

Medical treatment

- Ibuprofen** reduces the inflammation, relieves pain and reduces temperature. Take 400mg three times a day after food. Ibuprofen should not be taken by women who have asthma, stomach ulcers or are allergic to aspirin. The levels of ibuprofen which pass to the baby are small. Ibuprofen is safe to take whilst breastfeeding.
- Paracetamol** relieves pain and reduces temperature but has no anti-inflammatory action. Take two 500mg tablets four times a day.
- Aspirin** should not be taken by breastfeeding mothers.
- Antibiotics** may be needed if no improvement is seen with self-help measures. Most antibiotics can be safely taken whilst breastfeeding.
- The World Health Organisation (WHO) recommend flucloxacillin 500mg four times a day as first line treatment with erythromycin 500mg four times a day or cefalexin 500mg four times a day if the mother is penicillin allergic.

It is essential that breastfeeding is not interrupted during mastitis.

IMPORTANT – if sore nipples develop after a course of antibiotics consider the possibility of thrush on the breast.

(See BfN leaflet "Thrush and Breastfeeding")

Note: Antibiotics can make the baby produce loose, runny motions and become irritable and restless, but the baby won't be harmed and will get better when you finish the antibiotics.

Antibiotics kill natural bacteria in the body as well as those causing illness. This may allow thrush (Candida) to flourish. Taking probiotic capsules or foods may help to restore the balance.

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This leaflet was evaluated by a group of mothers. We welcome any further comments, which should be addressed to the authors at the Breastfeeding Network.

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The Breastfeeding Network is an independent voluntary organisation offering support and information to breastfeeding women and those involved in their care.

BfN The Breastfeeding Network

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Supporterline 0300 100 0210

National Breastfeeding Helpline 0300 100 0212

(NBH calls connect you to your nearest BfN or ABM volunteer)

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.

www.breastfeedingnetwork.org.uk

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Mastitis

and Breastfeeding

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"I was surprised at how suddenly I felt ill. We went to a wedding and I only missed one feed. Within a couple of hours I felt fluey and achy. My GP was reluctant to prescribe antibiotics, saying they were often not needed if I kept feeding and massaging my breast. I also took ibuprofen tablets which helped me cope. I was surprised how well the self-help worked and that I never needed a prescription. I felt very miserable and depressed when I had the symptoms, wondering whether breastfeeding was worth all this – but once I felt better I remembered how good it feels."

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Mastitis

and Breastfeeding

Mastitis means inflammation of the breast.

The first sign of mastitis is a red, swollen, usually painful, area on the breast.

The redness and swelling is not necessarily a sign of infection. Harmful bacteria are not always present: antibiotics may not be needed if self-help measures are started promptly.

You may get mastitis when milk leaks into breast tissue from a blocked duct. The body reacts in the same way as it does to an infection – by increasing blood supply. This produces the inflammation (swelling) and redness.

DO NOT STOP BREASTFEEDING DURING MASTITIS as this can make your mastitis much worse.

Continuing to breastfeed will help you recover more quickly and will not harm your baby.

the **signs** of mastitis

- a red area on part of the breast, often the outer, upper area, which may be painful to touch
- a lumpy breast which feels hot to touch
- the whole breast aches and may become red
- flu-like symptoms – aching, increased temperature, shivering, feeling tearful and tired – **this feeling can sometimes start very suddenly and get worse very quickly.**

NB You may not have all of the above signs during mastitis.

Prevention of mastitis

- try to avoid suddenly going longer between feeds – if possible cut down gradually
- make sure your breasts don't become overfull
- avoid pressure on your breast from clothing and fingers
- start self-help measures at the first sign of any red area on your breast.

Factors which make mastitis more likely

- difficulty with attaching your baby to the breast – this may mean that the breast is not drained well
- pressure from tight fitting clothing, particularly your bra, or a finger pressing into the breast during feeds
- engorgement
- a blocked duct
- stress and tiredness
- sudden changes in how often the baby is feeding, leaving the breasts feeling full.

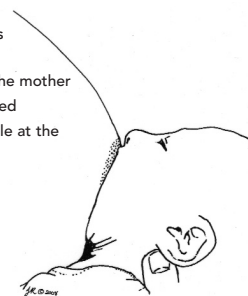
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0300 100 0212**

Mastitis starts with poor milk drainage. If your baby is not well attached to your breast it may be hard for the baby to take milk effectively and some parts of your breast may not be drained during a feed. Unless this is improved you may get mastitis again and again. If in doubt, contact your midwife, health visitor or volunteer breastfeeding supporter for help with attaching your baby for feeding.

Signs that the baby is well attached:

- baby's mouth is wide open
- chin is touching the breast
- cheeks are full and rounded
- nose is not touching the breast
- if visible, more areola is seen at baby's nose and top lip
- the lower lip is curled back
- rhythmic sucks and swallows can be heard and seen
- feeding is comfortable for the mother
- breast is softened after a feed
- no compression on the nipple at the end of the feed.



from a photo by Nancy Durrell McKenna

If your mastitis comes back after you have taken a full course of antibiotics, or is unusually severe, it may be a good idea to give a sample of milk for bacteria tests. This will help the GP choose the correct antibiotic for your symptoms.

It is important that you finish the whole course of antibiotics to make sure that you recover fully and also to help prevent the mastitis coming back.

Self-help measures

These will also help to clear blocked ducts and engorgement:

- keep on breastfeeding – you may feel ill and discouraged but **continuing to breastfeed is the quickest way to get better** – and won't hurt your baby
- feed your baby more frequently or express between feeds if your breasts feel uncomfortably full
- feed from the sore side first to drain it as thoroughly as possible
- express gently after feeds, so that your breasts are kept as well drained as possible – keep expressing until you feel better
- check that your baby is well positioned and attached to your breast – if in doubt seek help from your midwife, health visitor or volunteer breastfeeding supporter (often 'good' positioning and attachment can be made even 'better')
- try feeding with your baby in different positions
- soften your breast, by expressing a little milk or running warm water over it, so that the baby finds it easier to feed well
- warmth on your breast may help you to feel more comfortable
- use a wide toothed comb with rounded teeth to stroke gently over the red area and towards the nipple to help the milk flow, or massage gently
- check for any clothing which is pressing into your breast, this includes a bra – some women find it helpful to go without a bra – bumps or knocks from toddlers can also have the same effect
- rest
- see: www.breastfeedingnetwork.org.uk/positioning-and-attachment

If you feel these symptoms beginning again, start self-help measures right away.

If you do not begin to feel better despite using self-help measures, especially if you start to feel worse, you should speak to your GP or health visitor. You may need to take antibiotics. You should feel some improvement in 12 to 24 hours.