

What is mastitis?

Mastitis is inflammation of the breast. It can be caused by a blocked duct or by an infection in the breast.

How to recognise mastitis

- Red inflamed area on your breast
- Your breast feels sore
- You have flu-like symptoms - aching, shivery, raised temperature, tired and tearful
- You have a fever – temperature over 38°C

What are the causes of mastitis?

- Missed feeds
- Blocked ducts
- Damaged nipples
- Oversupply of milk
- Poor drainage of the breast due to a poor latch
- Fatigue (tiredness)
- Poor health or anaemia
- Wearing a tight bra or restrictive top

What is the management of mastitis?

This should start immediately any symptoms appear.

- **Carry on with breastfeeding.** It is important to keep emptying your breast
- Feed from the side which is sore first
- If your baby has not drained the affected breast, you will need to express.
- Gently massage the breast before and during feeding and expressing
- Alternate warmth and cold. Warmth before and during feeding to help your 'let-down' and for comfort. Cold after the feed to help reduce the swelling and inflammation
- Make sure there is no pressure on your breast from your bra, clothing or the way your breast is held

- Have plenty of rest. Stay in bed and feed your baby frequently
- Make sure you have a good fluid intake and eat a variety of healthy foods including nutritious snacks
- Your milk supply usually reduces with mastitis. It will increase again once the inflammation / infection has resolved. It may take up to two weeks to build up your milk supply
- Correct position of baby at the breast. Position your baby so that their chin is pointing towards the affected area. Make sure baby is latched well onto the nipple and areola
- If you have cracked or sore nipples, ask for help to check baby is latched correctly
- If after 6-12 hours these self-help techniques have not helped antibiotic treatment may be necessary. Please contact your own doctor or midwife
- Pain relief may be helpful. Take paracetamol and an anti-inflammatory pain relief (as long as you are not allergic to these medications)

You do not need to stop breastfeeding with mastitis. Most antibiotics are safe when you are breastfeeding although the breast milk may taste a little salty at this time, ask the person prescribing your antibiotics if you are concerned.

Your baby may also be unsettled, have diarrhoea and want to feed more frequently. The most common antibiotic used is flucloxacillin 1g 3 times a day for 10 days. It does not need to be taken on an empty stomach. If you are allergic to penicillin a different antibiotic will be prescribed.

It is very important to complete the prescribed course of antibiotics. Mastitis can re-occur if the course is not completed.

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Probiotics

Taking a probiotic that contains *Lactobacillus salivarius* or *Lactobacillus fermentum* may assist with symptoms of mastitis. Take it as soon as you get symptoms, it can be taken alongside antibiotic treatments.

Thrush

Sometimes thrush can occur after taking antibiotics.

What is Thrush?

How to recognise Thrush

- Sudden onset of nipple and or breast pain
- You may have red/deep pink, sore nipples that do not improve. Shiny, itchy or flaky skin. White spots on your nipple
- Sometimes deep burning breast pain radiating through to the back
- Throbbing breasts between feeds, or extreme pain during feeds that is not improved with better latch or positioning
- A cracked nipple that will not heal
- Pain while correctly using a breast pump
- A white coating on your baby's tongue or white spots in their mouth which do not rub off
- Baby may be fussy at the breast, refusing breast, clicking or gassy
- Your baby has a sore red nappy rash

What is the management of thrush?

For you

- **Get the best latch possible. Improving the latch can decrease the pain**
- Wash your hands frequently, especially after changing baby's nappy
- Hot wash and dry towels at home daily, or use paper towels
- Avoid using soap on your nipples
- Boil your expressing equipment and feeding equipment for 20 minutes each day
- Air dry nipples after feeding and change your breast pads frequently
- Reduce the amount of sugary food you eat

- Take a probiotic bacteria, e.g. acidophilus, to help restore your protective gut flora

What are the options for treating my thrush?

Non-medical

- Alternatively you can use 1 tablespoon of white vinegar in a glass of water and use the solution to bathe your nipples
- Eat natural "live" yoghurt. This has bacteria in it that acts against thrush. You can also put some live yoghurt on your nipples
- Mothers with thrush should not freeze milk until they are symptom free

Medical

Your doctor may prescribe you and your baby the medicines listed below.

Mother:

Antifungal cream – Miconazole cream. Apply to your nipples after each feed. You will also need to watch for vulva or vaginal thrush and treat this if it is present.

Baby under 6 months of age:

Nystatin drops. Treat baby's mouth by smearing 1ml of the medication thinly over the whole inside mouth (oral mucosa) using a clean finger.

Baby 6 months of age and over:

Miconazole gel, smeared thinly over the whole inside mouth (oral mucosa) using a clean finger.

It can take two to five days for symptoms to improve. Continue the treatments for 7 days after symptoms have resolved.

If symptoms have not improved within 7 days, ask your doctor or midwife for further advice.

Remember

When using Antifungal creams, gels or drops – nystatin or miconazole treat your nipples and your baby's mouth at the same time.