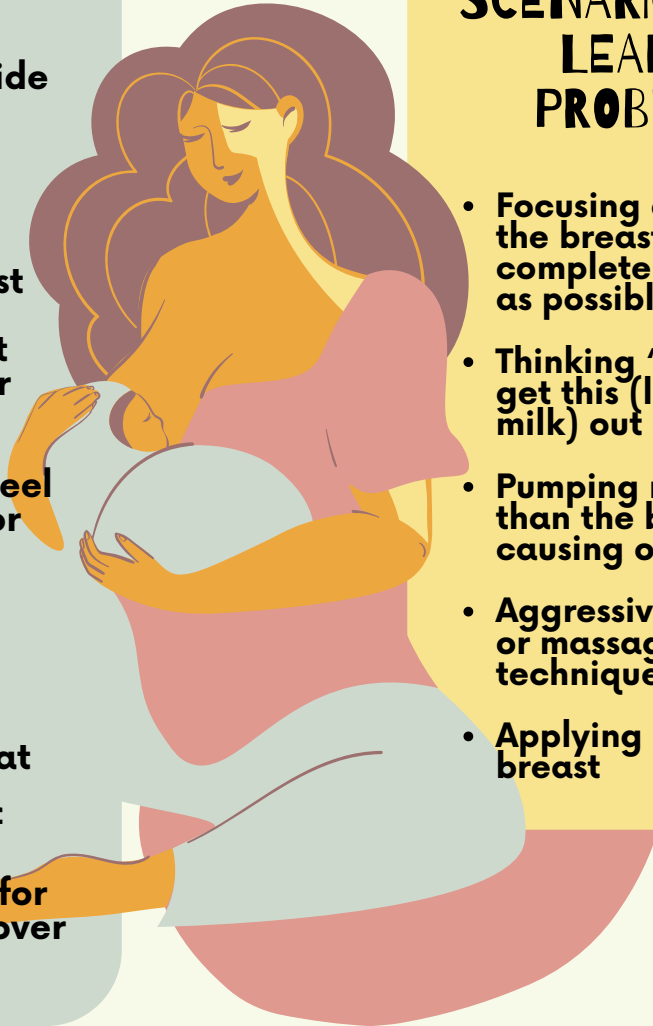


# ABM MASTITIS PROTOCOL SUMMARY

## KEY POINTS

- The nipple naturally communicates with the outside world -- mastitis requiring antibiotics isn't caused by a nipple wound.
- Decreasing stress is KEY. Finding ways to increase rest and cope with stresses is as important or more important than anything you do to your breasts.
- It is NORMAL for breasts to feel occasional lumps that may or not be painful at times, especially in the immediate "milk is coming in" period postpartum.
- Most issues labeled as "mastitis" are not bacterial at all -- they are largely inflammatory and a result of blood flow and fluid in your breast. Bacterial infection, for example, will not spring up over a matter of hours or even overnight.



## COMMON SCENARIOS THAT LEAD TO PROBLEMS

- Focusing on emptying the breasts as completely and often as possible.
- Thinking "I've got to get this (lump, excess milk) out of my body"
- Pumping more milk than the baby needs, causing oversupply
- Aggressive pumping or massage techniques
- Applying heat to the breast

## TREAT YOUR BREASTS LIKE A SWOLLEN KNEE

- If you had a swollen joint, you would not aggressively rub it or apply heat to it.
- You would leave it alone, apply ice and take pain medication and anti-inflammatories as needed. Do the same with your breasts.
- If you must touch your breasts, stroke the tissue lightly (no harder than petting a cat) towards the lymph nodes under your arm (lymphatic drainage).



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# ABM MASTITIS PROTOCOL SUMMARY

## INFECTION

- Dicloxacillin or flucloxacillin 500 mg for 10-14 days.
- If therapy is not helping, reevaluate risk factors such as oversupply, heat, and massage, and consider radiology ultrasound and/or milk culture, knowing that culture can be non-specific and antibiotics may need to be changed regardless.
- Baby should continue to nurse on both breasts. It is safe to nurse on a breast with mastitis. However, if a breast is very overproductive of milk, mom should feed less on this side to allow it to downregulate.



## ABSCESS AND GALACTOCELE

- Needle aspiration is usually used, but often needs to be repeated many times which is upsetting and frustrating and may lead to weaning.
- Drain placement is more effective and should be considered.
- Continue to breastfeed. Understand that if there is significant swelling, milk may not be flowing easily and should not be forced (this will cause more milk to “back up”). Any decrease in production can be addressed once the acute problem has resolved.
- May take a few weeks to resolve and mothers may feel a mass-like area. Any persistent swelling requires reevaluation with radiology ultrasound.

## OTHER REMINDERS

- Reassure yourself that this will work itself out in all likelihood. Rest and home remedies most often address problems before it becomes a medical issue.
- Feed the infant on demand and do not aim to “empty” the breasts. If you are pumping and feeding, express only the volume of milk the baby needs. Once you get that volume of milk out of the breast, stop pumping.
- Wear a supportive bra if your breasts are large, heavy, or feel better with this support.
- Mastitis is not contagious. Normal washing of pump parts is sufficient for healthy, full term babies.
- Nipple Blebs: Do not lance or open them up as this will cause injury and scarring. Sunflower lecithin by mouth can clear ductal debris and 0.1% triamcinolone cream can breakdown inflammation on the surface of the nipple. Wipe off before feeding.
- Reserve antibiotics for true bacterial infections diagnosed by worsening cellulitis on exam by a health care provider. Many antibiotics and antifungal medications have anti-inflammatory properties and this may explain why women have relief when taking them. Due to widespread antibiotic resistance, the actual antibacterial effect is limited.
- Treat oversupply. Use block feeding and other strategies to slow the amount of milk made. Ice, Ibuprofen, and acetaminophen can help with acute pain.
- Handle supply shifts gently. Frantic pumping to increase or big changes to address decrease can cause swings in supply, plus a lot of stress for mom which will cause inflammatory response to increase.
- Consider Therapeutic ultrasound. (1 MHz, intensity 2.0 W/cm<sup>2</sup> for 5 minutes)
- PPD and mood disorders overlap with mastitis spectrum issues. Proper treatment of mental health concerns are key to managing the breastfeeding related problems.



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