

8. NEWBORN FEEDING

8.2 BREASTFEEDING CHALLENGES

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8.2.6.1 Mastitis Management in the Home
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

8.2.6 CAUSES AND MANAGEMENT OF MASTITIS

8.2.6.1 MASTITIS MANAGEMENT IN THE HOME

The majority of women with mastitis can be managed in the home. Referrals to Hospital@Home are accepted 24 hours a day.

For further information on referral to Hospital@Home go to the attached link
<http://www.silverchain.org.au/Documents/Services/hospital@home/BUS-INF-095.pdf>

The decision to refer care to Hospital@Home is based on the following:

INCLUSION CRITERIA

- Women with clinical signs of mastitis:
 - Temperature $>38^{\circ}\text{C}$
 - Flu-like aching symptoms
 - Red, tender hot area on the breast
- Requirement for intravenous antibiotic therapy (failure of oral antibiotic therapy or severe infection).

EXCLUSION CRITERIA

Co-existing medical conditions requiring hospital admission

EMERGENCY CENTRE CARE

Prior to transferring the woman's care to Hospital@Home it is essential to:

- Complete [Hospital@Home referral and consent form](#) (MAC-FRM-007)
- Obtain a pathology work up
 - Sample of expressed breast milk is sent for microscopy, culture and sensitivity
 - If the temperature $>38^{\circ}\text{C}$ or rigors are present do a full blood picture and blood cultures
- Commence intravenous antibiotics. Ensure the woman also has a script for oral flucloxacillin.
- Notify the Breastfeeding Centre (a message may be left on the answering machine)
- Commence mastitis variance MR261.16 and document appropriate management plan. Give this to the woman.

GENERAL MEASURES

- **Antibiotics:**
 - Cephazolin 2g Intravenously twice daily for 48 hours.
 - If afebrile and there is a decrease of erythema and pain in the breast change to flucloxacillin 500mg orally four times a day for at least 10 days.
- Rest and continue to breastfeed or express.
- For further information see Clinical Guidelines, Section [B, 8.2.6 Causes and Management of Mastitis](#)

GP / EMERGENCY CENTRE REVIEW

- Review the patient after 48 hours of intravenous antibiotics if the woman is still febrile and the breast is very painful. Review the expressed breastmilk and blood culture results at this time to ensure the correct antibiotic has been prescribed.
- Admit to hospital for further treatment if:
 - There is extension of erythema and increasing pain in the breast despite adequate drainage and following the mastitis variance plan. Discuss the choice of inpatient intravenous antibiotic therapy with the on-call clinical microbiologist (contact is via switchboard at all times).
 - Social isolation – no other adult available at home for support.

DAY THREE

Emergency Centre to review expressed breast milk and blood cultures results to ensure correct antibiotic has been prescribed if this has not already been performed because of failure to improve at 48 hours. If a change of antibiotic is required, Emergency Centre (EC) will inform the woman to come and collect the new script from EC.

Refer to the Breastfeeding Centre for follow up appointment.