

# Mastitis Fact Sheet

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Mastitis is clinically defined as localized, painful inflammation of the breast together with flu-like symptoms such as fever<sup>1</sup>. Milk stasis and infection are the principle causes of mastitis<sup>2</sup>. The reported rate is 6.3% in a Chinese study<sup>3</sup> and mastitis is one of the reasons for breastfeeding cessation during the first 6 months among Chinese mothers<sup>4</sup>.

## Risk factors<sup>1,5</sup>

- Feeding-related factors like infrequent feeding, missed feeding and weak sucking or poor attachment leading to inefficient milk removal
- Maternal stress and fatigue
- White spots on the nipple
- Pressure on the breast like tight bra and car seatbelt
- Previous mastitis
- Yeast infection
- Damaged nipples
- Sore nipples

**Full-time work outside home was associated with an increased incidence of mastitis<sup>2,6</sup>**

## Management<sup>5</sup>

### ✓ Effective removal of milk

- Encourage mothers to breastfeed more frequently
- Position the baby at the breast with the chin or nose pointing to the blockage may help drain the affected area
- Massage the breast during a feed with an edible oil on the fingers may help facilitate milk removal
- Express milk by pump or hand after feeding to increase milk drainage

### ✓ Supportive measures

- Rest, adequate fluids and nutrition are very important
- Heat application like a hot pack just before feeding helps facilitate milk flow
- Cold packs on the affected breast after feeding/milk expression help reduce pain and edema

### ✓ Pharmacological treatment

- Antibiotic treatment should be started after seeking advice from doctor if there is no improvement in symptoms within 12-24 hours after applying the above-mentioned measures or if the women is acutely ill



## What's NEW?

Latest science indicates mastitis was associated with microbial dysbiosis in human milk<sup>7</sup>. Maternal diet is a modifiable factor influencing human milk microbiota<sup>8</sup>.

***“Breastfeeding in the presence of mastitis generally does not pose a risk to the infant and should be continued to maintain milk supply”<sup>1</sup>***

References: 1. Spencer JP. Am Fam Physician. 2008;78(6):727-731. 2. World Health Organization (WHO). Mastitis: Cause and management. 2000. 3. Tang L et al. Breastfeed Med. 2014;9(1):35-38. 4. Sun K et al. J Child Health Care. 2017;21(3):353-363. 5. Amir LH and the Academy of Breastfeeding Medicine Protocol Committee. Breastfeed Med. 2014;9(5): 239-243. 6. Kaufmann R and Foxman B. Soc Sci Med. 1991;33(6):701-705. 7. Patel SH et al. Sci Rep. 2017;7(1):7804. 8. LaTuga MS et al. Semin Reprod Med. 2014;32(1):68-73.

## Healthcare Corner

### Supplementary Reading –

**WNSC HK Bulletin 2018 Issue 1:**

*A New Landscape of Gestational Diabetes Mellitus*



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