

How To Avoid Mastitis



Mastitis is an inflammation of the breast, often with infection, and is the result of not treating a plugged milk duct. If a plugged duct is treated by applying heat, feeding frequently and resting, it is less likely to progress to mastitis.

Early Signs Of A Plugged Milk Duct

Prompt attention to early signs of a plugged duct can help avoid mastitis. Symptoms can be a red patch or a sore lump on the breast, which may be hot. Adequate rest, good nutrition and hygiene are very important at this time.

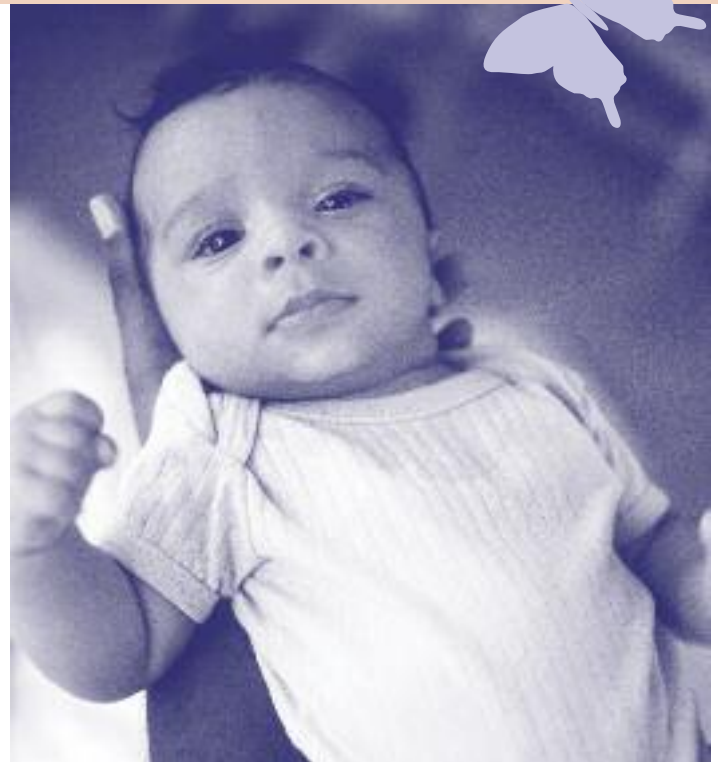
If you:

- develop a sore, hard lump in your breast
- feel unusual warmth in an area of your breast
- notice redness and soreness in this area
- experience general lumpiness after feeding
- feel achy and run down

the following may help:

- feed your baby often on both sides, every 2-3 hours (including during the night), draining the affected breast, and expressing after a feed. This will improve the flow of blood to the area and the milk flow will help to clear infection.
- try to get more rest (sleep when your baby sleeps). A study has shown that stress and tiredness are two of the most frequent concerns preceding a bout of mastitis.
- apply wet or dry heat to the affected area. This could be in the form of a hot water bottle, a warm compress, or a bath or shower. You could try soaking the sore breast in a bowl of warm water for ten minutes several times a day, as this will help you to feel more relaxed and also remove dried milk which may be causing a blockage. However, some mothers find relief by cooling the breast.
- massage from the chest wall to the nipple over the sore area before and during feeding.
- feed with your baby's nose or chin pointing towards the sore area.
- avoid wearing constricting clothing – you may find it easier not to wear a bra at this time.

The measures above will often help the symptoms to subside. Changing feeding positions, and feeding on all fours during a bout of mastitis can also help clear a blockage, as this will allow your baby to drain all areas of the breast. Some healthcare providers also suggest taking a pain reliever such as ibuprofen.



However, if after 8-24 hours of these self-help measures, there is no improvement and/or you:

- develop a temperature above 38.4°C
- discover pus or blood in your breastmilk
- notice red streaks on your breast
- have flu-like symptoms
- feel generally unwell

then it can be a good idea to visit your doctor. Antibiotics compatible with breastfeeding may be suggested if your temperature is over 38.4°C and you have a reddened, painful, swollen area of the breast, or if you have aches, chills or a feeling of general malaise. You may also experience nausea or vomiting.

A course of 10-14 days of antibiotics has been shown to be the most effective, and the expression of milk from the affected side after feeding can shorten the duration of the symptoms. As with any course of antibiotics, it is important to finish the whole course.

If mastitis re-occurs, or there is no improvement after two days of antibiotics, some doctors take a culture of the mother's milk and of the baby's throat to identify the bacteria so an appropriate antibiotic can be given.



Mastitis is most likely to happen when:

- the milk is not effectively removed from the breast.
- less than three weeks from birth have elapsed
- the mother is experiencing engorgement or sore nipples
- the baby is not attached well at the breast
- the mother has an over-abundant milk supply
- other members of the family have a cold or flu
- the mother has a clogged milk pore

Effective milk removal is most important, and from birth early, frequent and unrestricted breastfeeding help to achieve this. Paying special attention to positioning and attachment is vital. Early bottles and dummies are discouraged as these create different sucking patterns in the baby.

Causes Of Mastitis

Causes include:

- abrupt weaning
- over-use of dummies or giving top up bottles to supplement feeds
- an irregular feeding baby
- an older baby beginning to sleep through the night, resulting in your breasts becoming full or engorged
- consistent pressure on the breast. Bras should be properly fitted so that no breast tissue is pinched or constricted. Avoid seat belts that are too tight, and heavy shoulder bags.
- holding the breast too tightly while feeding can restrict the milk ducts
- your resistance to infection will be lowered if you are anemic, run down or overly tired
- sore nipples: a study has shown that a mother is more susceptible to mastitis if she has experienced sore nipples, and so it is important to pay special attention to positioning and attachment. Cracked nipples can provide an entry point for infection.
- returning to work, and therefore feeding your baby less often
- unusually busy times, such as Christmas, when feeds may be further apart

In recurrent cases of mastitis, it may help to eliminate saturated fats from your diet, and add a lecithin supplement. An increase in vitamin C in the diet is sometimes recommended. Always consult your healthcare provider.



Feeding Your Baby During A Bout Of Mastitis

It is important to continue breastfeeding, so as to avoid the possibility of developing a breast abscess. Breastfeeding at this time will not be harmful to your baby, as your milk contains antibodies that protect him from infection.

A breast abscess – a very painful, localised collection of pus – is unusual, but does need to be treated immediately. Ultrasound is often effective to diagnose this, and aspiration can resolve small abscesses.

A breast lump that does not disappear after seven days of treatment for a plugged duct would benefit from a visit to a doctor. Most persistent breast lumps are benign tumours or milk cysts, which do not need to interrupt breastfeeding. Breastfeeding reduces the risk of breast cancer, which is rare in lactating women.

Mastitis usually only affects one breast. It is often recommended that mothers feed from the affected breast first. Your breastmilk may taste saltier and some babies are reluctant to nurse on the affected breast. Mothers often try different positions to encourage their baby to accept the breast. If a baby is still reluctant many mothers express milk, which maintains the milk supply until the salty taste is lost, usually within a week, when the baby should be happily nursing again.

Useful Organisations

- National Childbirth Trust (NCT) Breastfeeding Line: 0870 444 8708
- La Leche League: 0845 120 2918
- Association of Breastfeeding Mothers: 08444 122 949

This information is available to download as a pdf from:
www.lansinoh.co.uk