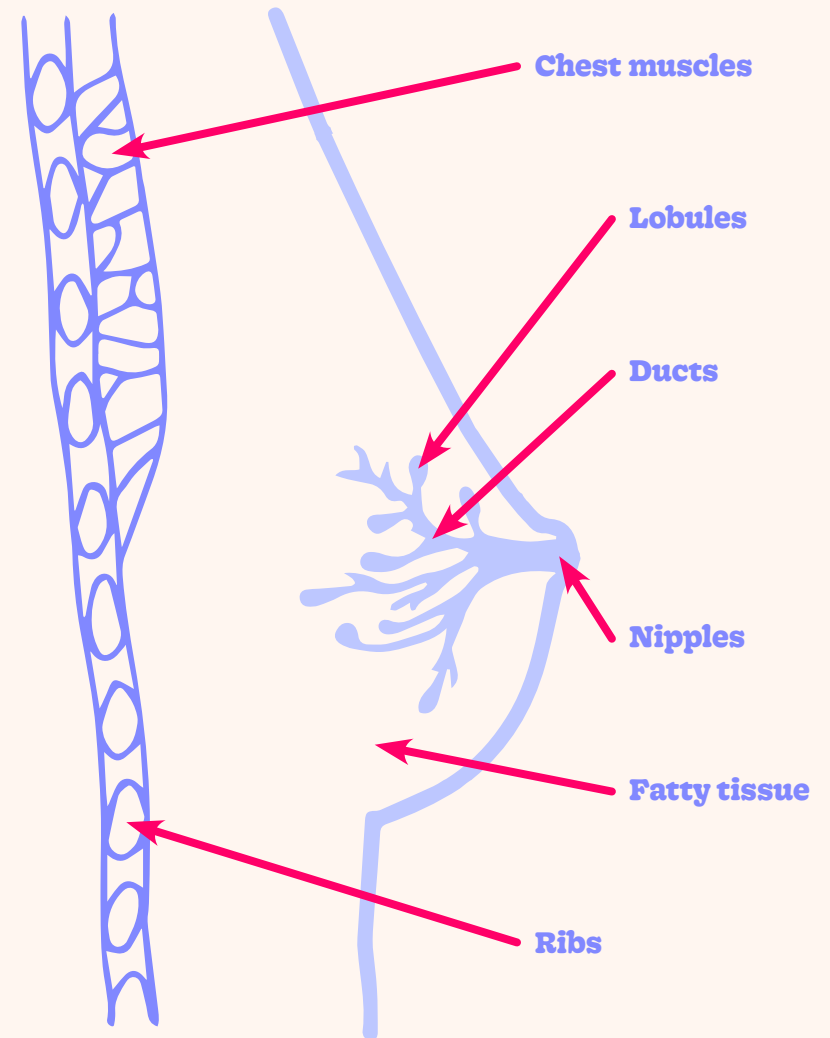
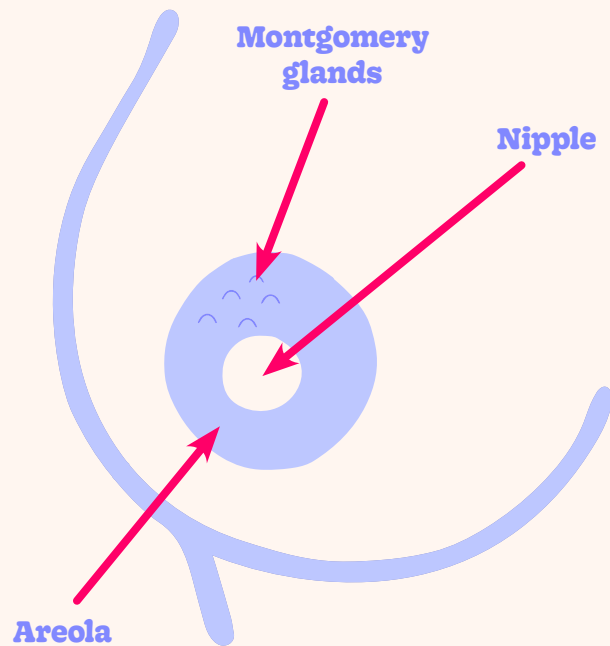
# WHAT'S INSIDE?

3. YOUR BREASTS
5. NATURAL CHANGES
7. COMMON BREAST PROBLEMS DURING AND AFTER PREGNANCY
9. HOW TO CHECK YOUR BREASTS
11. COMMON QUESTIONS
13. ABOUT US
14. USEFUL RESOURCES

# 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 make milk) and ducts (tubes that carry breast milk).**

During pregnancy, these lobules and ducts get ready to make 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)
- \* Breasts become 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 GP 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 GP as soon as possible. Remember to tell your GP if you have a history of breast cancer, or if there is history of it in your family.



**Scan the QR code for more information on breast pain.**

## Tenderness, pain or discomfort

A bit of pain in your breasts is normal during pregnancy or breastfeeding. Pain, because your breasts are feeling full or from cracked nipples, can happen when you first start breastfeeding. Then it should get better. If breast pain is a problem, tell your GP 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.

