Australian Breastfeeding Association

For Health Professionals

Localised breast inflammation and mastitis

Breast inflammation is a common problem during lactation. Keep the milk moving, avoid overstimulation and treat inflammation early to prevent it progressing to mastitis.

Many complex maternal, infant and environmental factors may contribute to the development of mastitis, including poor breastfeeding technique, illness or separation, and excessive breastmilk production. It can develop when early, localised inflammation in the breast tissue is not addressed promptly and effectively. There may or may not be an infection present, however early management strategies for both infective and inflammatory mastitis are the same and follow three key principles:

- Keep the milk moving.
- Avoid overstimulation.
- Reduce inflammation.

Localised breast inflammation is sometimes referred to as 'blocked ducts' or 'plugging'. However, there is no current evidence to support the concept of a physical blockage within the ducts of the breast. Attempts to 'unblock' a duct have been associated with trauma to the breast tissue that may worsen inflammation and increase the risk of mastitis. Prevention and treatment strategies should instead focus on supporting physiological breastfeeding, avoiding excessive breast stimulation, and reducing inflammation.

Signs and symptoms

Women with **localised breast inflammation** may experience:

- pain in the breast, especially during the milk ejection reflex
- a palpable lump or firm area in the breast
- tenderness over the affected area
- redness or darkening of the overlying skin
- no systemic symptoms.

Women with **mastitis** may experience:

- systemic symptoms including a fever, chills, tachycardia and general malaise
- a red, swollen, painful segment of the breast which may feel hot to touch.

ABN: 64005081523 RTO: 21659

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Resources for families

Information for families can be found by searching for 'mastitis' on the Australian Breastfeeding Association (ABA) website, breastfeeding.asn.au.

Women with localised breast inflammation or mastitis often require additional breastfeeding support. ABA breastfeeding counsellors do not provide medical advice. However, a call to the National Breastfeeding Helpline on 1800 686 268 can provide reassurance, support and practical suggestions.

Prevention

Mastitis is less likely to occur when breastfeeding is going well. Exclusive, physiological breastfeeding - that is, feeding the infant at the breast according to their need - can help to prevent and resolve localised breast inflammation and mastitis. The following ideas may also help:

- Ensure the infant is positioned and attached well to help them remove milk easily.
- Support the infant to feed for as long as and as often as they want to.
- Treat sore or damaged nipples promptly.
- Start each feed on alternate breasts so that milk is removed from both breasts often.
- Avoid long intervals between breastfeeds.
- If the infant is not breastfeeding well, express to replace missed breastfeeds.
- Do not express or remove more milk than the infant needs.
- Don't give the infant any fluids except breastmilk, unless medically necessary.
- Get enough rest, drink to thirst and eat a nutritious diet.
- Handle the breasts with care to avoid causing trauma to the tissues.
- If weaning, aim to do so gradually.

Management

Prompt treatment of early breast inflammation can help to stop the progression of symptoms. Treatment should begin as soon as a lump, sore spot or red area is identified on the breast. Mothers can try the following strategies at home to reduce inflammation and keep the milk moving:

- **Continue to breastfeed**
  - This prevents the breast from becoming overfull and helps to maintain the mother's breastmilk supply.
  - Ensure the infant is positioned and attached well, and that they are breastfed as often as they need.
  - Each feed should start on the alternate breast.
  - Expressing by hand or with a breast pump can help to keep the milk moving if the infant is not breastfeeding well.
  - Breastmilk from the affected breast is safe for the infant to drink.

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Further reading

ABA Professional Feature Article, *'Smoothing the bumps': Updates to ABA's information on engorgement, localised breast inflammation and mastitis*

References

References are available on ABA's mastitis webpage.

- **Encourage the milk-ejection reflex**
  - The infant may display fussy feeding behaviours if the flow of milk is slowed.
  - The infant should be held skin-to-skin in a comfortable position.
  - Deep, slow breaths and soothing music may promote relaxation.
  - Warming the breast or gently stroking towards the nipple before a breastfeed can trigger the milk ejection reflex.
- **Treat inflammation**
  - Cool packs can be applied to the breast after a feed to relieve pain and inflammation.
  - Common anti-inflammatory or analgesic medications may be helpful.
- **Rest and recover**
  - Adequate rest, fluids and nutrition are important while a woman recovers from mastitis.
  - Further medical support may be needed if she feels very unwell or if symptoms do not begin to improve within 12 to 24 hours.
  - Antibiotic therapy should be considered early if infective mastitis is suspected, or after 24 hours of conservative management if no improvement is seen. Breastfeeding should continue as normal during a course of antibiotics.
  - If mastitis is not treated promptly, a breast abscess may form. This is an uncommon but serious complication which requires medical treatment.
  - Women with recurring localised breast inflammation or mastitis may benefit from speaking with an ABA breastfeeding counsellor, lactation consultant or knowledgeable health professional. An in-depth review of their breastfeeding may identify modifiable risk factors.

Version 1.1 February 2023

ABN: 64005081523 RTO: 21659