

## **Breast Care and Mastitis**

New research has changed our understanding of how mastitis develops, and how to treat it.

Mastitis is when a breast (or part of) is inflamed. It might be red, swollen and sore. Sometimes there is also a bacterial infection.

Mastitis can be caused by breasts being too full of milk. This can happen when there is an imbalance in the 'supply and demand', and more milk is being made than your baby needs.

To avoid your breasts being too full;

- Feed directly from your breast, in response to your baby's cues, whenever possible.
- Avoid an unusually long time between feeds
- Avoid making more milk than your baby needs. This can happen if milk is removed unnecessarily. If you need to use a milk removal device, or a Breast Pump, remove only what your baby needs.
- avoid unnecessary lactation supplements aimed at increasing milk production.

Mastitis can also be caused by an imbalance in the breast microbiome (Dysbiosis). This is an imbalance in the unique mix of healthy bacteria in and around your breasts and nipples. Your breast microbiome is related to your baby's oral microbiome.

To best support this natural interaction; Feed directly from your breasts, without using a Nipple Shield or a Breast Pump whenever possible.

Avoid nipple creams and antibiotics when possible.

Mastitis is sometimes associated with inflamed nipples, and tiny blockages (called blebs) in the nipple Mastitis is more common after a Cesarean Section.

#### If an area of your breast is red and/or sore;

Continue to breastfeed normally. Milk from an inflamed or infected breast is still good for your baby, and it's important to keep removing milk, but don't try to 'empty' the breast. An increase in milk removal will stimulate your milk production, and this is not helpful if you already are producing too much milk.

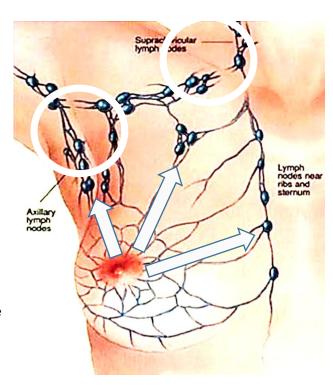
**Be gentle with your breasts**. Breast tissue is delicate, especially when it is full and inflamed

- Use gentle compressions when breastfeeding, hand expressing or using a Breast Pump.
- If using a Breast Pump make sure the suction is not too strong making your nipples or areola become puffy or sore.
- Avoid deep breast massage
- Avoid the use of electric toothbrushes or other vibrating and massaging devices on your breasts
- Avoid saline or Epsom salt soaks
- Avoid heat

**Cool your breast.** Use cold flannels or ice packs. Cabbage leaves have not been found to be more effective than other methods of cooling (and may harbour listeria)

# Support lymph drainage

- Use gentle massage in your armpit and above your collar bone to stimulate lymph drainage. Then use gentle stroking away from your nipple to encourage extra fluid to drain away towards your lymph glands.
- Wear a supportive bra to give your breasts some lift. (Ideally gravity is not drawing fluid down to the areola)





## If you have a bleb (a full or partial blockage of the milk duct, in the nipple)

Blebs are thought to result from inflammation of the nipple.

Nipples can become inflamed if they get squashed or bent during feeds. This can happen if your baby is not in an ideal position. and/or also if your baby's tongue movement is a little restricted due to things like Tongue Tie.

Nipples can also become puffy and inflamed from pumping if the nipple is rubbing or if the suction is too strong. Dysbiosis may also be causing the inflammation.

- To reduce the inflammation a moderate steroid cream containing 1% triamcinolone can be prescribed. It is safe to use and can be wiped off your nipple before breastfeeding. Alternatively, a mild steroid cream containing hydrocortisone 1% can be bought without a prescription, for example 'Micreme H' (H is for hydrocortisone). Micreme H is Anti-bacterial, Anti-fungal and Anti-inflammatory.
- Don't try to 'un-roof' the bleb with a needle.

#### Additional recommendations:

Pain relief eg Paracetamol 1gm 6 hourly, to reduce pain and discomfort.

Anti-inflammatory medications eg Ibuprofen 400mg 8 hourly, to reduce inflammation

Lecithin 5–10g orally per day to help reduce inflammation in the milk ducts and to emulsify milk. This also helps with blebs.

**Probiotics** Taking probiotics that contain L.salivarius, (preferably) eg GO healthy Go Probiotic 75Billion or Microgenics Probiotic 55Billion. Alternatively the probiotic L fermentum may be helpful. Other strains of probiotics are not effective. Studies also suggest that taking L.salivarius during late pregnancy helps prevent mastitis if you are susceptible to it.

When a breast is inflamed you may begin to feel unwell eg a headache and have a raised temperature. If you continue to feel unwell after 24 hours, or feel rapidly worse, see your health professional. Sometimes when a breast is inflamed there is also a bacterial infection. Antibiotics may be prescribed. If this is the case it is important to rest, drink plenty of fluids, and continue to care for your breasts as above.

## Reference:

Mitchell, K., Johnson, H., Miguel Rodrı´guez, J., Eglash, A., Scherzinger, C., Zakarija-Grkovic, I., Widmer Cash, K., Berens, P., Miller, B., & the Academy of Breastfeeding Medicine. (2022). Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022, 17(5), 360-376. DOI: 10.1089/bfm.2022.29207.kbm

<a href="https://abm.memberclicks.net/assets/ABM%20Protocol%20%2336.pdf">https://abm.memberclicks.net/assets/ABM%20Protocol%20%2336.pdf</a>

Mitchell, K., Mastitis, www.PhysicianGuidetoBreastfeeding.org <a href="https://physicianguidetobreastfeeding.org/maternal-concerns/mastitis-and-associated-complications/?highlight=%22mastitis%22">https://physicianguidetobreastfeeding.org/maternal-concerns/mastitis-and-associated-complications/?highlight=%22mastitis%22</a>

Leónides, F., Cárdenas, N., Arroyo, R., Manzano S., Jiménez, E., Martín, V., Rodríguez, J., Prevention of Infectious Mastitis by Oral Administration of Lactobacillus salivarius PS2 During Late Pregnancy doi: 10.1093/cid/civ974. Epub 2015 Nov 26. https://pubmed.ncbi.nlm.nih.gov/26611780/