GUIDELINE: MASTITIS-PREVENTION AND TREATMENT OF MASTITIS IN BREAST FEEDING WOMEN

AUTHOR:
NNU Quality Coordinator

PURPOSE:
To improve outcomes for mother and baby, and protect breastfeeding of women admitted to Hauora Tairawhiti with mastitis

DEFINITIONS:
Mastitis is an inflammatory condition of the breast that may or may not be accompanied by infection. Lactational mastitis occurs when pressure builds within the milk cells (alveoli) from stagnant or excess milk, leading to cellulitis of the interlobular connective tissue within the mammary gland. It may or may not involve infection. (ADHB 2017)

Lactational mastitis most often occurs in the setting of breastfeeding problems which typically result in prolonged engorgement or poor drainage.

Damaged nipples may also allow the direct entry of bacteria and result in mastitis. The infection can then progress to local abscess formation if not treated promptly.

Breastfeeding problems which may result in mastitis include:

- Incomplete emptying
- Poor breastfeeding technique
- Ineffective feeding
- Blocked milk duct
- Oversupply of milk
- Infrequent feedings
- Rapid weaning
- Illness in mother or baby
- Maternal stress or excessive fatigue
- Maternal malnutrition

With optimal and effective breast feeding from birth mastitis is less likely to occur.
GUIDELINE

1. **Treat infection.** The main organism responsible for mastitis is Staphylococcus Aureus. The generally recommended antibiotic treatment for mastitis is oral Flucloxacillin 500mg four times daily for 10-14 days. A loading dose of 1000mg may be considered. Women who are admitted, however, are more likely to be given IV antibiotics and Flucloxacillin is still the drug of choice. If no response to oral antibiotic treatment is seen within 24-36 hours, consult with on call obstetrician in anticipation of admission for IV antibiotics. If the woman is allergic to penicillin then Cephalexin or Clindamycin may be indicated. (MOH 2014)

2. **Reduce pain and inflammation.** Ibuprofen is an ideal analgesic for breastfeeding women as even large doses produce very low levels of the drug in maternal milk (Hale 2012). Reduced pain and inflammation will improve milk flow and comfort. Ibuprofen 400mg three times daily with food is the recommended dose.

3. **Improve breast feeding management.** The origin of mastitis is frequently due to a suboptimal latch. If possible all women admitted with mastitis are recommended to have a consultation with a certified lactation consultant. (IBCLE). Contact the maternity unit (ex 8012) for contact details and availability.

4. **Breast feeding must continue** with the baby being fed as often and for as long as the baby chooses. Restricted feeding schedules can predispose to mastitis.

5. **Keep mother and baby together.** Separating mother and baby will reduce the number and length of breast feeding episodes and is therefore detrimental to the resolution of mastitis. Separation is also distressing for mother and baby and is not acceptable.

6. **Provide assistance for the mother.**

7. **Protect the milk supply.** If a mother chooses not to breast feed while undergoing treatment for mastitis or a breast abscess then the milk supply must be protected by regular expressing with a breast pump or by hand 2-3 hourly during the day and at least once overnight. The Lactation consultant will be able to advise on this.

8. **Milk cultures should be considered if mastitis is recurrent or not responding to treatment.**
ASSOCIATED DOCUMENTS
Hauora Tairawhiti Breastfeeding policy
Appendix 1: Information for mothers with mastitis

REFERENCES
https://www.healthnavigator.org.nz/health-a-z/m/mastitis/

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Appendix 1 Information for mothers with mastitis

[Mama Aroha (2014) Talk cards have useful information for mothers if available]

Mastitis is an inflammation of the breast that may also become an infection. Mastitis is not always an infection so you will not always be given antibiotics straight away. The most common cause is poor draining of your breast from latching or feeding difficulties. Damaged nipples make infection more likely.

You may feel like you are getting the flu with chills, fever and headache. You will probably have a red and painful area on one of your breasts.

Contact your midwife, a lactation consultant or your GP as soon as possible.

Once mastitis is suspected there are lots of things you can do to help yourself get better and avoid further infection.

- Get your midwife or lactation consultant to watch baby feed and suggest any changes. Have her show you different positions including lying down.
- Rest lots, stay in bed if possible. Get someone over to help if you can.
- Feed your baby frequently
- Always follow safe sleep routines for your baby even though you may be very tired
- Pain relief – Ibuprofen (Nurofen) taken as per instructions with food helps relieve inflammation. Paracetamol may also be taken.
- Drink plenty of water
- Use warm wet compresses on your breast before feeding to help the milk flow and cool ones afterward to relieve pain and swelling.
- Massage and compressing your breast during feeding can help remove any lumps
- Go without a bra if you can or ensure your bra is not tight or restrictive.
- Don’t sleep on your tummy as it can restrict the milk flow
- Change baby’s feeding position
- Smoking lowers resistance to infection – a health care worker can help you with stopping smoking
- Complementary therapies can be helpful but should not replace recommended treatments
- There is some useful information on https://www.healthnavigator.org.nz/health-a-z/m/mastitis/
- Local support and advice can be found on http://www.breastfeedingeastcoast.nz/

With lots of rest and frequent feeding mastitis often gets better without antibiotics. If these things don’t work after 24 hours or you are getting worse then you may need antibiotics. Contact your midwife or GP or Lactation consultant if you feel worse or are not improving after 24 hours.