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## Breastfeeding - dealing with mastitis

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### Summary

- 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.
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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 ('fluey') 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.
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- 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:**

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