

Mastitis in the lactating woman – short version

Mastitis is defined as inflammation of the breast. A lactating woman with a swollen, red and painful area on her breast, sometimes with a raised pulse and temperature, and even flu-like symptoms, often accompanied by shivering attacks and rigors; is readily diagnosed as suffering from mastitis.

Some clinicians will automatically prescribe antibiotics for the condition, as mastitis and breast infection have been thought to be synonymous for much of the 20th century.

However, awareness is now growing that inefficient milk removal, and not underlying infection is the *primary* cause, and the evidence for this is detailed in the WHO document "Mastitis – causes and management" (see References below). Mastitis is more commonly unilateral than bilateral; and in 80% of cases it will be on the side opposite the mother's preferred side for holding.

The main principles of treatment of mastitis are:

- Supportive counselling
- Effective milk removal
- Symptomatic treatment
- Antibiotic therapy

SUPPORTIVE COUNSELLING

In addition to effective treatment and control of pain, a woman needs emotional support. *She may have been given conflicting advice from health professionals, she may have been advised to stop breastfeeding, or given no guidance either way.*

She may need reassurance about the value of breastfeeding; that it is safe to continue; that milk from the affected breast will not harm her infant. She may need encouragement that it is worth the effort to overcome her current difficulties.

She needs clear guidance about all measures needed for treatment, and how to continue breastfeeding or expressing milk from the affected breast. She will need to be followed up to ensure that she has the support and guidance she needs until she has recovered fully.

EFFECTIVE MILK REMOVAL

This is the most essential part of treatment. Antibiotics and symptomatic treatment may make a woman feel better temporarily, but unless milk removal is improved, the condition may become worse or relapse despite the antibiotics.

Help the mother to improve her infant's attachment at the breast. Encourage frequent breastfeeding, as often and as long as the infant is willing.

If breastfeeding is too painful, the mother should express breast-milk frequently, by hand or with a pump, until breastfeeding can be resumed.

SYMPTOMATIC TREATMENT

Pain should be treated with an analgesic. Ibuprofen is considered the most effective, and it may help to reduce inflammation as well as pain. Paracetamol is an appropriate alternative.

Rest may be appropriate, if the woman feels ill. As well as helping the woman herself, resting in bed with the infant is a useful way to increase the frequency of breastfeeds, and may thus improve milk removal.

Other measures which may be helpful are the application of cold packs to the breast, to relieve pain and reduce the inflammation; and ensuring that the woman drinks sufficient fluids.

ANTIBIOTIC THERAPY

Antibiotic treatment is indicated if:

- Symptoms do not improve after 12-24 hours of improved milk removal, or
- Cell and bacterial colony counts and culture indicate infection, or
- Symptoms have been present for a day or more and are increasing in severity.

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