



## LACTATING MASTITIS, BREAST ENGORGEMENT, or BREAST ABSCESS

	<p>Breastfeeding can be complicated by breast engorgement, mastitis, or breast abscess. Inflammation of the breast with or without infection has a variety of etiologies and presentations that range from the fairly benign blocked milk duct to more serious breast abscess. Mastitis occurs in as many as 1/3 of breastfeeding women in the U.S. with 10% leading to the formation of breast abscess. Mastitis usually caused by Staphylococcus aureus. Occasional women can experience symptoms of nipple candida infection which include symptoms of nipple and areola itching, erythema, and/or shiny white patches which will require antifungal treatment.</p>
<b>SUBJECTIVE</b>	<p>Must include: Recently weaning or currently breastfeeding history Review of medical history including postpartum, contraceptive, and sexually history.</p> <p>May include: 1. Painful breastfeeding 2. Fever, chills, fatigue, diffuse myalgia, or flu-like symptoms 3. Sore, cracked nipples, breast pain, breast mass 4. Frequently, symptoms most common in one breast, but can occur in both breasts.</p>
<b>OBJECTIVE</b>	<p>Must include: 1. Vital signs 2. Assessment of affected breast reveals palpable, tender mass with induration, erythema, and may have axillary lymphadenopathy.</p>
<b>LABORATORY</b>	<p>May include : Culture of breast milk not recommended U/S of affected breast if question of breast abscess</p>
<b>ASSESSMENT</b>	<p>Engorgement, mastitis, or breast abscess</p>
<b>PLAN</b>	<p>If <b>mastitis</b> treatment options: <b>1. DICLOXACILLIN 500 MG EVERY 6 HOURS FOR 10 DAYS PO</b> or <b>2. AMOXICILLIN/CLAVULANATE (AUGMENTIN) 875 MG EVERY 12 HOURS FOR 10 DAYS PO</b> or <b>3. CEPHALEXIN (KEFLEX) 500 MG EVERY 6 HOURS FOR 10 DAYS PO</b> or <b>4. ERYTHROMYCIN 500MG EVERY 6 HOURS FOR 10 DAYS PO</b> <b>5. ACETAMINOPHEN 500 MG EVERY 4 HOURS or IBP 600 MG VERY 6 HRS. PRN PO FOR DISCOMFORT.</b></p>

	<p>If <b>engorgement</b> treatment includes:</p> <ol style="list-style-type: none"> <li>1. Supportive therapy including adequate fluid intake, acetaminophen 500 mg po every 4 hours prn or NAIDs 600 mg every 6 hours prn.</li> <li>2. Encourage to continue breastfeeding and completely emptying breast. She may apply warm pack to breast.</li> <li>3. If client desires to discontinue breastfeeding advice importance of wearing a good support bra, avoid excessive breast stimulation, &amp; may apply cold pack to affected area.</li> </ol> <p>If <b>breast abscess: Referral to client’s primary care physician or ER for treatment .</b></p>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Review importance of emptying breast and optimizing breastfeeding techniques.</li> <li>2. Counsel importance well- fitted bra</li> <li>3. If engorgement review signs and symptoms of mastitis</li> <li>4.. Encourage adequate fluid intake</li> <li>5. Advise the importance to complete course of antibiotics as directed.</li> <li>6. If no relief of symptoms or symptoms worse in 24 hours, to seek medical attention.</li> <li>7. Provide referral to Certified Lactation Consultant if breastfeeding support desired.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. Patient with abscess or significant breast abnormalities.</li> <li>2. If unresponsive to treatment or allergies to antibiotics. If unresponsive to antibiotic may be possible MRSA infection.</li> <li>3. Any client will inflammatory breast lesion, with no recent history of breastfeeding, to rule out inflammatory breast cancer.</li> </ol>

Revised

References:

1. La Leche League Minnesota and Dakotas, [www.llusa.org](http://www.llusa.org)
2. Betzold, Christine, NP, CLC, MSN. An Update on the Recognition and Management of Lactational Breast Inflammation. Journal of Midwifery Woman’s Health, 2007; 52 (6): 595-605.
3. Breastfeeding Challenges – Mastitis and Breast Abscess, ABM Clinical Protocol #4, 10/21/2008, [www.bfmedorg/ace-files/protocol/mastitis](http://www.bfmedorg/ace-files/protocol/mastitis)
4. Women’s Medical Protocols “Breastfeeding Complications, Engorgement, Mastitis, and Breast Abscess”, [www.womenshealthcareclinic.com](http://www.womenshealthcareclinic.com)