



MASTITIS

MANAGEMENT OF INFLAMMATORY MASTITIS FOR HEALTH PROFESSIONALS.

This guide is based on the Academy of Breastfeeding Medicine's revised mastitis protocol #36. Scientific evidence now demonstrates that mastitis encompasses a spectrum of conditions resulting from ductal inflammation and stromal oedema. If ductal narrowing and alveolar congestion are worsened by overstimulation of milk production, then inflammatory mastitis can develop, and acute bacterial mastitis may follow.

INFLAMMATORY MASTITIS When ductal narrowing persists or worsens and surrounding inflammation progresses, inflammatory mastitis develops. Inflammatory mastitis presents as an increasingly erythematous, oedematous, and painful region of the breast with systemic signs and symptoms such as fever, chills, and tachycardia. It should be emphasized that systemic inflammatory response syndrome may occur in the absence of infection. (Katrina B. Mitchell, 2022)ⁱ

Think of the milk supply as a busy highway.

If hyperlactation is encouraged by too much pumping or breast massage, there will be an increase the number of cars on the road which causes congestion. This in-turn decreases the size of the road as it narrows for re-construction, (replacing the removed milk).

Treat mastitis as an inflammatory condition, not a blocked pipe.

Overfeeding from the affected breast or "pumping to empty" perpetuates a cycle of hyperlactation and is a major risk factor for worsening tissue oedema and inflammation.

ⁱ Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022. Katrina B. Mitchell,1 Helen M. Johnson,2 Juan Miguel Rodriguez,3 Anne Eglash,4 Charlotte Scherzinger,5 Irena Zakarija-Grkovic,6 Kyle

Reserve antibiotics for bacterial mastitis. Use of antibiotics for inflammatory mastitis disrupts the breast microbiome and increases the risk of progression to bacterial mastitis. (Katrina B. Mitchell, 2022)

MANAGEMENT ACRONYM FOR INFLAMMATORY MASTITIS:ⁱⁱ

Breast rest- Reassure mum that the pipes are not blocked, they are just inflamed. Minimize breast pumping or firm massage. Breast feed on demand only and hand exp for comfort.

Anti-inflammatories and Analgesia - Ibuprofen can be dosed 800 mg every 8 hours and paracetamol 1,000 mg every 8 hours in the acute setting.

Sunflower or soy lecithin 5-10 g daily by mouth may be taken to reduce inflammation in ducts and emulsify milk.²

Ice can be applied every hour or more frequently if desired to reduce inflammation. Avoid the nipple and areola.

Lymphatic drainage - Gentle pressure like petting a cat. 10 small circles as in fig 1 and 2 then stroking from nipple toward armpit and neck. You can direct women to this website for a video guide:

<http://www.breastfeedingeastcoast.nz/mastitis/>

To view the ABM protocol, please visit the following link:

<https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf>

If there are no improvements after 24 hours of inflammatory mastitis management, consider the possibility of bacterial mastitis.

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ⁱⁱ Acknowledgement to Katie Fourie, MD for the Acronym.