

Mastitis

Mastitis is an inflammatory condition of the breast that can be accompanied by infection.

Studies show that up to 95% of cases occur in the first 12 weeks after giving birth and that most cases occur during the second and third week postpartum.

Early symptoms of mastitis include fatigue, localized breast tenderness, and a flu-like muscular aching. These symptoms are often followed by a fever of 38.5 C. (101 F) or more, chills, and the appearance of a tender, hot, reddened area on the breast.

Mastitis usually occurs in one breast but can sometimes occur in both breasts simultaneously.

Mastitis usually develops in the upper outer quadrant of the breast.

A breast infection, which is left untreated, can develop into a breast abscess. There is localized pus, tissue swelling, and pain with a breast abscess. Immediate care by a physician is necessary.

Treatment Of Mastitis

1. Pain Relief

- Pain should be treated with an analgesic. Ibuprofen can reduce inflammation as well as pain and is a good choice. Acetaminophen can also provide relief.
- Check with your health care provider before taking any medication

2. Frequently And Thoroughly Remove Milk From The Breast

- Be sure that your baby is positioned and latched properly
- Breastfeed your baby with his chin pointed toward the sore spot
- Feed your baby every 2 hours during the day and at least once during the night
- Nurse for at least 10 minutes on the affected breast after letdown occurs
- Gently massage any lumpy areas, moving in the direction of the nipple, while your baby is breastfeeding.
- Express milk after every feeding by hand expressing or by using a good quality breast pump

3. Apply Moist Heat To The Breast

- Have a warm bath or shower (with the water running over your breasts from behind) or apply warm, moist compresses to the breast before breastfeeding
- Light breast massage can be helpful if it doesn't cause too much pain

4. Rest

- Go to bed and stay there for several days
- Resting in bed with the baby can also increase the frequency and length of time that the baby is at breast
- Get help with all tasks

5. Antibiotic

- Some physicians prescribe an antibiotic at the onset of mastitis
- Other physicians delay antibiotic treatment for 3 or 4 days to see if the mastitis disappears with frequent emptying of the breast, application of moist heat, and bed rest
- Most authorities recommend a 10-14 day course of antibiotic treatment. There is a higher incidence of relapse with shorter courses.
- Always take the entire medication, even if the mastitis seems to disappear quickly

Mastitis And The Nursing Infant

It is safe for your baby to continue to breastfeed in most cases of mastitis. Most breast infections involve only the connective tissue of the breast and not the duct work or the breast milk. Furthermore, the germs causing

the breast infection usually come from the baby or the home environment. You will have produced antibodies to these germs and these antibodies are present in your breast milk. Continuing to breastfeed reduces the inflammation of the tissues and is the best way to thoroughly remove milk from your breasts. The breast milk will be saltier tasting when mastitis occurs. Most babies do not mind and continue to nurse.

Recurrent Mastitis

- Some women are prone to mastitis and experience repeated episodes of mastitis. Recurrent mastitis can result from delayed or inadequate treatment of the initial condition, uncorrected poor breastfeeding technique, a secondary yeast infection, or an underlying breast condition such as a ductal abnormality or cyst.
- It is important to be watchful for signs of mastitis. Be careful to regularly remove milk from your breasts and try to avoid becoming overtired. At the first sign of mastitis notify your health care provider and begin treatment.
- Sometimes cultures of the milk and/or the baby's mouth are needed to determine which antibiotic will best treat the recurrent mastitis. In rare cases, cultures of the entire family are required to determine the source. Treatment of everyone involved is then needed.

Avoiding Mastitis Or Recurrent Mastitis

- Be sure to wash your hands before breastfeeding. Remember to clean under your nails as this is a common source of germs.
- Ensure equal breast stimulation
 - Alternate the breast you begin with each time. This way you will remove adequate amounts of milk from both the right and left breast, even if baby falls asleep or refuses the second breast.
 - Avoid constricting the milk ducts. Try not to sleep on only one side, check that the baby carrier doesn't cut into your breast, avoid wearing a bra that is tight or underwire.
- Ensure regular and thorough milk removal from the breasts either by nursing, hand expression, or pumping
 - Breastfeed every 2 or 3 hours or 8 to 12 times in 24 hours
 - Breastfeed for at least 10 minutes per breast after letdown
 - Use various nursing positions
 - Avoid delaying or missing nursings
 - If baby does not adequately drain the breast, use hand or pump expression
- Look after your overall health
 - Eat according to Canada's Food Guide
 - Take daytime naps or rest periods when baby naps
 - Nurse lying down
 - Try to reduce your stress, prioritize your responsibilities, get help with tasks
 - Exercise, but remember that moderation is the key. Some research has shown that vigorous exercise of the upper arms and chest has led to mastitis.
- If you experience cracked nipples, plugged ducts, or any other breastfeeding problem get help from a health care provider who has experience helping breastfeeding mothers.

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