



MASTITIS and BREASTFEEDING

“I was surprised by how suddenly I felt ill. We went to a wedding and I only missed one feed. Within a couple of hours I felt fluey and achey. My GP was reluctant to prescribe antibiotics, saying they were often not needed if I kept feeding. I also took ibuprofen tablets which helped me cope. I was surprised how well the self-help worked and that I never needed a prescription. I felt very miserable and depressed when I had the symptoms, wondering whether breastfeeding was worth all this – but once I felt better I remembered how good it feels”

Mastitis means **inflammation** of the breast.

The first sign of mastitis is a swollen usually painful area on the breast. On darker skin tones there might be a darkening of the skin and on lighter skin tones this might be visible as a red area on the breast. However, it is important to note that there could be no visible change in skin colour at all. The inflammation and swelling is not always a sign of infection (WHO, 2000). Harmful bacteria are not always present: antibiotics may not be needed if self-help measures are started promptly. Very rarely mastitis can develop into a more serious condition which needs urgent hospital admission and IV antibiotics (RCOG, 2012).

You may get mastitis when milk leaks into breast tissue from a blocked duct. The body reacts in the same way as it does to an infection – by increasing blood supply. This produces the inflammation.

The Signs of Mastitis

- A localised area in the breast which is painful to the touch, often in the outer upper area. Some mums might notice a change of colour or a red area on their breast.
- A lumpy breast which feels hot to touch
- The whole breast aches and may appear swollen and skin may be reddened or darker, depending on skin tone.
- Flu like symptoms - aching, increased temperature, shivering, feeling tearful and tired (Jahanfar et al., 2013). This feeling can sometimes start very suddenly and get worse very quickly

NB You may not have all of the above signs during mastitis.

Prevention of mastitis

- Try to avoid suddenly going longer between feeds. If you are intending to reduce breastfeeding, cutting down gradually reduces the risk of mastitis.
- Make sure your breasts don't become overfull
- Avoid pressure on your breast from clothing and fingers
- Start self-help measures at the first sign of any lumpy or swollen areas on your breast

Factors which make mastitis more likely:

- Difficulty with attaching your baby to the breast - this may mean that the milk is not being removed effectively and milk may leak into the breast tissue
- Pressure from tight fitting clothing, particularly your bra, or a finger pressing into the breast during feeds
- Engorgement or a blocked duct
- Sudden changes in how often the baby is feeding, leaving the breasts feeling full
- Injuries, such as bumps or knocks from toddlers

Mastitis starts with poor milk drainage. If your baby is not effectively attached to your breast, or has difficulty feeding, it may be hard for the baby to remove the milk and some parts of your breast may not be drained during a feed. Improving the way your baby is attached at the breast will reduce the chance of you getting mastitis again. If in doubt, contact your midwife, health visitor or breastfeeding peer supporter for help with attaching your baby for feeding. You can also contact the [National Breastfeeding Helpline](#).

Signs that the baby is well attached

- Your baby's chin is firmly touching your breast.
- Your baby's mouth is wide open
- Your baby has a large mouthful of breast.
- If you can see the darker skin around your nipple, you should see more dark skin above your baby's top lip than below your baby's bottom lip.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- No change in shape or colour of the nipple after feeds e.g. it should not be lipstick shaped or have a pressure line across the nipple
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes sucks and swallows (it is normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on his or her own.
- Your baby produces 6 or more heavy wet nappies every 24 hours (from 7 days old)
- Your baby produces at least two yellow poos at least the size of a £2 coin every 24 hours (from 7-28 days old). See UNICEF's [breastfeeding checklist](#) for more details.



If your mastitis comes back after you have taken a full course of antibiotics, or is unusually severe, it is good practice to send a sample of milk for bacteria tests. This will help the GP choose the correct antibiotic for your symptoms (Jahanfar et al., 2013). For public health reasons doctors try to avoid antibiotics that are not essential or are unlikely to be effective. It is important that you finish the whole course of antibiotics to make sure that you recover fully and to help prevent the mastitis coming back with resistant bacteria (NICE NG15).

