

Patient information from BMJ

Last published: Aug 05, 2021

Mastitis in breastfeeding women

Mastitis is common in women who are breastfeeding and it can be extremely painful. It often clears up on its own, but sometimes it needs to be treated with antibiotics.

What is mastitis?

Mastitis happens when your breast tissue becomes inflamed (swollen). It most often affects women who are breastfeeding.

You get mastitis when milk builds up in the tubes, called ducts, that carry milk to your nipple. If a duct gets blocked, milk is forced into the breast tissue surrounding it. This causes inflammation.

If germs get into the milk duct and breast tissue, you can get a more severe form of mastitis called infective mastitis. Germs such as bacteria can get into your breast by travelling up the milk ducts from the nipple. This is more likely if you have cracks or sores on your nipples.

Anything that causes milk to collect in your breast for longer than usual, such as your baby starting to sleep through the night, can increase your chance of getting mastitis.

Mastitis usually happens during the first couple of months after giving birth, although it can happen any time you are breastfeeding.

What are the symptoms?

Mastitis usually starts quite suddenly and can be very painful. It usually affects just one breast. You might be able to feel one or more lumps, which are often wedge-shaped. The area might look swollen and red.

If you have an infection, you may get a fever or flu-like symptoms, such as shivers, hot sweats, and aches.

If you get any of these symptoms you should see your midwife or doctor.

What treatments are available?

Mastitis often clears up on its own without any treatment. But doctors often recommend women take antibiotics if their symptoms are severe or don't soon get better.

Mastitis in breastfeeding women

Things you can do for yourself

The best thing you can do is to carry on breastfeeding, and to always start feeding with your affected breast first. That way, the milk that has collected and caused the mastitis will be removed by your baby. The milk won't harm your baby.

- It's important to empty the breast completely, using a pump if necessary. This helps to clear up the symptoms more quickly.
- Draining the affected breast can also reduce your risk of getting a breast abscess. An abscess happens when pus collects in a section of your breast and forms a lump.
- If your baby refuses to feed from the affected breast, or it's too painful for you, try using a pump to remove the milk.
- If you find breastfeeding uncomfortable, ask your midwife or health visitor for advice on other positions you can try.

You can also take painkillers, such as paracetamol or ibuprofen. But don't take aspirin, as in rare cases this can cause problems for babies.

Taking hot baths and putting a hot flannel or cold compress on your breast might also help relieve the pain. You can also try massaging your breast while you're feeding to help release the milk.

Some health professionals think that mastitis often happens because babies aren't breastfeeding properly, but we don't know if this is true.

Still, you may feel reassured to know you're breastfeeding correctly, or appreciate advice to help you do it better. To read about good breastfeeding technique, see the leaflet *Mastitis: breastfeeding advice*.

Medicines

Your doctor might prescribe antibiotics if your symptoms are severe or haven't improved after 12 to 24 hours.

You'll usually need to take antibiotics for between 10 and 14 days. You can continue breastfeeding during this time.

It's important to keep taking your antibiotics even after you start to feel better, as there's an increased risk of getting an abscess if you stop treatment early.

Antibiotics can cause mild side effects in some women such as diarrhoea, headaches, and feeling sick.

They usually don't cause any problem for babies, but you should contact your doctor if you notice that your baby has a nappy rash while you're taking an antibiotic.

What will happen to me?

Mastitis usually clears up quickly, either on its own or after a course of antibiotics. However, up to 10 in 100 women who get mastitis get an abscess.

Mastitis in breastfeeding women

You'll need to have an abscess treated quickly with antibiotics. You may also need to have the abscess drained. Drainage usually involves a simple procedure where doctors insert a needle into the abscess.

But a small number of women need surgery. You can usually carry on breastfeeding as normal, whatever procedure you have.

The patient information from *BMJ Best Practice* from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2021. All rights reserved.

