



Hôpital général juif
Jewish General Hospital

Herzl Family Practice Centre, Goldfarb Breastfeeding Clinic

Mastitis
Patient handout

Definition:

- Mastitis is an inflammation of the breast, which can often lead to an infection.

Risk factors:

- Any change in feeding:
 - Baby is suddenly refusing the breast, or is on a “nursing strike”.
 - Baby is sleeping for longer periods of time.
 - Baby is using a bottle or pacifier.
 - Baby has been suddenly or rapidly weaned.
 - Mom and baby are separated because of schedule changes like a return to work/school, or vacations/trips.
- Any situation where the breasts are not completely drained, such as:
 - A lot of milk.
 - A poor latch.
 - Baby falls asleep before completely emptying the breast.
 - A breast pump that does not work well.
- A blocked duct that is not properly treated.
- Cracked or bleeding nipples.
- A badly-fitted or tight bra/clothes.
- Pressure on the breast, like from a tight seatbelt or handbag.
- Certain medical conditions like diabetes and anemia.
- Poor nutrition, extreme fatigue or stress.
- Past history of engorgement, blocked ducts or mastitis.

You may have mastitis if you have:

- Fever, muscle aches and pains.
- Nausea, with or without vomiting.
- Chills or sweats.
- A swollen, painful, hard, red and hot area on the breast.
- The baby refusing to feed on the affected side → the milk may taste more salty.

It is important to see a doctor as soon as possible if you have any of the symptoms above.

Treatments:

- First of all, make sure your baby has a **good latch** and that you have no pain while nursing.
- **Breastfeed often**, on demand, without time restrictions, so as to completely drain the breasts. Even if you have an infection in the breast, feeding that milk to the baby is not dangerous, and is very much a part of the treatment.
- You can **pump or manually express** milk from the affected breast after feeds, so as to completely soften that breast.
- **Point the baby's chin or nose** towards the infected area to help drain that part more completely.
- **Massage** the area while the baby feeds. This should be done with the fingertips or knuckles, from the outside towards the nipple.
- **Cold compresses** on the red area can help with swelling and pain.
- Make sure to **eat and drink** well and often.
- Wear a **well-fitted bra** that is not too tight, or no bra if that is more comfortable.

Medications:

- The use of Advil™ or Motrin™ (ibuprofen) and/or Tylenol™ (acetaminophen) may be very useful to treat the pain and inflammation of mastitis. These pills are safe during breastfeeding.
- You may be prescribed an antibiotic if your symptoms are severe or have lasted more than 24 hours.
 - There are many antibiotics that are safe in breastfeeding.
 - Antibiotics should help you feel better within 24-48 hours, and if they don't, you should see your doctor again.
 - You should continue taking your antibiotics for the amount of time specified by your physician, even if you feel better.
 - Probiotics (Bio-K, acidophilus, or yoghurt pills) can be useful to take with your antibiotics. They can reduce some antibiotic side effects, including yeast infections or thrush.

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