

## Breastfeeding - dealing with mastitis

Mastitis means inflammation of the breast. It can be caused by blocked milk ducts (non-infective mastitis) or a bacterial infection (infective mastitis).

If a blocked milk duct is not cleared, flu-like symptoms such as fever, aches and pains may develop. Milk duct blockages cause milk to pool in the breast and inflammation (pain and swelling). A cracked nipple can allow bacteria to enter the breast and cause an infection.

### Symptoms of mastitis

Mastitis causes the breast or parts of the breast to become:

- Tender or painful
- Hot
- Reddened
- Hard and swollen.

Other symptoms can include:

- The skin may appear tight and shiny, and be streaked with red.
- You feel very ill ('fluery') and have a high temperature (over 38°C).

### How mastitis develops

Factors that predispose a woman to **blocked milk ducts**, which can lead to mastitis, include:

- Poor drainage of the breast – this can be caused by poor attachment of the baby at the breast or limiting the baby's time at the breast
- Engorgement of the breast due to a missed feed or delaying a feed
- A tight or ill-fitting bra or consistently lying in one position during sleep
- Holding the breast too tightly during feeding
- Trauma such as a kick from a toddler or pressure from a seatbelt.

Other factors that predispose a woman to **mastitis** include:

- Poor physical health
- Nipple trauma caused by incorrect attachment of the baby during feeds
- The use of nipple creams, which can harbour bacteria.

### Preventing mastitis

To help prevent mastitis:

- Mothers and midwives should thoroughly wash their hands before touching the breasts after a nappy change.
- Make sure the baby is positioned and attached properly on the breast.
- Avoid long periods between feeds. Feed frequently.
- Wear loose, comfortable clothing. Bras, if worn, should be properly fitted.
- Avoid nipple creams, ointments and prolonged use of nipple pads.

## Treatment for mastitis

It is important to treat **blocked milk ducts** so they do not progress to mastitis. Options include:

- Making sure the baby is feeding well on the affected breast – offering the affected breast first can help
- The application of heat for a few minutes before a feed, gentle massage of the affected area during feeding, and cold packs after a feed and between feeds for comfort
- A change in feeding position
- Frequent drainage of the breast through feeding and expressing.

If the blockage does not clear within 8 to 12 hours or you start to feel unwell, see your doctor.

Treatment for **mastitis** should begin immediately. Your doctor may not immediately be able to distinguish between simple inflammation and a bacterial infection, but will usually treat you as if it is infected.

Options include:

- Continued breastfeeding and/or expressing to drain the breast
- Antibiotics (for example, flucloxacillin or cephalixin)
- Anti-inflammatory medication (such as ibuprofen) or analgesia (such as paracetamol) to relieve pain, if necessary
- Rest and adequate fluid intake
- Heat before a feed and cold after
- Varying the feeding position to increase breast drainage.

If you wish to stop breastfeeding, it is important to wait until the mastitis has cleared up. Rapid weaning may lead to a breast abscess.

## Where to get help

- A lactation consultant – contact the Lactation Consultants of Australia and New Zealand
- An Australian Breastfeeding Association breastfeeding counsellor Tel. 1800 mum 2 mum (1800 686 2 686)
- Your midwife
- Your doctor
- NURSE-ON-CALL Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)
- Your maternal and child health nurse
- Maternal and Child Health Line (24 hours) Tel. 132 229

## Things to remember

- Mastitis is caused by a blocked milk duct leading to inflammation or by a bacterial infection.
- Continued breastfeeding and/or expressing is the most important part of the treatment for mastitis.
- See a doctor promptly if your breast is red, hot and tender (and doesn't clear up using the measures outlined above) or if you have flu-like symptoms with a temperature.

**This page has been produced in consultation with, and approved by:**

Australian Breastfeeding Association

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**Copyright © 1999/2012** State of Victoria. Reproduced from the Better Health Channel ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.