

Mastitis

Mastitis is a breast infection causing a sudden onset of localized breast pain, redness, and warmth (usually on one side) with accompanying “flu-like” symptoms and fever. Mastitis occurs in 5% of breastfeeding women. Factors that may lead to mastitis include incomplete breast emptying, infrequent breastfeeding, clogged milk duct, and cracked nipple. The infection that causes mastitis is not dangerous to babies.

Treatment:

1. Medications

- a. Antibiotics: Although you will feel better within a few days, please take all the antibiotic pills as prescribed; failure to do so may result in a recurrence of mastitis or the development of a breast abscess. The antibiotics used are safe with breastfeeding.
- b. Acetaminophen (Tylenol): Two 325 mg tablets every 3 to 4 hours for muscle aches and/or fever.
- c. Ibuprofen (Advil): Two 200 mg tablets every 4 hours as needed

2. Breastfeeding

- a. Apply moist heat (microwave a cloth diaper wet with 3oz water) to the affected breast 15 minutes prior to nursing.
- b. Massage affected breast toward the nipple prior to feeding.
- c. Nurse with both breasts at each feeding. If the baby is unable to empty affected breast, pump or hand express the remaining milk.
- d. Breastfeed every 2-3 hours. Do not skip any feedings while under treatment for mastitis.

3. General

- a. Increase your fluid intake (i.e., drink the equivalent of 8 oz. water each hour while awake).
- b. Increase rest for 24 hours (taking care of yourself only, and feeding the baby), then reduced activity until antibiotic treatment is completed. Enlist the assistance of your family and friends for meal preparation, childcare, laundry and housework.

4. If you do not feel better within 36 hours, call our office for an appointment.