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# ILCA's INSIDE TRACK

a resource for breastfeeding moms

A Publication of the International  
Lactation Consultant Association



## Dealing with Mastitis

By Kelly Spowart, BS, Jane Heinig, PhD, IBCLC, and Kara Ishii, MSW

**M**astitis is inflammation of the breast with swelling, tenderness, redness, and pain, and may be followed by a fever and flu-like symptoms. Mastitis may be related to an infection, so contact your doctor if you have these symptoms, to find out whether or not you need medication. If your doctor gives you medication, be sure to take it all as directed, *even if you feel better.*

**Treating mastitis** early is important—left untreated, mastitis can lead to more serious illness. In addition, unrelieved pain reduces your body's ability to fight infection and might affect your milk supply. It is also important that you *do not stop breastfeeding*. Decreased feedings can actually *increase* your risk of further infection and may lead to a breast abscess. (over)

## Feeling Better

- Get lots of **rest**.
- Alternate warm and cold **compresses** on your breasts. Moist heat is generally more effective than dry heat.
- Gently **massage** the tender area.
- **Vary baby's latch** at the breast, to help empty all the ducts.
- Continue to **breastfeed often** on the affected side. If it feels better to do so, start feeding with the breast that's not sore, and **switch** to the sore side after your milk lets down.
- Ask your doctor if you can take **medicine** for fever and pain. Acetaminophen and ibuprofen are considered by most doctors to be safe to take while breastfeeding.
- Drink lots of **fluids**.
- Make **nutritious food** choices, to keep your immune system strong.
- Go without a bra as much as possible, especially while sleeping. Wear **loose-fitting clothing** and when necessary a more loosely fitting bra.
- **See article on back** for more information.



## “Help! My baby won't nurse!”

If your **baby refuses to nurse** on the affected breast, it may be that the inflamed milk glands are giving your milk a higher sodium content, making it taste salty. Try **starting the feeding on the unaffected side** and finishing on the affected side. As you get better, your milk will soon return to its usual taste.

⇒ If your baby continues to refuse the affected breast, **see your doctor**.

## Preventing Mastitis

The best way to prevent mastitis is to:

- ⇒ Relieve engorgement promptly;
- ⇒ Breastfeed frequently (and don't restrict the length of feedings);
- ⇒ Feed your baby or express some milk, if you feel your breasts getting uncomfortably full;
- ⇒ Avoid sleeping on your stomach or compressing your breasts against the mattress; and
- ⇒ Take care of yourself and get plenty of rest.

## Repeated Episodes of Mastitis

Repeated mastitis can be caused by keeping an irregular breastfeeding schedule such as missing feedings, giving bottles in place of breastfeeding, or skipping pumping sessions when away from your baby. Repeated mastitis may also mean that your immune system is generally run down, because of fatigue and stress. Rarely, mastitis may be caused by other medical conditions. It is important to **see your doctor** if you have repeated episodes of mastitis, with pain, lumps, or redness, that don't get better after treatment.

## Is Discomfort Normal?

**N**early 3/4 of women report some nipple discomfort in the first 3 days after their babies are born. Often this discomfort starts when the baby first latches on to the breast, but the pain goes away quickly as the baby feeds. By the time their babies are 7 days old, most mothers report that they have no discomfort while breastfeeding.

But if you:

- ✓ are having **discomfort throughout or between feedings**,
- ✓ have **moderate to severe pain**, or
- ✓ have **wounds, blisters or cuts** on your nipples,

contact your lactation consultant or your health care provider right away. Lactation professionals are trained to help you identify the cause of your discomfort and help you feel more comfortable. Getting help early is good for you and your baby.