Could the Soreness in my Breast be Mastitis?

Mastitis is an *inflammation* or soreness in the breast that can affect NICU mothers who are pumping milk for their babies.

Signs of mastitis are:

- a very sore spot in the breast that is painful to the touch
- an area of redness or lines of redness over the breast that may be much larger than the actual sore spot
- hardness, lumpiness or swelling in the sore area
- flu-like symptoms such as fever, headache and muscle pains in more severe cases

Mastitis can come on very fast. You might feel fine at bedtime and wake up a few hours later with a painful mastitis. Although not all mastitis involves an infection, the presence of fever and flu-like symptoms means that harmful bacteria may be growing in the sore area. If this is the case, you will probably need antibiotics to treat the infection. Always call a member of the NICU lactation team immediately if you suspect you have mastitis — either with or without a fever.

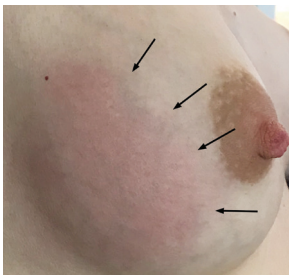
What causes mastitis?

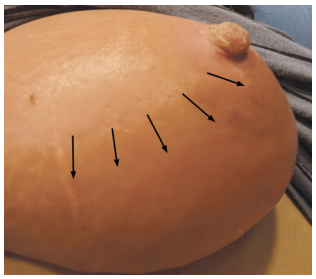
Each mother has a one-of-a kind mix of bacteria in her breasts that pass into the milk for her baby. These ***good bacteria*** live in your baby's intestine and protect him or her from health problems during and after the NICU hospitalization. Researchers think that mastitis results when this mixture of bacteria in your breast gets out of balance, letting harmful bacteria take over. This change in bacteria is often linked to not pumping frequently or long enough to empty the breasts. When milk stays behind in the breast, it can cause a backup or blockage in the ducts that carry the milk from inside the breast to the nipple. This blockage can cause swelling, which squeezes the ducts so that milk cannot flow easily out of the breast. The milk backup can lead to mastitis.

When does mastitis occur in a NICU mother?

Mastitis can develop at any time during lactation, and is usually related to not removing all of the milk from the breast on a regular basis. Mothers who have a very large milk volume (over 30 ounces a day) are at a greater risk for mastitis.

- In the NICU, mastitis is most common when mothers cut short their pumping times (such as going from 20 minutes to 10 minutes for each pumping) or go long periods between pumpings. Oftentimes in the NICU, mothers cut short or delay pumping because visitors are present, or they left a breast pump part at home. Always prioritize your pumping, especially in the first 2 weeks after birth.
- Once NICU discharge nears and the baby is feeding at breast on demand, mothers may think that the baby's feeding takes the place of the pumping, which is not the case. Or, mothers want to save milk in the breast in case the baby wakes up soon to feed again, so they do not pump the remaining milk. ***Mothers should always continue to use the breast pump after all NICU breastfeedings***. Even if your baby wakes to feed again in less than an hour, there will be enough milk in your breasts.





How do I know if my breast pain is mastitis?

- Always be extra cautious and contact us immediately if you have pain in your breasts. Providing milk for your baby should never be painful.
- Mastitis usually occurs in only one breast at a time, so symptoms that affect both breasts are probably not mastitis. Mastitis can be confused with the let-down reflex, but this ***pins and needles*** discomfort affects both breasts and goes away once pumping starts.
- The most common spot for mastitis is in the area between the armpit and the nipple. However, some mothers have mastitis under or behind the nipple or on the bottom of the breast. It is easy to miss these locations or mistake the pain for other lactation problems.
- Mastitis feels very uncomfortable in a small area of the breast, but the redness covers a much larger area. Notice the pictures of mastitis — the breasts are not bright red in a tiny area. Instead there is a much larger reddish area around the sore spot.
- Be aware of the connection between a very sore spot in one breast and flu-like symptoms. This combination often means infectious mastitis that requires immediate antibiotic treatment.

Fernandez et al. (2014). *Beneficial Microbes* 5: 169-183.

Jimenez et al. (2015). *J Hum Lact* 31: 406-415.

Mediano et al. (2017) *J Hum Lact* 33: 309-318.

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This information sheet was published on www.LactaHub.org on 4 August 2020. Please read the disclaimer on page 2 carefully.

Disclaimer

This general information sheet is intended for use under the guidance of health professionals in the neonatal intensive care unit (NICU). It is primarily for training purposes and for additional information to be given to parents or private persons without medical education by NICU health professionals. The general information sheets provided by Rush University Medical Center are for parents and interested private persons without medical education and we do not raise any claim to completeness of the information sheets. Under no circumstances should this information be regarded as a substitute for professional advice or treatment or for any independent medical judgment of a healthcare professional regarding specific patient diagnoses or treatment plans. Healthcare providers should exercise their own independent medical judgment, and decisions as to any diagnosis or treatment plan are the sole responsibility of such healthcare provider. The general content of this information sheet cannot and shall not be used to make independent diagnoses or begin treatment. Our information is not personally related to you. We therefore recommend that you visit recognised healthcare professionals to get specific advice for any medical problems.

This information sheet was published on www.LactaHub.org on 4 August 2020. It is provided in good faith. We will be happy to provide you with further information and guidance.

We look forward to your inquiry at: contact@lactahub.org

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