

MASTITIS

MANAGEMENT OF BACTERIAL MASTITIS FOR HEALTH PROFESSIONALS.

This guide is based on the Academy of Breastfeeding Medicine's revised mastitis protocol #36.

BACTERIAL MASTITIS Is a progression from ductal narrowing and inflammatory mastitis to an entity necessitating antibiotics or probiotics to resolve. Common organisms in lactational mastitis include Staphylococcus (e.g., *S. aureus*, *S. epidermidis*, *S. lugdunensis*, and *S. hominis*) and Streptococcus (e.g., *S. mitis*, *S. salivarius*, *S. pyogenes*, and *S. agalactiae*). Bacterial mastitis is not a contagious entity and does not pose a risk to the infant nor require an interruption in breastfeeding. There is no evidence to support poor hygiene as a cause of bacterial mastitis or the need for routine sterilization of pumps. Handwashing before milk expression and basic pump cleaning practices should be followed.

PRESENTATION Bacterial mastitis presents as cellulitis (worsening erythema and induration) in a specific region of the breast that may spread to different quadrants. An evaluation by a medical professional should be performed

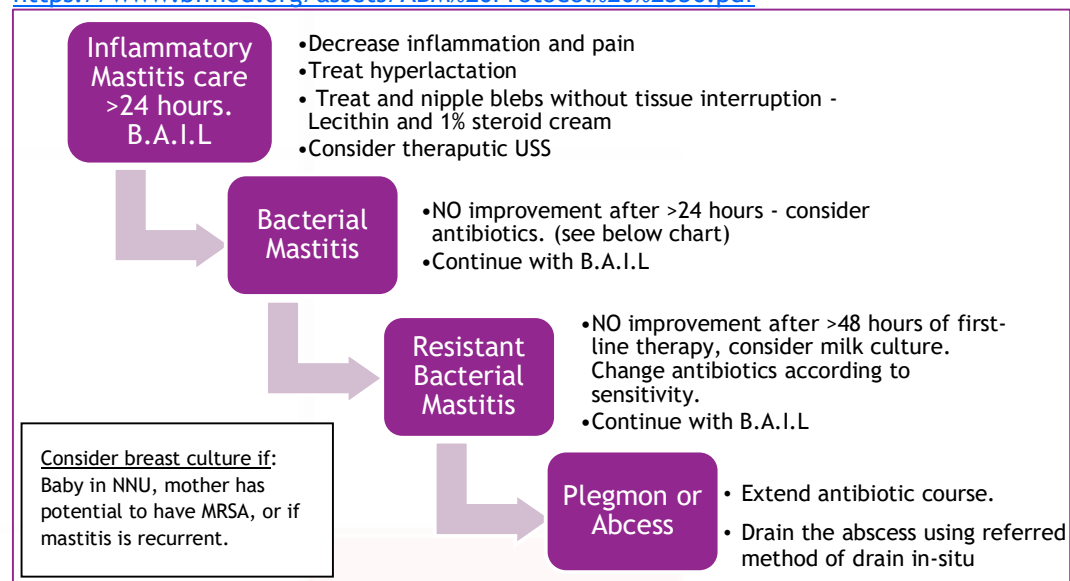
ⁱ Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022. Katrina B. Mitchell,1 Helen M. Johnson,2 Juan Miguel Rodn´guez,3 Anne Eglash,4 Charlotte Scherzinger,5 Irena Zakarija-Grkovic,6 Kyle Widmer Cash,7 Pamela Berens,8 Brooke Miller,9 and the Academy of Breastfeeding Medicine. BREASTFEEDING MEDICINE Volume 17, Number 5, 2022. ⁱ B.A.I.L acronym: Katie Fourie MD

Produced by Janet McGuinness for the Gisborne Lactation Consultant Service. 2022 www.breastfeedingeastcoast.nz

Disclaimer: The advice and information on this fact sheet is provided in good faith as a public service. However, the accuracy of any statements made is not guaranteed and it is the responsibility of readers to make their own enquiries as to the accuracy, currency and appropriateness of any information or advice provided. The Gisborne Lactation Consultant Service does not accept any liability for any act or omission occurring in reliance on this document or for any loss, damage or injury occurring as a consequence of such act or omission.

if there are persistent systemic symptoms (>24 hours) such as fever and tachycardia. In the absence of systemic signs and symptoms, diagnosis should be considered if the breast is not responding to conservative measures.ⁱ (i.e.: the B.A.I.L. acronym from inflammatory mastitis management.)ⁱⁱ

To view the ABM protocol, please visit the following link:
<https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf>



RECOMMENDED ANTIBIOTICS:

1 st line:	Flucloxacillin	500mg QID	5 - 7 days
	Erythromycin	400mg QID	5 - 7 days
	Cefalexin	500mg QID	5 - 7 days
2 nd line:	Cotrimoxazole	160 mg/800 mg BD	5 days

♥ For recurrent mastitis consider daily probiotic use with *L. fermentum* or, preferably, *L. salivarius* for prevention. Note: limited studies.