What medication can you take for Mastitis

- Paracetamol - Relieves pain and reduces temperature. Take 2 x 500 milligrams tablets four times a day
- Ibuprofen - Helps by reducing inflammation, pain and temperature. Take 400 milligrams three times a day after food. DO NOT take if you have asthma, stomach ulcers or an allergy to aspirin. Levels that pass to the baby are small and you CAN take whilst breastfeeding.
- Aspirin - DO NOT take whilst breastfeeding.
- Antibiotics - may be needed if no improvement is seen after using self-help measures.

If your mastitis comes back after completing your course of antibiotics or is unusually severe you need to see your GP again.

If you are prescribed antibiotics your baby may become irritable and windy but your baby will not be harmed and will get better once treatment has finished.

References

- Breastfeeding Network website (accessed April 2016)
- Nice—Postnatal Care accessed April 2016
What is Mastitis

Mastitis can start from poor milk drainage usually due to your baby not being well attached to the breast or has difficulty feeding.

Some parts of the breast may not drain well during a feed causing milk to stop flowing leading to a blockage.

This results in milk leaking out of the ducts into surrounding tissue. The area around the blockage will become red and sore and the inflammation can quickly cause a body response which is why mothers can feel unwell with a high temperature.

Signs of Mastitis

- A red area on part of the breast often the outer, upper area.
- The breast may have a red or painful lumpy area, this maybe hot to touch.
- Flu like symptoms—aching, increased temperature, shivering, feeling tearful and tired
- The whole breast may feel sore or tender.

What to avoid

- Prolonged engorgement if untreated may progress to mastitis
- Sudden longer periods of time between feeds.
- Breasts becoming overfull.
- Pressure on your breasts from clothing/bras or fingers.

Signs of good attachment

- Wide open mouth
- Chin close and firmly touching the breast
- The dark skin around the nipple may have more showing above the top lip than below the bottom lip.
- No pain for mum.
- Rounded full cheeks
- Rapid sucks initially turning to slow deep sucks with swallowing heard.
- Contented baby at the breast

What makes Mastitis more likely to occur

- Difficulty with attaching your baby to the breast. This may mean that the breast is not being drained well and milk may leak into the breast tissue.
- Engorgement or a blocked duct
- Sudden changes in how often the baby feeds leaving the breasts feeling full.
- Injuries, such as bumps or knocks from toddlers.
- Pressure from tight clothing/bras or fingers pressing into the breast during feeds.

Self–help measures.

- Keep breastfeeding and feed more frequently if breasts are feeling full or uncomfortable. If the breast is too painful or baby refuses to feed on the effected breast try to express the milk by hand or pump to ensure effective milk removal.
- Start feeding on the sore side first. Baby will be more hungry and this will help drain the breast effectively
- Apply a warm compress to the breast, or bath or shower in warm water to help relieve pain and help milk to flow.
- Try gentle breast massage and feeding in different positions e.g. underarm, laid back, cross cradle
- Check positioning and attachment, if in doubt contact a health professional or a volunteer breastfeeding supporter who can support you with attachment. If no improvement with self help measures after 12 hours you need to contact your GP or Health Visitor for further
- If the area becomes round and swollen it may have developed into an abscess.
- If no improvement with self help measures after 12 hours you should contact your GP or health visitor.