

Treatment of mastitis

A common condition in women who breastfeed, mastitis is a collective term for an infection of the breast. If you're breastfeeding, it's called lactation or puerperal mastitis. If you're not, it's called periductal mastitis. Mastitis can make you feel like you have the flu, but it can be cured a lot quicker. In the U.S., as many as 1 in 10 breastfeeding women get it.

Risk factors

- Blocked or plugged ducts.
- Ineffective milk removal from the breast.
- Cracked nipples.

Symptoms

- A fever greater than 101 degrees, along with breast tenderness.
- The breast(s) may appear red, swollen and feel hot.
- Flu-like symptoms such as nausea, headache, body aches and excessive fatigue.
- Some babies refuse the infected breast due to a change in milk composition, giving the milk a salty taste.

General suggestions

1. The most important management of mastitis is frequent and effective milk removal, preferably by breastfeeding.
2. If your baby is unable to breastfeed effectively, milk should be removed manually or through the use of a breast pump.
3. Adequate rest, plenty of fluids and good nutrition, including a diet abundant in vitamin C, are important while recovering from mastitis. Get help with other responsibilities until you're feeling better.
4. If symptoms of mastitis aren't improved within 24 hours or if you're acutely ill, antibiotic treatment should be started. A prescription must be obtained from your physician. Completing the full course of antibiotics is imperative to prevent reinfection.

Before feedings

1. Use warm, moist compresses prior to each nursing or pumping session to encourage better flow of milk. Breast baths work well. Hang breasts in a pot or tub of warm water, massage and express milk. Continue heat and massage daily for one to two weeks after completing the antibiotics.
2. Gently massage your breasts before feeding.

During feedings

1. Continue nursing while you have mastitis. This is not harmful to the baby.
2. Gently compress and massage the breast during infant pauses in feeding, being careful not to disturb the baby's latch.
3. Begin breastfeeding on the affected breast. If pain inhibits letdown of milk from the affected side, begin breastfeeding on the unaffected breast and switch to the affected breast as soon as milk has letdown.
4. Be sure to nurse both breasts frequently, thoroughly draining the affected side. If your baby is unable to drain the affected breast completely, or refuses the breast, pumping and/or hand expression must be started.

After feedings

1. You may use ice packs after nursing to reduce inflammation and swelling. This may also provide some pain relief. Bags of frozen peas or corn make easy to use ice packs.
2. Ibuprofen is compatible with breastfeeding. Use as directed to relieve pain, fever, and inflammation.
3. Milk production can decrease in the affected breast during an episode of mastitis. Mother may need to feed more frequently for a several days until milk production returns to normal.

Center for Breastfeeding Support

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