

Mastitis

Mastitis means that the breast is inflamed, and there is swelling, redness, tenderness and pain. There may be an infection, so it is wise to consult your health-care provider to determine whether or not an antibiotic is necessary. A breast infection can become a **breast abscess** that requires surgical draining, but this can almost always be prevented by treating mastitis promptly.

Signs of mastitis include:

- **Part or all of the breast is intensely painful, hot, tender, red, and swollen.** Some mothers can pinpoint a definite area of inflammation, while at other times the entire breast is tender.
- **You feel tired, run down, achy, have chills or think you have the flu.** A breastfeeding mother who thinks she has the flu probably has mastitis. Mothers with mastitis will sometimes experience these flu-like symptoms, even before they get a fever or notice breast tenderness.
- **You have chills or feel feverish, or your temperature is 101F or higher.** These symptoms suggest that you have an infection.
- **You are feeling progressively worse, your breasts are growing more tender, and your fever is becoming more pronounced.** With simple **engorgement**, a **plugged duct**, or mastitis without infection, you gradually feel better instead of worse.
- **Recent events have set you up for mastitis:** cracked or bleeding nipples, stress or getting run down, missed feedings or longer intervals between feedings.

PREVENTING MASTITIS

The best way to prevent mastitis is to avoid the situations that set you up for it.

- Relieve engorgement promptly. Milk that doesn't flow gets thicker and clogs the ducts, which is a set-up for mastitis.
- Breastfeed frequently. Don't restrict the length of feedings.
- If you feel your breasts getting full, encourage your baby to nurse. You don't have to wait for baby to tell you he's hungry.
- Avoid sleeping on your stomach or so far over on your side that your breasts are compressed against the mattress.
- Take care of yourself and get plenty of rest (both of mind and body).

REPEATED EPISODES OF MASTITIS

Problems with recurrent mastitis are usually the result of irregular breastfeeding patterns: missing feedings, giving bottles in place of breastfeedings, or skipping pumping sessions when separated from the baby. Recurrent mastitis may also mean that mother's immune system is generally run down, because of fatigue and stress. Mastitis is a sign that you need to take a closer look at your lifestyle and breastfeeding relationship and make some adjustments.

TREATING MASTITIS

Treating mastitis is much like treating engorgement only more urgent. Try these suggestions in addition to those listed under **engorgement**.

- **Rest, rest, rest.** Mastitis is an illness, so take a medical leave from all responsibilities other than breastfeeding. Take your baby to bed with you and nurse. Rest relieves stress and replenishes your immune system.
- **Alternate warm and cold compresses on your breasts.** Cold compresses relieve pain; warmth increases circulation, which mobilizes infection-fighters in the inflamed area. Lean over a basin of warm water, stand in a warm shower, or soak in a warm bath. Warm water or a warm, wet towel is more effective than the dry heat of a heating pad. For cold compresses, use crushed ice in plastic bags or bags of frozen vegetables, covered with a thin dishtowel to protect your skin.
- **Gently massage the area of tenderness.** This increases circulation, helps to loosen any plugged ducts in the area, and mobilizes local immune factors. Try doing this while soaking the breast in a warm shower or bath.
- **Breastfeed frequently on the affected side.** If it hurts to nurse the baby, start the feeding on the breast that is not sore, and switch to the sore side after your milk lets down. Breastfeeding is usually more comfortable when the milk is flowing. It's important to empty the inflamed breast. As in other parts of the body, fluid that is trapped can get infected. Your baby can empty your breast more efficiently than a breast pump. However, if your baby is not nursing well, you may have to use a **breast pump** or **hand expression** to get the milk out.
- **Vary the baby's position at the breast,** so that all the ducts are emptied.
- **Take analgesics for fever and pain.** Acetaminophen and/or ibuprofen are safe to take while breastfeeding. Unrelieved pain not only decreases your ability to produce milk, but suppresses your body's ability to fight infection.
- **Drink lots of fluids,** as you would if you had the flu. Fever and inflammation increase your need for fluids.
- **Boost your immune system with good nutrition.**
- **Sleep without a bra.** At other times, wear a looser fitting bra that does not put pressure on the affected area. Or if possible, go without a bra.
- **Don't quit nursing at this point.** Weaning increases the risk of a breast infection turning into a **breast abscess** that requires surgical draining. Continuing to nurse your baby is the best treatment for engorgement, mastitis and breast infections.
- **If baby refuses to nurse on the affected breast,** it may be because inflammation of the milk glands increases the sodium content of your milk, giving it a salty taste. Most babies either don't notice or don't mind, and go right on nursing. Some may object to the change and fuss or refuse to nurse from that side. Try starting the feeding on the unaffected side and finishing on the salty side. As the inflammation subsides, your milk will soon return to its usual taste.

DO YOU NEED ANTIBIOTIC TREATMENT?

You can experience the pain and inflammation of mastitis without necessarily having a bacterial infection. Yet it is often difficult to tell whether mastitis has become a breast infection. Consult your healthcare provider as soon as you suspect mastitis. In our medical practice, we operate on the principle of better to treat mastitis earlier than later. Mothers who are given antibiotics too late in the course of mastitis are more likely to wean their babies from the breast, to have a more severe infection, and to have the infection recur.

The following guidelines can help you both determine whether or not you need an antibiotic.

You may not need an antibiotic in the following situations:

- You do not have a history of frequent episodes of mastitis.
- You don't feel that sick.
- You have not gotten progressively sicker over the last few hours.
- Your fever is not rising.
- The breast pain and tenderness is not increasing.
- You can easily correct whatever factors may have set you up for engorgement in the first place.

Signs suggesting you do need antibiotic treatment:

- A history of frequent mastitis
- A fever that is rising.
- You are feeling progressively sicker as the hours go by.
- Your nipples are cracked, which allows bacteria to get into your breast tissue more easily.

Which antibiotics are best? The type of bacteria involved in mastitis is usually staphylococcus, and the two safest and most effective classes of antibiotics against this organism are cloxacillins and cephalosporins. Other frequently prescribed antibiotics are Augmentin or erythromycin. All of these antibiotics are safe to take while breastfeeding. Even though you will feel better after a few days of taking antibiotics, be sure to complete the full course of antibiotics prescribed by your doctor (usually ten days); otherwise you run the risk of the mastitis returning. If you don't feel better after two or three days on antibiotics, call your doctor. He or she may wish to prescribe a different medication.

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<http://www.askdrsears.com/topics/feeding-eating/breastfeeding/common-problems/mastitis>

