

# MASTITIS

(Breast Infection)



## BASIC INFORMATION

### DESCRIPTION

Mastitis is a breast disorder that usually occurs in a woman who has recently given birth. It develops in about 1 to 2% of new mothers and is more likely in women who are breast-feeding. However, it can occur even in women who are not breast-feeding or pregnant.

### FREQUENT SIGNS AND SYMPTOMS

- Symptoms may occur anytime while nursing, but usually begin 1 to 5 weeks after delivery.
- Tender or painful, swollen, hard, hot area of the breast(s).
- Redness of the breasts.
- General feeling of weakness, lack of well-being.
- Fever and chills.

### CAUSES

Infection from bacteria germs that enter the mother's breast. Most mastitis occurs only on one side. It is unknown exactly why some women get mastitis and others do not. Germs may gain access to the breast through a crack in the nipple, but women without sore nipples also get mastitis.

### RISK INCREASES WITH

- Major risks are breast-feeding and cracked nipples.
- Women with a very abundant milk supply may be more prone to getting mastitis.
- Women who are not breast-feeding but have diabetes, chronic illness, or weak immune system.

### PREVENTIVE MEASURES

- There are no specific preventive measures.
- Wash nipples before nursing. Wash hands before touching breasts.
- Regular emptying of the breasts. Breast-feed equally from both breasts.
- If a nipple becomes sore, apply lanolin cream or other skin care products as recommended.

### EXPECTED OUTCOME

Usually curable in 10 days with treatment. Symptoms will get better in 1 to 2 days.

### POSSIBLE COMPLICATIONS

- Without proper treatment, or with incomplete treatment, mastitis may lead to breast abscess. This is a pus-filled infection in the breast.
- Chronic mastitis may rarely occur in women who are breast-feeding.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do a physical exam of the breasts. Medical tests may be done to be sure that there are no other problems that may be causing symptoms.
- Treatment includes adequate breast emptying, rest, drinking plenty of fluids, and drug therapy, if needed.
- Apply a warm compress or an ice pack (whichever feels better) to the engorged breast after feeding. Don't use ice packs within 1 hour of nursing; instead use warm compresses.
- Wear a good support bra during treatment.
- Most often, you can continue to breast-feed, even though breasts are infected. Offer the affected breast first to promote complete emptying. If needed, use a breast pump to completely empty the breast.
- Take your temperature 1 to 3 times a day at first, to check for any fever.
- Massage nipples with cocoa butter or a cream, if recommended.

### MEDICATION

- Pain relievers. For minor discomfort, you may use nonprescription drugs, such as acetaminophen or ibuprofen.
- Antibiotics for infection may be prescribed. Complete the entire dosage prescribed even if symptoms improve. Breast-feeding can usually be continued while taking the drug.

### ACTIVITY

Get extra rest whenever you can.

### DIET

No special diet. Eat regularly and drink extra fluids.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of mastitis.
- During treatment, a fever occurs, you have nausea or vomiting, feel dizzy, or faint.
- You have signs of a breast abscess. An area with redness, pain, tenderness, and fluctuance (feels like pushing on an inflated inner tube).

Special notes:

---



---



---

More notes on the back of this page