



# Summary Guide to Mastitis

*The following guide is NOT medical advice. Always refer to a medical professional for diagnosis. The below is a collation of information in the public domain designed to assist breastfeeding parents in the management of possible mastitis.*

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# Mastitis

## *What is it?*

Mastitis (inflammation of the breast) can occur when a blocked duct doesn't clear, or more generally when the build up of milk in your breast causes swelling and inflammation. As well as having a tender breast, you are likely to feel achy, run-down and feverish; you may have flu-like symptoms.

## *Symptoms*

Local symptoms are the same as for a plugged duct, but the pain/heat/swelling is usually more intense. There may be red streaks extending outward from the affected area.

Mastitis symptoms often include a fever of 101.3°F (38.5°C) or greater, chills, flu-like aching, malaise and systemic illness.

## *Side Effects*

- Milk supply and pumping output from the affected breast may decrease temporarily. Extra nursing/pumping will generally improve supply once the infection has resolved
- Occasionally you may express “stringy” thickened milk. This is fine to feed baby, but you can strain it if you wish
- After resolution it is common for the area to remain reddened or have a bruised feeling for a week or so afterwards
- Milk have a saltier taste due to increased sodium and chloride content – some babies may resist/refuse the breast due to this temporary change
- Milk may occasionally contain mucus, pus or blood

## *Possible Causes*

- Milk stasis / restricted milk flow
  - Engorgement or inadequate milk removal (due to latching problems, ineffective suck, tongue-tie or other anatomical variations, nipple pain, sleepy or distracted baby, oversupply, hurried feedings, limiting baby's time at the breast, nipple shield use, twins or higher order multiples, blocked nipple pore, etc.)
  - Infrequent/skipped feedings
  - Pressure on the duct (from fingers, tight bra or clothing, prone sleeping, nappy bag, etc.)
  - Inflammation (from injury, bacterial/yeast infection, or allergy)
- Infection
  - Sore, cracked or bleeding nipples can offer a point of entry for infection
  - Hospital stay increases exposure to infectious organisms
  - Obvious infection on the nipple (crack/fissure with pus, pain) is a risk factor
  - Past history of mastitis is a risk factor
- Stress and fatigue
- Anemia and or weakened immunity

## *General Treatment*

- **Do NOT decrease or stop nursing as this increases risk of complications (including abscess)**
- Bed rest (preferably with baby)
- Increase fluids, adequate nutrition
- Nurse frequently & empty the breasts thoroughly
- Aim for nursing at least every 2 hrs.
- Keep the affected breast as empty as possible, but don't neglect the other breast
- When unable to breastfeed, breastfeeding parent should express milk frequently and thoroughly (with a breast pump or by hand)

## *Breastfeeding Protocol*

- Before Nursing
  - **Use heat & gentle massage before nursing**
  - **Warm compress**
    - Try using a disposable nappy:
      - fill the diaper with hot water
      - try the temperature on your wrist first to avoid burns
      - squeeze the diaper out a bit
      - put the inside of the diaper toward the breast
  - **Basin soak**
    - fill sink or bowl with hot water
    - submerge breast in water while massaging the plugged area toward the nipple
    - may use epsom salts (handful of epsom salts per 2 liters of water)
    - rinse with fresh water before nursing, as baby may object to the taste
  - **Hot Shower**
    - massage in the shower with a large-toothed comb
      - the comb should be drawn through a bar of soap until it is very soapy
      - use gently massage over the affected area in the direction of the nipple
  - Loosen bra & any constrictive clothing to aid milk flow
  - **Massage** will help to improve milk drainage and improve symptoms

## *Breastfeeding Protocol (continued)*

- During Nursing
  - **Nurse on the affected breast first**; if it hurts too much to do this, switch to the affected breast directly after let-down.
  - Ensure **good positioning & latch**. Use whatever positioning is most comfortable and/or allows the plugged area to be massaged
  - Use **breast compressions**
  - Massage gently but firmly from the plugged area toward the nipple
  - Try nursing while leaning over baby (sometimes called “**dangle feeding**”) so that gravity aids in dislodging the plug
- After Nursing
  - **Pump or hand express after nursing** to aid milk drainage and speed healing
  - **Cold compresses** between feedings for pain & inflammation
    - Try using a disposable nappy filled with water
    - place in the fridge/freezer
    - wrap the inside around your breast inside your bra

## *Medication?*

- Analgesia (normal doses of paracetamol or ibuprofen can be taken whilst breastfeeding)
- Antibiotic - If symptoms are not improving in 12-24 hours, or if breastfeeding parent is acutely ill.
  - Do not discontinue treatment earlier than prescribed
  - Talk to your DR about starting antibiotics immediately if:
    - Mastitis is in both breasts.
    - Baby is less than 2 weeks old
    - you have recently been in the hospital
    - Symptoms are sudden and severe
    - 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
    - Your breast becomes redder than usual, hot, and swollen
    - You see pus or blood in your milk
    - You see red streaks on your breast from the areola to the underarm
    - You have broken skin on the nipple with obvious signs of infection.
    - You have chills and continue to feel worse
- Probiotic to reduce the risk of thrush
- Several women find that Lecithin supplements help prevent reoccurrence

## *Sources of Information Used for this Guide*

<https://www.llli.org/breastfeeding-info/mastitis/>

<https://kellymom.com/bf/concerns/mother/mastitis/>

<https://www.nhs.uk/conditions/mastitis/>

<https://breastfeedingmadesimple.com/challenges/sore-nipples/>

Handout #22 Blocked Ducts and Mastitis. Revised January 2005 Written by Jack Newman, MD, FRCPC. © 2005

[http://praeclaruspress.com/breastfeedingmadesimple/wp-content/uploads/2016/02/newman\\_BlockedDuctsandMastitis-January2005.pdf](http://praeclaruspress.com/breastfeedingmadesimple/wp-content/uploads/2016/02/newman_BlockedDuctsandMastitis-January2005.pdf)

## *Resources in Singapore*

Your own GP should be able to diagnose and offer medication for Mastitis

Lactation Consultants:

- Alona Hodik
  - +65 8722 3242
  - [www.bellytobreastfeeding.com](http://www.bellytobreastfeeding.com)
- Uma Thambidurai
  - +65 6836 0063
  - [www.motherandchild.com.sg](http://www.motherandchild.com.sg)

Breast Massage

- Health 2 Mama +65 8358 2144
- Lynn Mummy Care +65 8833 7317