

Mastitis is inflammation of the breast tissue that can affect one or both breasts and make breastfeeding painful or difficult. When treated early, more serious conditions and infections can be prevented. It is safe to breastfeed your baby if you have mastitis.

## Signs and symptoms

- Your breast becomes painful with pink/red areas, you may feel a lump, and your breasts may be hot and swollen.
- Chills/fever, joint aches and pains, flu-like symptoms.

## Possible causes

- Incorrect positioning and attachment to the breast.
- Infrequent feeding, scheduling of breastfeeds, limiting sucking time at the breast, or a change in the pattern of feeds (including when weaning). Favouring one breast. Pressure on the breast, this could be from a tight bra or finger pressing into the breast during a feed.
- Nipple damage (grazes or cracks).
- An engorged or over-full breast.
- A white spot on the face of the 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.
- Offer both breasts each feed (baby may take only one breast).
- If your baby feeds on one side only, you may want to hand express some milk from the other breast for comfort only.

## Management of mastitis

*The most important step in treating mastitis is reducing inflammation and pain.*

- 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.
- If possible, continue to feed as baby cues and avoid massaging painful lumps.
- Your baby may need to be woken to feed.
- You may notice milk flow is reduced or baby refuses to feed. If unable to feed, hand express or use a pump to soften the breast for comfort.
- Make sure your baby is positioned and attached correctly and do not limit sucking time.
- Cold packs after and between feeds may help with pain relief and reduce swelling.
- Consider short term use of pain relief such as paracetamol or ibuprofen, as directed.
- It is important to rest and ask for help at home.

***If the problem does not get better within 12-24 hours or you 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.
- You should expect to see some improvement in 24-48 hours.
- If your symptoms are not improving see your GP.
- Take your antibiotics as directed by your doctor. You may need a 10 day course of antibiotics to prevent recurrence of mastitis.
- Antibiotic treatment can sometimes cause vaginal thrush. If symptoms develop, treatment will be needed.

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

### **Resources**

- Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)  
Helpline: 1800 686 268
- Your Local Maternity Unit
- Your Midwife, Child and Family Health Nurse, or Lactation Consultant
- Mother Safe (Medications in Pregnancy & Lactation Service) Phone: (02) 9382 6539 or
- 1800 647 848 if outside the Sydney Metropolitan area
- 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