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# Victorian Maternal and Child Health Clinical Practice Guidelines

## Localised Breast Inflammation and Mastitis

OFFICIAL



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# Localised Breast Inflammation and Mastitis

## Key Messages

- Prompt treatment of early breast inflammation can help to stop the progression of symptoms and follows three principles:
  - **keep the milk moving**
  - **avoid overstimulation**
  - **reduce inflammation.**<sup>1</sup>

## Background

- Mastitis is inflammation of the breast which can develop into a bacterial infection and affects up to 33% of lactating women.<sup>3,5</sup>
- Breast pain related to localised breast inflammation and mastitis is described as the most common and distressing symptom and can lead to a compromised maternal psychological state.<sup>5</sup>
- Factors which may contribute to developing mastitis include:
  - poor breastfeeding technique
  - illness
  - separation from infant
  - increased breastmilk production.<sup>1,4,7</sup>
- Mastitis can develop when early, localised inflammation in the breast tissue is not addressed promptly and effectively.<sup>1,6</sup>
- Early management strategies for both infective and inflammatory mastitis are the same and follow three key principles:
  - keep the milk moving
  - avoid overstimulation
  - reduce inflammation.<sup>1</sup>
- Localised breast inflammation may be described as 'blocked ducts' or 'plugging'. There is no evidence to support the concept of a blockage.<sup>1</sup>
- Attempts to 'unblock' a duct have been associated with breast tissue trauma that may worsen inflammation and increase the risk of developing mastitis.<sup>1</sup>
- Prevention and treatment strategies should instead focus on developing breastfeeding technique, avoiding excessive breast stimulation and reducing inflammation.<sup>1</sup>

## Signs and symptoms

- **Women with localised breast inflammation may experience:**
  - pain in the breast, especially during the milk ejection reflex
  - a palpable lump or firm area in the breast

- tenderness over the affected area
- redness or darkening of the overlying skin
- no systemic symptoms.<sup>1</sup>

- **Women with mastitis may experience:**

- systemic symptoms including a fever, chills, tachycardia and general malaise
- a red, swollen, painful segment of the breast which may feel hot to touch.<sup>1</sup>

## Prevention

- Exclusive, physiological breastfeeding (feeding the infant at the breast according to demand) is likely to prevent and resolve localised breast inflammation and mastitis.<sup>1,7</sup>
- Ensure the infant is positioned and attached well to support efficient milk transfer.<sup>1</sup>
- Support the infant to feed for as long as and as often as they would like to.<sup>1</sup>
- Treat sore or damaged nipples early.<sup>1</sup>
- Start each feed on alternate breasts to promote milk removal from both breasts often.<sup>1</sup>
- Avoid extended intervals between breastfeeds.<sup>1</sup>
- If the infant is not breastfeeding well, express to replace missed breastfeeds.<sup>1</sup>
- Avoid expressing or remove more milk than the infant needs.<sup>1</sup>
- Avoid giving the infant any fluids except breastmilk, unless medically necessary.<sup>1</sup>
- Rest, drink to thirst and eat a balanced diet.<sup>1</sup>
- Handle the breasts carefully to avoid causing trauma to the tissues.<sup>1</sup>
- If weaning, aim to do so gradually.<sup>1</sup>
- Wearing a well-fitting and supportive bra.<sup>2</sup>

## Management

### Prompt treatment

- Prompt treatment of early breast inflammation can help to stop the progression of symptoms. Treatment should begin as soon as a lump, sore spot or red area is identified on the breast and can be managed by:
  - continuing to breastfeed
  - encouraging the milk ejection reflex
  - treating inflammation.<sup>1</sup>

### Continue to breastfeed

- This prevents the breast from becoming overfull and helps to maintain breastmilk supply.
- Ensure the infant is positioned and attached well, and that they are breastfed as often as they need.<sup>1</sup>
- Alternate the breast offered at the beginning of the feed so that both breasts have milk removed regularly.
- Expressing (by hand or with a breast pump) can help to keep the milk moving if the infant is not breastfeeding well.<sup>1</sup>

- Breastmilk from the affected breast is safe for the infant to drink.<sup>1</sup>

### Encourage the milk-ejection reflex

- The infant may display fussy feeding behaviours if the flow of milk is slowed.<sup>1</sup>
- Offer skin-to-skin in a comfortable position.<sup>1</sup>
- Deep, slow breaths and soothing music may promote relaxation.<sup>1</sup>
- Warming the breast or gently stroking towards the nipple before a breastfeed can trigger the milk ejection reflex.<sup>1</sup>

### Treat inflammation

- Cool packs can be applied to the breast after a feed to relieve pain and inflammation.<sup>1</sup>
- Common anti-inflammatory or analgesic medications may be helpful such as Ibuprofen and Paracetamol.<sup>1</sup>

### Rest and recover

- Rest, fluids and nutrition will support the recovery from mastitis.<sup>1</sup>
- Further medical support is recommended if symptoms do not begin to improve within 12 to 24 hours.<sup>1</sup>
- Antibiotic therapy should be considered early if infective mastitis is suspected, or after 24 hours of conservative management if no improvement is seen. Breastfeeding should continue as normal during a course of antibiotics.<sup>1</sup>
- A breast abscess may form if mastitis is not treated promptly. This is an uncommon but serious complication which requires medical treatment.<sup>1</sup>
- Women with recurring localised breast inflammation or mastitis may benefit from lactation support to assist with identifying any modifiable risk factors.<sup>1</sup>

## Information for families

- Better Health Channel: Breastfeeding, mastitis and other nipple and breast problems <https://www.betterhealth.vic.gov.au/health/healthyliving/breastfeeding-mastitis-and-other-nipple-and-breast-problems>
- Raising Children Network: Blocked milk ducts (localised breast inflammation), mastitis and breast abscess <https://raisingchildren.net.au/newborns/breastfeeding-bottle-feeding/breastfeeding-challenges/blocked-duct-mastitis-abscess>
- Australian breastfeeding Association: Localised breast inflammation ('blocked ducts') <https://www.breastfeeding.asn.au/resources/breast-inflammation>
- Royal Children's Hospital, Kids Health Info: Breastfeeding. [https://www.rch.org.au/kidsinfo/fact\\_sheets/Breastfeeding/](https://www.rch.org.au/kidsinfo/fact_sheets/Breastfeeding/)

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