## 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 GP.

## Breast lumps

Talk to your GP or midwife if you notice you have a new breast lump. Some breast lumps that are not cancer (benign), 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 GP or midwife.**



**Lactation will happen 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 is 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. Your skin tone may make a difference to how the redness looks.
- \* A nipple that could become pulled-in (inverted).
- \* A wedge shaped breast lump or hard area of your breast.
- \* Liquid 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 GP as soon as possible. If you have infected mastitis the GP 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 specialist 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, changing the feeding or pumping position can help. If you think you have a blocked duct, tell your GP.

## Thrush

Thrush (*candida albicans*) is a fungal yeast infection that can show up on the nipple and areola (the skin around the nipple). It can cause cracking and damage to the skin in that area. It can also cause itching and shooting pains. Thrush needs to be checked by a GP 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 GP about treatment for your baby.

## Sore nipples

It is common to have sensitive, sore or cracked nipples when you first start breastfeeding. Talk to your midwife about things that can help, such as support with your baby latching on. 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 which can help stop inflammation.

# HOW TO CHECK YOUR BREASTS

Everyone should be checking their breast tissue. People of all ages and genders can get breast cancer. 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 tips for breast awareness are below:

- 1 Look AND feel** - It is important to look at your breasts as well as feel them. This is because many of the signs of breast cancer can be seen.
- 2 Check ALL breast tissue** - Your breast tissue goes up to your collarbone and under your armpits, so make sure you check all those areas. Don't forget your nipples!
- 3 Check every 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 changes.
- 4 Get to know YOUR normal** - You know your body best, so you are the best person to know how your breasts normally look and feel. You are not looking for cancer, just checking everything seems normal for you.
- 5 Be aware of the signs of breast cancer** - You don't have to memorise these, just be aware of the signs of breast cancer on the next page.

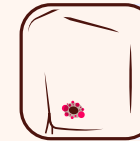
## Signs of breast may include:



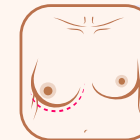
Skin changes such as puckering or dimpling



Unusual lumps and thickening



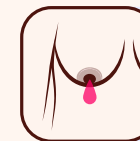
A rash or crusting on or around your nipple



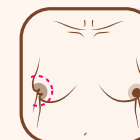
A sudden, unusual change in size or shape



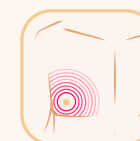
Unusual lump or swelling in your armpit, or around your collarbone



Liquid coming from your nipple



Nipple is pulled inwards or changes direction



Constant, unusual pain in your breast or pec, or armpit

# 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 GP. If you are pregnant, speak to your midwife for advice. If you have just had a baby, the 8 week postnatal check with your GP is a good time to talk about any worries. 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. It is not fully known why breastfeeding reduces the risk of breast cancer.

## **Q: What if I don't breastfeed?**

A: Breastfeeding is a choice that is up to each person. If you don't breastfeed you may find that your breasts are heavy, sore and full of milk for several days. It can help to put warm or cold cloths 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 GP.

## **Q: What can I expect from a GP appointment about my breasts?**

A: Your GP 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 GP refers you to a breast specialist, it does not mean you have breast cancer. The breast specialist may want you to have some tests. They 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 awareness 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 **coppafeel.org** for more information.



**For checking advice, scan the QR code to visit our Self-Checkout.**

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

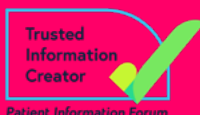
Authored by: Clare O'Neill, CoppaFeel! Health Information Manager

Edited by: Emma Walker, CoppaFeel! Health Information Manager

This booklet was written by CoppaFeel!, with valuable input from Tommy's Pregnancy Hub.

It was reviewed by:

- \* Dr Justice Reilly, Speciality Doctor & Lactation Consultant
- \* Julia Bell, Editor and Patient Information Specialist
- \* Amina Hatia, Tommy's Midwifery Manager
- \* Alanna Linkhorn, Tommy's Midwife
- \* CoppaFeel! Medical Advisory Group
- \* Sarah Siguine, Head of Pregnancy Information at Tommy's



Version 3, 2024. We updated this information in April 2024. We will look at it again in April 2027.

# USEFUL RESOURCES

- \* Bra fitting advice from [nct.org.uk](http://nct.org.uk)
- \* [coppafeel.org](http://coppafeel.org)
- \* Lactation consultants
- \* [laleche.org.uk](http://laleche.org.uk) for breastfeeding support
- \* National Breastfeeding Helpline: 0300 100 0212
- \* National Childbirth Trust: 0300 330 0700
- \* National Childbirth Trust Breastfeeding Advice: 0300 330 0700
- \* The Breastfeeding Network supporter line in Bengali and Sylheti: 0300 456 2421
- \* [tommys.org](http://tommys.org)
- \* Tommy's Advice Line: 0800 014 7800

For **FREE** monthly text reminders, text **CHECK** to **82228**

Standard network rates apply for texts you send us. Receiving our reminders in the UK is free.

**CoppaFeel!**



**CoppaFeel!**  
breast cancer awareness

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

**Checking your chest  
could save your life.**

