3.8 ANTIBIOTIC TREATMENT FOR BREAST INFECTIONS

MASTITIS

*Staphylococcus aureus* remains the most common infectious cause. Adequate specimens are essential. **Always** send a milk sample to microbiology for culture and sensitivity. This is especially the case if there is recurrent mastitis as staphylococcal resistance to the agents listed below (eg due to MRSA) is increasing in prevalence.

Most patients will respond to the following oral regimens. Continued breast feeding or milk expression (manually or by pump) from the infected breast should be continued to ensure effective milk removal. There is no evidence of risk to the healthy, term infant of continuing breastfeeding.

**Flucloxacillin 500mg orally, 6 hourly for 10 days.**
- For patients hypersensitive to penicillin (excluding immediate hypersensitivity) use: **Cephalexin 500mg orally, 6 hourly for 10 days.**
- For immediate hypersensitivity to penicillin use: **Clindamycin 450mg orally, 8 hourly for 10 days.**

**Note:** Flucloxacillin to be taken ONE hour before meals.

If **severe cellulitis** has developed, antibiotics should be given intravenously (IV).

**For inpatients:** use

Flucloxacillin 2g IV 6 hourly

**or**

Cefazolin 2g IV 8 hourly for patients hypersensitive to penicillin (excluding immediate hypersensitivity).

If immediate hypersensitivity to penicillin use:

Clindamycin 600mg IV 8 hourly

IV therapy to be given for typically 48-72 hours, then if substantial clinical improvement, change to oral treatment regimen as listed above (either of flucloxacillin or cephalexin or clindamycin) for ten days

**For outpatient Hospital@Home:** use

Cefazolin 2g IV 12 hourly for 48 hours, then if substantial clinical improvement, change to oral treatment regimen as listed above (either of flucloxacillin or cephalexin or clindamycin) for ten days.

Failure to improve after two to three days may indicate:
- incorrect antibiotic: - Check sensitivities of organisms isolated from breast milk culture.
- possible breast abscess: refer for diagnostic ultrasound. May require surgical drainage.

See  
Clinical Guidelines, Section B, 8.2.6.1 Mastitis Management in the Home and Clinical Guidelines, Section B, 8.2.7 Breast Abscess.