ANMC Mastitis Treatment Guideline

Predisposing Factors

- Damaged nipple
- Infrequent or missed feedings
- Poor attachment/weak suckling
- Recurrent GBS infection in breastfed baby
- Oversupply of milk
- Rapid weaning from breastfeeding
- Blocked nipple pore (aka milk blister)

Clinical Presentation

- Temperature >38.5° C (101.3° F)
- Malaise
- Focal tenderness in one breast

If abscess present:

- Surgical drainage or needle aspiration needed with culture

MRSA Risk Factors

- Recent hospitalization
- Residence in long-term care facility, military barracks, or incarceration
- Recent surgery
- Hemodialysis
- HIV infection
- Injection drug use and/or sharing needles
- Prior antibiotic use
- History of MRSA infection or colonization

Supportive Measures

- Rest
- Adequate fluids/nutrition
- Application of heat (shower/hot pack) prior to feeding
- Application of cold post feeding
- Ibuprofen
- Breastfeeding
- Lactation consultant referral

Effective Milk Removal

- Mothers should be encouraged to breastfeed more frequently, starting ON affected breast
- If pain persists on affected breast, switch to affected breast after let-down
- Position the infant at the breast with the chin or nose pointing toward blockage
- Massaging the breast during feeding, directed from the blocked area moving toward the nipple
- Expressing milk by hand or pump may augment milk drainage

Antibiotic Selection

Symptoms	Medication	Duration of Treatment
Mild symptoms present <24 hours	**Conservative management** Effective Milk Removal (see above) and supportive measures may be sufficient	
If symptoms do not improve within 12-24 hours OR woman is acutely ill	**Cephalexin 1000mg PO TID**	10 days
Beta-Lactam allergic or MRSA risk factors (anaphylactic response)	**Clindamycin 300mg PO TID**	10 days

Most Common Organisms

Staphylococcus aureus, Escherichia coli, Streptococcus sp.

Breast Feeding Compatibility[2, 3]

- Cephalexin
  - Limited data suggests levels in milk are low and not expected to cause adverse effects
  - The American Academy of Pediatrics classifies as safe for use in breast feeding
- Clindamycin
  - Excreted into breast milk and may cause adverse effects on infant's GI flora
  - The American Academy of Pediatrics classifies as safe for use in breast feeding

Considerations

- If patient does not improve within several days of appropriate management, a wider differential diagnosis should be considered
- Acute cessation of breastfeeding may actually exacerbate the mastitis and increase risk for abscess formation

Antimicrobial Stewardship Program Approved 2018

REFERENCES: Academy of Breastfeeding Medicine Protocol Committee. (2014). ABM clinical protocol# 4: mastitis. 2. NIH U.S. National Library of Medicine. TOXNET Toxicology data network. https://toxnet.nlm.nih.gov. Accessed March 5, 2018. 3. PA Pham, JG Bartlett. John Hopkins ABX Guide. Accessed March 3, 2018.