

Mastitis

Parent information

Mastitis is an inflammation of the breast. If it is not treated promptly it can lead to an infection.

Is engorgement the same as mastitis?

Engorgement may occur in the early days, after baby is born. It usually resolves after a day or two with regular breastfeeding/expressing. However, if you restrict how often you breastfeed or express it may develop into mastitis.

What causes mastitis?

- Baby not feeding well at the breast
- Limiting the frequency and length of breastfeeds
- Limiting the frequency of expressing, if baby is not feeding from the breast
- Expressing more often than baby's requirements
- Baby not latched well at the breast, causing nipple damage
- Missed feeds or suddenly stopping breastfeeding
- Mother or baby being unwell
- Oversupply of milk.

What are the signs of mastitis?

- Breast pain
- Heat in the breast
- Red area on the breast
- Feeling nauseated or unwell, as if getting the 'flu'
- May have headaches, chills, shivers or aches, as well as a fever.

How to prevent mastitis?

- Breastfeed as often as baby shows feeding cues (see "Feeding Cues" poster and information sheet)
- Make sure that baby is attaching well at the breast, and seek help if you are unsure
- Allow baby to feed well on one breast before offering the other side and start on the other breast next feed
- If you are feeling uncomfortably full in the breasts, hand express for comfort or to soften the areola (the area around the nipple) before feeding baby
- Avoid giving baby a dummy as you may miss those early feeding cues
- Avoid giving baby formula (unless recommended by a health professional)
- If you decide to give baby a bottle feed, express to keep your milk production going
- Make sure your bra is a comfortable fit.

How do I treat mastitis?

If you think that you have mastitis, start by doing the following:

- **DO NOT STOP** breastfeeding/expressing while you have mastitis!
- It is safe to give baby your breast milk, even with mastitis
- Feed baby as often as they want to or express your breasts at your usual frequency
- If your baby is not feeding at your breast, express your milk
- Apply cold packs to your breast after feeding if this provides comfort
- Drink plenty of fluids and rest as much as possible – ask your family and friends to help
- You can take mild analgesia, such as paracetamol or ibuprofen, as per the recommended dose
- If there is no improvement in 24 hours or you develop a fever, see your doctor as you may need antibiotics
- If you require antibiotics to treat mastitis, it is safe to continue to breastfeed/give baby your breast milk. Complete the full antibiotic course, even if you are feeling better
- **AVOID** vigorous or strong massaging of your breast
- **AVOID** using heat packs on the breast

How long will mastitis last?

When mastitis is treated promptly (using the steps listed above) and appropriately it should resolve quickly, and most mothers start to feel better within 24 hours. If you are finding it too painful to breastfeed/express or the mastitis is not resolving, seek assistance from your nurse/midwife, lactation consultant, child health nurse or GP promptly.

It is normal for your milk supply to decrease after having mastitis, but it will recover with continued, unrestricted feeding of baby (or normal frequency of expressing).

For more information

- Queensland Health booklet 'Child Health Information Your guide to the first 12 months'
- Queensland Health Breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>
- The Australian Breastfeeding Association's Helpline 1800 mum 2 mum (1800 686 268) or <https://www.breastfeeding.asn.au/>

Any further questions?

This fact sheet provides general information. If you have any questions about your baby's care, we encourage you speak to the midwives, nurses and medical staff.



Consumers contributed
to this information.