

Mastitis is inflammation of the breast tissue that can be caused by an engorged breast or a blocked duct. When treated early, more serious infections can be prevented.

## Signs and symptoms

- Chills/fever
- Joint aches and pains.
- Flu-like symptoms.
- Your breast becomes painful with pink/red areas, hot and swollen.
- A red, lumpy, painful area on the breast is an early sign and mastitis can develop quickly if the milk is not removed.

## Possible causes

- Incorrect positioning and attachment to the breast
- Nipple damage (grazes or cracks)
- An engorged or over-full breast.
- Infrequent feeding or a change in the pattern of feeds, including when weaning.
- Pressure on the breast. This could be from a tight bra or finger pressing into the breast during a feed.
- Favouring one breast.
- Scheduling of breastfeeds, limiting sucking time.
- White spot on face of nipple.

## How to avoid mastitis

It may be possible to prevent mastitis if you follow these tips.

- Wash your hands before handling your breasts or nipples.
- Position and attach your baby to the breast correctly. The nipple may look slightly stretched after the feed but should not be squashed or flattened.
- Make sure the breast you feed from first is soft and comfortable before feeding from the other side.
- If your baby feeds on one side only, you may need to express some milk from the other side for comfort only. Approximately one tablespoon
- Gently feel your breasts for lumps or tender areas before and after a feed.
- If you find a lump or tender area, gently massage towards the nipple before and during feeds.
- Use different feeding positions such as underarm or cradle hold. Place your baby's chin towards the fullest area of the breast during feeds.
- If you become unwell, feel your breasts for lumps and look for redness (using a mirror can be helpful) – refer to the Signs and Symptoms section.
- If you feel pain when breastfeeding or think you may have mastitis, seek help from your Midwife, Child and Family Health Nurse, Lactation
- Consultant (IBCLC) or Australian Breastfeeding Association Counsellor.

## Management of mastitis

*The most important step in treating mastitis is frequent and effective milk removal.*

- To help empty your breasts, offer the affected side first. Express the other breast for comfort if

your baby does not feed from it.

- Your baby may need to be woken to feed.
- If unable to feed, hand express or use a pump to soften the breast.
- Make sure your baby is positioned and attached correctly and do not limit sucking time.
- Gently massage the affected area toward the nipple before and during feeds. A drop of olive oil on the breast may help prevent skin friction.
- Point your baby's chin to the affected area during feeds.
- Cold packs after and between feeds may help with pain relief and swelling reduction.
- It is important to rest and ask for help at home.
- Consider short term use of pain relief such as paracetamol or ibuprofen, as directed

*If the problem does not get better within 12-24 hours or you suddenly feel very ill, contact your doctor. Antibiotics may be needed.*

### **Use of antibiotics**

- The current recommendations are Flucloxacillin (preferred) or Clindamycin (if allergic to penicillin).
- These antibiotics can be used safely when breastfeeding.
- Take a total of 10-14 days of antibiotics to minimise recurrence of mastitis.
- Antibiotic treatment can sometimes cause vaginal thrush. If symptoms develop, treatment will be needed.
- Take extra care with hand washing.

Breastfeeding is generally very safe for babies during mastitis whilst you receive and complete the recommended antibiotic treatment.

In the rare instance that your baby seems unwell or has a fever, you should seek prompt medical attention

### **Resources**

- Your Local Maternity Unit
- Your Midwife, Child and Family Health Nurse, or Lactation Consultant
- Mother Safe (Medications in Pregnancy & Lactation Service) Ph.: (02) 9382 6539 or 1800 647 848 if outside the Sydney Metropolitan area
- Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) Helpline: 1800 686 268
- For a Lactation Consultant (IBCLC) <https://www.lcanz.org/find-a-lactation-consultant/>
- After-hours telephone advice lines are listed in your baby's Personal Health Record (Blue Book)
- If you need an interpreter, call Translating and Interpreting Service (TIS) on 131 450

### **References**

- Australian Breastfeeding Association <https://www.breastfeeding.asn.au/bf-info/common-concerns-mum/mastitisReviewed Mar 2017>
- Eat for Health, NHMRC Infant Feeding Guidelines for Health Workers 2012