

MASTITIS

(Breast Infection)



BASIC INFORMATION

DESCRIPTION

Mastitis is an inflammation and infection in the breast, usually of a woman who has recently given birth. It occurs in about 1-2% of new mothers and is more likely in women who are breast-feeding. However, it can occur even in women who are not breast-feeding or pregnant.

FREQUENT SIGNS AND SYMPTOMS

Symptoms may occur anytime while nursing, but usually begin 1 to 5 weeks after delivery. Common symptoms include:

- Fever.
- Chills.
- Tender, swollen, hard, hot breast(s).
- Redness and red streaking of the breasts.
- General malaise (feeling of weakness, lack of well-being).

CAUSES

Infection from bacteria that enter the mother's breast. Most mastitis occurs only on one side. The most common bacteria are *Staphylococcus aureus* and beta-hemolytic streptococci. Nobody knows exactly why some women get mastitis and others do not. Bacteria may gain access to the breast through a crack or sore in the nipple, but women without sore nipples also get mastitis.

RISK INCREASES WITH

- Blocked milk ducts.
- Women with a very abundant milk supply may be more prone to developing mastitis.
- Unresolved engorgement.
- Women who have been ill, over-tired, extra busy, worried, stressed.
- Consistent pressure on the breast tissue. May be from clothing, sleeping on stomach, or carrying baby in a front carrier or sling.

PREVENTIVE MEASURES

- Wash nipples before nursing. Wash hands before touching breasts.
- Regular emptying of the breast.
- Wear a comfortable bra that is not too tight.
- If a nipple cracks or develops a fissure, apply lanolin cream or other topical medication recommended.
- Don't sleep on your stomach.

EXPECTED OUTCOME

Usually curable in 10 days with treatment.

POSSIBLE COMPLICATIONS

- Without proper antibiotic treatment or incomplete treatment, may lead to breast abscess.
- Recurring mastitis. May be due to previous treatment that was incomplete.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies, culture of pus or fluid, and, occasionally, ultrasound, mammography and breast biopsy if something other than infection may be causing symptoms.
- Treatment includes adequate breast emptying, rest, hydration, and antibiotic therapy.
- Apply an ice pack (ice in a plastic bag, covered with a thin towel) to the engorged breast 3 to 6 times a day. Use for 15 to 20 minutes at a time. Don't use ice packs within 1 hour of nursing; use warm compresses instead.
- Wear a supportive bra during treatment.
- Continue to breast-feed, even though breasts are infected. Offer the affected breast first to promote complete emptying.
- Massage nipples with cocoa butter or a cream if recommended.
- If an abscess develops, call your health care provider for instructions. Abscesses may be simple or complex.

MEDICATION

- Antibiotics to fight infection. Finish the prescription, even if symptoms subside quickly. There is no significant risk to the baby from the infection or from the common antibacterial therapies.
- Pain relievers. For minor discomfort, you may use nonprescription drugs such as acetaminophen.

ACTIVITY

It is best to rest in bed until fever and pain diminish. After recovery, continue to rest whenever you can.

DIET

No special diet. Eat regularly and drink extra fluids.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of mastitis.
- During treatment, temperature rises to over 101°F (38.3°C).
- You have signs of a developing abscess (a localized area with increasing redness, pain, tenderness and fluctuance that feels like pushing on an inflated inner tube).
- New, unexplained symptoms. Drugs used in treatment may produce side effects.