Self-Help measures

These will also help to clear blocked ducts and engorgement. Most cases of mastitis can be improved or resolved with self-help measures.

- Keep on breastfeeding - you may feel ill, in pain, tearful or discouraged but **continuing to breastfeed will help you to get better**, and your breastmilk is still the best food for your baby
- Feed your baby frequently and responsively (whenever your baby seems like they want to feed), and/or pump to your normal routine (Mitchell et al., 2022; Douglas 2022)
- Don't attempt to "empty the breast" by prolonging feeds or expressing extra milk between feeds. You may see this suggested in some places, but the current research suggests you should aim to meet your baby's needs, but avoid increasing your supply beyond that as it could make the inflammation worse. (Mitchell et al., 2022; Douglas 2022)
- Try to rest as much as you can, as this will help you recover
- Check that your baby is effectively positioned and attached to your breast - if in doubt seek help from your midwife, health visitor or breastfeeding supporter, as even a minor tweak can make a difference.
- Try feeding with your baby in different positions.
- If necessary, soften your breast, by expressing a little milk or running warm water over it, so that the baby finds it easier to feed well.
- Some mothers find warm compresses are soothing, and warmth on the nipple can aid let-down. However, take care using these as compresses that are too hot or used frequently could increase swelling and inflammation. Cool compresses may ease symptoms in between feeds. (Mitchell et al., 2022; Douglas 2022)
- Avoid any firm pressure or massage to the breast, or use of items such as an electric toothbrush to massage lumps or sore areas. This could cause tissue damage and increase inflammation (Mitchell et al., 2022; Douglas 2022). Any pressure you apply to your breast should be no firmer than stroking a cat.
- Check for clothing or anything else which is pressing into your breast. This includes a bra – some women find it helpful to go without.

If you feel these symptoms beginning again, start self-help measures right away

When should I contact my GP or health visitor?

If you do not begin to feel better after 24 hours despite using self-help measures, or especially if you start to feel worse, you should speak to your GP or health visitor. You may need to take antibiotics.

You should contact your GP if the area becomes round and swollen or, if you can see redness or a change of colour on your skin and the pattern of the colour change/redness changes. Redness may be less visible on darker skin tones. Mastitis can develop into an abscess (a painful collection of pus). There is more information about this here: <https://www.nhs.uk/conditions/breast-abscess/>.

When should I seek help urgently?

If you feel seriously unwell, dizzy, confused, develop nausea, vomiting or diarrhoea or slurred speech along with the symptoms of mastitis you need to seek urgent medical attention. These can be signs that mastitis is developing into sepsis. If severe, this is a medical emergency which needs urgent hospital admission and IV antibiotics. (NHS Choices: Sepsis, RCOG, 2012:6.1)

Medical treatment for Mastitis

This information comes from the [Drugs in Breastmilk Service](#).

- Ibuprofen reduces the inflammation, relieves pain and reduces temperature. Take 400mg three times a day after food. Ibuprofen should not be taken by women who have asthma, stomach ulcers or are allergic to aspirin. The levels of ibuprofen which pass to the baby are small. Ibuprofen is safe to take whilst breastfeeding. See <https://www.breastfeedingnetwork.org.uk/analgesics/> for more information
- Paracetamol relieves pain and reduces temperature but has no anti-inflammatory action. Take two 500mg tablets four times a day.
- Aspirin should not be taken by breastfeeding mothers.
- Antibiotics may be needed if no improvement is seen with self-help measures. Most antibiotics can be safely taken whilst breastfeeding.

The World Health Organisation (WHO) recommend Flucloxacillin 500 milligrams four times a day as first line treatment with erythromycin 250-500 milligrams four times a day or cefalexin 250-500 milligrams four times a day if the mother is penicillin allergic. Other options have been suggested by Jahanfar et al., (2013).

It is essential that breastfeeding is not interrupted during mastitis.

Note: Antibiotics can make the baby produce loose, runny motions and become irritable, colicky and restless. This lasts for a short time and will get better when you finish the antibiotics.

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