

# Mastitis



Women's Birth &  
Wellness Center

PRIMARY CARE • MATERNITY • LACTATION

## *What is mastitis?*

Mastitis is an infection of the breast. Plugged ducts or engorgement may lead to mastitis (milk backs up in the breast and creates inflammation). Open skin (for example cracked nipples) also increases risk for mastitis, since that allows bacteria to get inside the breast.

## *Does mastitis affect my milk or my baby?*

There is no danger to your baby; your milk is not infected and you should continue to breastfeed. The color of your milk may change, or it may look “clumpy”; if this happens, please let us know, but don't worry about continuing to give the milk to your baby. Your milk will continue to be the best and healthiest nutrition for your baby.

## *What should I do to treat mastitis?*

- “Rest and empty the breast”. It is **very important** to treat mastitis as a sign from your body to slow down. Please do the following to help your body heal:
  - Get plenty of rest – take the baby to bed with you
  - Breastfeed frequently to empty the breast
  - The taste of your milk may change and make your baby reluctant to nurse – if so, use a breastpump to keep your breasts emptied
  - Drink plenty of fluids

**OVER →**

- Take an antibiotic as directed by your midwife. You need to continue taking the antibiotics as long as prescribed, even after you start feeling better. If you stop taking the antibiotics early, your infection could return and be harder to treat. These antibiotics are safe for your baby, and you should continue to breastfeed while taking them.
  - Dicloxicillin 500 mg 4 times a day, for 10 days
  - Keflex 500 mg 4 times a day, for 10 days
  - Clindamycin 300 mg 4 times a day, for 10 days
  
- Take ibuprofen to help with fever, pain, and inflammation. You can take 600 mg every 6 hours.
- Consider taking probiotics to help maintain healthy gut flora while taking antibiotics.

**When to call for follow-up:**

- Call the midwife if you do not start feeling *much better* within 24-48 hours after beginning antibiotics.
- Call the midwife if you keep getting *worse* after beginning antibiotics.
- Call the midwife in \_\_\_\_\_ days to check in about how you are feeling.

*How can I avoid getting mastitis again in the future?*

Common events that can lead to mastitis include cracked nipples, breast engorgement, and plugged ducts. Discuss with your midwife and lactation consultant what may have led to your case of mastitis. This can help us figure out ways to avoid it in the future.

Your milk supply may go down temporarily in the breast that was most affected by mastitis. It should increase again once you are well, although it may take a little while. Call us if you are concerned about your milk supply.