

Mastitis and breastfeeding

“I was really busy getting organised for the baby’s christening and didn’t notice anything until my breast got really sore, then I developed a temperature and felt as if I had a really bad flu.

I saw my health visitor who told me to take Ibuprofen and keep feeding the baby. By that evening I was feeling a lot better, I think I missed a few feeds and that was what caused it.”

Cathy, County Antrim

Mastitis and Breastfeeding:

Mastitis means inflammation of the breast.

The first sign of mastitis is a red, swollen, usually painful, area on the breast.

The redness and swelling is not necessarily a sign of infection. Harmful bacteria are not always present, and antibiotics may not be needed if self-help measures are started promptly.

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 (swelling) and redness.

DON'T SUDDENLY STOP BREASTFEEDING DURING MASTITIS.

As this can make your mastitis much worse. *Continuing to breastfeed will help you recover more quickly and will not harm your baby.*

Signs of Mastitis

- a red area on part of the breast, often the outer, upper area, which may be painful to touch
- a lumpy breast which feels hot to touch
- the whole breast aches and may become red
- flu-like symptoms - aching, increased temperature, shivering, feeling tearful



and tired - **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 possible cut down gradually
- 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 red area on your breast
- Speak to your midwife, health visitor or doctor if you do not feel at all better 12-24 hours after starting self-help measures

Factors which make mastitis more likely

- difficulty with attaching (fixing) your baby to the breast - this may mean that the breast is not drained well
- pressure from tight fitting clothing, particularly your bra, or a finger pressing into the breast during feeds
- engorgement
- a blocked duct
- stress and tiredness
- sudden changes in how often the baby is feeding, leaving the breasts feeling full

Mastitis starts with poor milk drainage. If your baby is not attached well to your breast, it may be hard for the baby to take milk effectively and some parts of your breast may not be drained during a feed. Unless this is improved you may get mastitis again and again. If in doubt, contact your midwife, health visitor or volunteer breastfeeding supporter for help with attaching and positioning your baby for feeding.

Signs that the baby is attached well

- Baby's mouth is wide open
- Chin is touching the breast
- Cheeks are full and rounded
- If visible, more areola is seen at baby's nose and top lip
- The lower lip is curled back
- Rhythmic sucks and swallows are evident
- Feeding is comfortable for the mother

The Health Promotion Agency booklets 'Off to a Good Start' and the 'Pregnancy Book' also have information on how to achieve and recognize effective attachment and positioning. There are also clear photographs and information demonstrating good attachment at the Health Promotion Agency parents breastfeeding website www.breastfedbabies.org:



If you would like to speak to a breastfeeding counsellor contact

The National Breastfeeding Helpline

0844 20 909 20

Breastfeeding Network Supporterline

0844 412 4664

Both lines are open every day of the week between 9.30am and 9.30pm

Self-help measures

these will also help to clear blocked ducts and engorgement –

- keep on breastfeeding - you may feel ill and discouraged but continuing to breastfeed is the quickest way to get better - and won't hurt your baby
- feed your baby more frequently or express between feeds if your breasts feel uncomfortably full
- express gently after feeds, so that your breasts are kept as well drained as possible, until you feel better
- check that your baby is well attached to your breast while feeding - if in doubt seek help from your midwife, health visitor or volunteer breastfeeding supporter (often 'good' attachment can be made even 'better')

- feed from the side which is sore first to drain it as thoroughly as possible
- try feeding with your baby in different positions
- soften your breast, by expressing a little milk or running warm water over it, so that the baby finds it easier to feed well
- warmth on your breast may help you to feel more comfortable
- use a wide toothed comb to stroke gently over the red area and towards the nipple to help the milk flow, or massage gently
- check for any clothing which is pressing into your breast, this includes a bra – some women find it helpful to go without a bra - bumps or knocks from toddlers can also have the same effect
- rest
- remember what you feel like, so if symptoms start to come back, you can start self-help measures right away

If you do not begin to feel better, and especially ***if you start to feel worse***, despite using these self-help measures, you should speak to your GP or health visitor. You may need to take antibiotics. You should feel some improvement within 12 – 24 hours.

'When I had the mastitis I knew I needed to keep feeding and expressing milk, but it I wasn't getting any better so I rang the doctor and got antibiotics which seemed to work'

Siobhan, Dungannon

Medical treatment

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.
- 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 mastitis is due to a bacterial infection. If your mastitis comes back after you have taken a full course of antibiotics, or is unusually severe, you may be asked

to give a sample of milk. This will be tested to help the doctor choose the correct antibiotic for treatment.

- Most antibiotics can be safely taken whilst breastfeeding.

It is really important to finish the whole course of antibiotics. This will help you to completely recover and help prevent mastitis reoccurring.

IT IS ESSENTIAL THAT BREASTFEEDING IS NOT INTERRUPTED DURING MASTITIS.

Note: Antibiotics can make the baby produce loose, runny motions and become irritable and restless, but the baby won't be harmed and will get better when you finish the antibiotics.

Breastfeeding while taking antibiotics is safe for the baby – only a tiny amount of the drug is passed through your milk.

Antibiotics kill natural bacteria in the body as well as those causing illness. This may allow thrush (candida) to flourish. Eating live yoghurt or taking Acidophilus capsules may help to restore the balance.

IMPORTANT – If sore nipples develop after a course of antibiotics consider the possibility of thrush on the breast.



References

Scott et al 2008 Occurrence of lactational mastitis and medical management: a prospective cohort study in Glasgow. International Breastfeeding Journal 2008 3(21).

<http://www.internationalbreastfeedingjournal.com/content/3/1/21>

Kvist et al 2008 The role of bacteria in lactational mastitis and some considerations of the use of antibiotic treatment. International Breastfeeding Journal 2008; 3(1): 6.

<http://www.internationalbreastfeedingjournal.com/content/3/1/6>

This leaflet was adapted for use in Northern Ireland by the Regional Mastitis Working Group of the Guidelines and Audit Implementation Network (GAIN) A copy of the full guidelines developed for health professionals and volunteer breastfeeding supporters in Northern Ireland can be seen on [www.???? link](#)

The text of this leaflet was substantially developed by Wendy Jones, Pharmacist and Magda Sachs (both breastfeeding supporters for The Breastfeeding Network) in August 2003

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www.breastfeedingnetwork.org.uk

Further copies of this leaflet can be obtained by either contacting the GAIN Office or by logging on to the website.

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