8.2.6 MANAGEMENT OF MASTITIS

AIMS

- To provide healthcare providers with the appropriate information to prevent/ manage mastitis effectively.
- To ensure thorough drainage of each breast to prevent blocked ducts.
- To nurture a mother's confidence in her ability to breastfeed.

BACKGROUND

"Infective mastitis is cellulitis of the interlobular connective tissue. It occurs if milk stasis remains unresolved and the protection provided by the immune factors in the milk and by the inflammatory response is overcome." Part of the breast becomes inflamed, red, swollen, hard and very painful. The woman feels unwell with a fever and general myalgia (muscle pain) or flu like symptoms.

CAUSES

- Trauma to breasts
- Abrupt weening
- Restrictive bra
- Scarring causing incomplete drainage
- Incomplete draining of the breast
- Poor positioning / attachment /sucking of baby
- Unresolved engorgement
- Damaged nipples

MANAGEMENT

1. Prompt medical consultation: EBM taken for culture and sensitivity then commence appropriate antibiotic therapy. See Clinical Guidelines, Section P 3.8 Antibiotic Treatment for Breast Infections.
2. Antibiotic therapy should be given for 10 to 14 days to help prevent recurrence.
3. The majority of women with mastitis can be managed in the home under the Hospital in the Home program – see Clinical Guideline Section B 8.2.6.1 Mastitis Management in the Home.
4. Non-steroidal anti-inflammatory (Ibuprofen or Naproxen) will reduce the inflammatory process.
5. Analgesia as required.
7. Baby to keep breastfeeding or mother to continue to drain the breasts with a hospital grade electric pump.
8. Feed from the affected breast first and ensure the baby drains the breast completely before offering the second side.
9. Correction of positioning / attachment problems by Lactation Consultant or experienced midwife. If nipples are sore or damaged women may prefer to rest them and express.
10. Change feeding position i.e. baby's chin pointing towards affected area.
11. Check expressing cup size if expressing as she may need a wider bore shield (27mm, 30mm or 36mm Personal Fit™ shield).
12. Express the affected breast after each feed to ensure as complete as possible breast milk removal. Hospital grade electric pump is preferred.
13. Ensure only a gentle even pressure is exerted on the breast tissue by the shield of the breast pump.
14. Use a single pumping action only.
15. Avoid long intervals between feeds or expressions- no dummies or complimentary feeds.
16. Relaxation measures to encourage "let down" may be necessary.
17. Cooling agents (cool packs) or a cool, damp cloth, to be applied before expressing and after feeds.
18. Gentle stroking of the breast towards the nipple before and during the breastfeed.
19. Avoid restrictive clothing / bra.
20. Mother will need rest, adequate fluids and help as required at home or in hospital.
21. The Lactation Consultant will explore the reason for mastitis and provide information for the mother re preventative measures including lifestyle.
22. Failure to improve after 2-3 days may indicate:
   • Incorrect antibiotic – check sensitivities of the breast milk culture. Change the antibiotic therapy as appropriate.
   • Possible breast abscess- refer the mother for diagnostic ultrasound.
23. If a women requests to wean when mastitis is present advise her to:
   • express until the mastitis resolves, then
   • gradually decrease the number of expressions/day over a period of several days until the breasts only become full after 24 to 48 hours – then cease.
24. If the woman chooses to wean despite the above advice then antibiotic cover will be necessary until all lumps and inflammatory processes have resolved. In these circumstances Cabergoline may be prescribed to suppress the lactation.

DISCHARGE PLANNING:
1. Give the woman the ‘MR 261.16 Management of Mastitis’ to continue at home.
2. Arrange breast pump hire.
3. Arrange a follow-up appointment at the Breastfeeding Centre.

REFERENCES (STANDARDS)

National Standards – 1- Care provided by the clinical workforce is guided by current best practice
Legislation - Nil
Related Policies - Nil
Other related documents – KEMH Clinical Guidelines: B 8.2.6.1 Mastitis Management in the Home; Section P 3.8 Antibiotic Treatment for Breast Infections

RESPONSIBILITY
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Access the current version from the WNHS website.