# 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 last 90 days
- History of MRSA infection or colonization

## Supportive Measures
- Continue breastfeeding
- Adequate rest, fluids, nutrition
- Application of heat (shower/hot pack) prior to feeding
- Application of cold post feeding
- Ibuprofen
- 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

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

## Most Common Organisms
- Staphylococcus aureus, Escherichia coli, Streptococcus sp.

### Breast Feeding Compatibility
- 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

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REFERENCES: