La Leche League International
957 North Plum Grove Road • Schaumburg IL 60173 USA
847.519.7730 • fax 847.969.0460 • 800.LALECHE

Care Plan for Mastitis

Mastitis is an inflammation of the breast. It is usually caused by backed up milk in a section of the breast. This can progress to an infection if not treated. Delayed nipple wound healing, stress, chronic engorgement, persistent breast pain, and breast masses (with or without fever) increase the risk of mastitis. Areas of the breast that remain undrained or that experience plugged ducts may be focal points for bacteria to take hold and start an infective process. Milk production may drop from the affected breast for a few days during the worst of the symptoms, but it is important for the baby to continue breastfeeding from that side to help prevent the infection from turning into an abscess. The milk from the affected breast will not harm the baby.

Mastitis most frequently recurs when the bacteria are resistant or not sensitive to the prescribed antibiotic, when antibiotics are not continued long enough, when an incorrect antibiotic is prescribed, when the mother stops nursing on the affected side, or when the initial cause of the mastitis has not been addressed (such as milk stasis). If mastitis recurs, make sure that a culture and sensitivity test is done on the milk to discover exactly what organism is involved and what antibiotic will eliminate it. Many organisms are resistant to common antibiotics and repeated use of ineffective medications increases the risk of an abscess.

Mastitis caused by methicillin resistant Staph aureus (MRSA) is becoming more prevalent. Increased risk for hospital-acquired MRSA, a virulent and difficult to treat situation, is seen in mothers with a cesarean delivery, administration of antibiotics in the peripartum period, mothers with multiple gestation, and mothers who have experienced in vitro fertilization. Outpatient infection with MRSA also is becoming more common.

Prevention

Prevention is the best line of defense.

- Avoid going for long periods of time between feedings
- Make sure that all areas of the breast are well drained at each feeding
- Address any areas of the breast that remain hard by massaging while nursing
- Quickly begin to take care of plugged ducts. Massage over and/or behind the blockage has been the commonly used way to reduce and disperse the material obstructing the duct. A different approach has been recommended whereby the mother massages in front of the lump toward the nipple. Begin by massaging close to the nipple, reposition the massage farther back until you are massaging directly in front of the blockage. This is thought to help clear the way through convoluted ductwork that may not be in straight alignment to the nipple. Plugged ducts require prompt attention, because they can start a cascade of events that leads to breast inflammation and breast infection.
- Troubleshoot the cause of sore or damaged nipples. Get help from a La Leche League Leader, an International Board Certified Lactation Consultant (IBCLC), or other expert in breastfeeding to make sure that your baby is positioned, latched, and suckling correctly. Once a break in the skin occurs, it increases your chances of a breast infection. Consider the use of a suitable emollient that is safe for the baby to ingest, such as HPA Lanolin. This can be soothing and speed healing of a cracked nipple. You also may wish to talk to your doctor about applying a medicated ointment to the damaged nipple to decrease the likelihood of a breast infection.
- Due to the link between severe nipple soreness and infection of the nipple by Staph aureus, some experts recommend careful washing of the nipple with soap and water and the application of a medicated ointment to promote wound healing and prevent progression to an infection that can eventually affect the breast. Talk with your doctor about this type of breast infection.

For more information
llli.org

Signs, Symptoms, and Treatment

If you

- Can see red patches on the breast
- Can feel a hard sore lump in the breast
- Feel achy and run down
- Have a low grade fever (less than 38.4˚ C [101˚ F])

Then

- Continue to feed the baby 8-12 times each 24 hours from both breasts
- If baby does not drain the affected breast, hand express or pump that side to thoroughly drain it
- Use alternate massage (massage and compress the breast and hard area each time baby pauses between sucks)
- Apply heat prior to feedings to promote breast drainage
- Ask your physician or nurse practitioner if you can use a medication such as ibuprofen to reduce the inflammation

If

- You do not see results or feel better in 8-24 hours
- You continue to run a fever or suddenly spike a high fever (38.4˚ C [101˚ F]) or higher
- The breast becomes red, hot, and swollen
- You see pus or blood in the milk
- You see red streaks on the breast from the areola to the underarm
- A cracked nipple looks infected
- You have chills and continue to feel worse

Then

- Call your doctor
- If medication is prescribed, take the full 10-14 days course
- Rest, drink plenty of fluids and increase your vitamin C intake
- Continue to nurse frequently on the affected side (or pump if the baby is unwilling or unable to feed well on that side)
- Use alternate massage on the affected side to help it drain better
- Ask an LLL Leader, lactation consultant, or breastfeeding counselor to help you find out what is causing the mastitis so that it does not recur

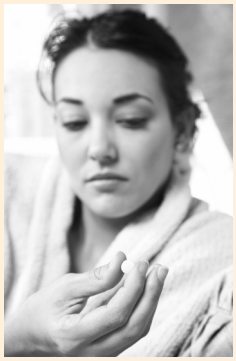
At one time it was standard procedure to recommend weaning with a breast infection. But experience has shown that a breast infection clears up more quickly when the breast is not allowed to become overly full, and there is less risk of it developing into an abscess. Also, even temporary weaning is a hardship when a mother is not feeling well. As for the baby, antibodies in the mother's milk protect the baby from bacteria associated with the infection. In almost all cases, the best thing a mother with a plugged duct or breast infection can do for herself and her baby is to keep nursing.

References:

The Academy of Breastfeeding Medicine Protocol Committee. ABM Clinical Protocol #4: Mastitis. Revision, May 2008. *Breastfeed Med* 2008; 3(3):177-180

Spencer JP. Management of Mastitis in Breastfeeding Women. *Am Fam Physician* 2008; 78(6):727-732

Complementary and alternative therapies have been recommended such as:



- **Hot castor oil packs. Preheat a heating pad. A washcloth that has been dampened with hot water is placed on a sheet of plastic wrap. A tablespoonful of castor oil is poured on the cloth and spread around. This preparation is placed over the affected area of the breast with the heating pad over it while the mother lies down and rests for at least 20 minutes. The oil should be washed off of the nipple prior to the next feeding. Some mothers simply spread castor oil on a cloth, heat the cloth in a microwave, and apply to the breast when the cloth cools enough to be comfortable**

- **Homeopathics such as Phytolacca 30C every 3-4 hours; Belladonna 30C every 3-4 hours, Hepar sulph, and Bellis perennis may also be helpful.**

- **Probiotics**

La Leche League Leaders are accredited volunteers who are available to help with breastfeeding questions in person, over the phone, and online. To locate an LLL Leader, please visit our website at **llli.org**.