



Mastitis

What is mastitis?

Mastitis is an inflammation of the breast. If it is not treated promptly it can lead to an infection. It often starts when the milk isn't draining well from the breasts (known as milk "stasis").

Is engorgement the same as mastitis?

Engorgement may occur if the breasts become overfull, causing pressure on the milk ducts. It usually resolves after a day or two with frequent breastfeeding/expressing. However, if you restrict how often you breastfeed or express it may develop into mastitis.

What causes mastitis?

- Baby not feeding often enough or mother not expressing often enough
- Not draining the breasts well, either with baby feeding or expressing
- Limiting the frequency and length of breastfeeds
- Limiting the frequency of expressing, if baby is not feeding from the breast
- Baby not latched well at the breast
- Damaged nipples
- Missed feeds or sudden cessation of breastfeeding
- Blocked duct
- Pressure on the breast with a tight fitting bra, baby sling or seat belt
- Mother or baby being unwell
- Oversupply of milk

What are the signs of mastitis?

- Breast pain
- Heat in the breast
- Red area on the breast
- Feeling nauseated or unwell, as if getting the 'flu'
- May have chills, shivers or aches, as well as a fever

How do I prevent mastitis?

- Breastfeed as often as baby shows feeding cues (see the Feeding Cues poster)
- Make sure that baby is attaching well at the breast, and seek help if you are unsure
- Allow baby to drain the breast that you start the feed on before offering the other side – this will ensure that the first breast is well drained. Start on the other breast next feed

- If you are feeling uncomfortably full in the breasts, hand express for comfort or to soften the areolar (the area around the nipple) before feeding baby
- Avoid giving baby a dummy as you may miss those early feeding cues
- Avoid giving baby formula (unless recommended by a health professional)
- If you decide to give baby a bottle feed, express to keep your milk production going

How do I treat mastitis?

If you suspect that you have a blocked duct or mastitis, start by doing the following:

- DO NOT stop breastfeeding/expressing while you have blocked ducts or mastitis!
- Feeding baby or expressing your breasts will treat the blockage, reduce the risk of mastitis and/or the risk of mastitis developing into a breast abscess
- It is safe to give baby your breast milk, even with mastitis
- Feed baby frequently, every 2 hours if needed
- If you suspect baby is unable to drain your breast well, express your milk
- Apply warm compresses to your breasts, or have a warm shower, before feeding as this may encourage milk to flow more freely
- Gently massage your breast
- Put baby to the sore side first, if it is not too painful. If it is too painful, put baby to the other breast until your milk starts to flow, then switch your baby to the sore breast
- Drink plenty of fluids and rest as much as possible – ask your family and friends to help
- You can take mild analgesia, such as paracetamol or ibuprofen, as per the recommended dose
- Apply cold packs to your breast after feeding if this provides comfort
- If there is no improvement in 24 hours or you develop a fever, see your doctor as you may need antibiotics
- If you require antibiotics to treat mastitis, it is safe to continue to breastfeed/give baby your breast milk. Complete the full antibiotic course, even if you are feeling better

How long will the mastitis last?

When mastitis is treated promptly (using the steps listed above) and appropriately it should resolve relatively quickly, and most mothers start to feel better within 24 hours

*If you are finding it too painful to breastfeed/express or the mastitis is not resolving, seek assistance from your midwife, lactation consultant, child health nurse or GP **promptly***