

Mastitis in the NICU

If you have been diagnosed with mastitis, an inflammation in the breast that occurs in mothers who are breastfeeding or pumping milk, management guidelines for NICU mothers are different from those for non-NICU mothers.

Mastitis doesn't always mean that the milk from the affected breast has unsafe germs (bacteria) in it. However, we are extra cautious in the NICU because NICU babies are more prone to infections than full-term babies living at home.

I have heard that mothers can continue breastfeeding with mastitis. Is this different with a NICU baby?

- All mothers' milk has a mixture of bacteria that are passed to the baby and play an important role in keeping him or her healthy throughout life. During mastitis, these same bacteria get out of balance and can bring on symptoms of pain, redness, swelling and fever. **These symptoms mean that bacteria in your milk from the breast with mastitis might not be safe for your baby.**
- Mothers with healthy babies are advised to continue breastfeeding with mastitis. This is partly because their babies do not have increased infection risk. It is also because the mother makes antibodies to the unsafe bacteria that the baby receives, but these antibodies are passed most effectively during real-time feeding at the breast.
- If your doctor prescribes antibiotics for your mastitis because he or she thinks there might be an infection with unsafe bacteria (usually when you have a fever, chills, flu-like symptoms), do not bring the milk from the breast with mastitis to the NICU for 48 hours after you start antibiotics. *However, the milk from the other breast is perfectly fine to feed your baby, and the antibiotics do not affect the safety of your milk!* You should freeze the milk from the breast with mastitis because it may be perfectly safe to use after your baby goes home from the NICU. We will advise you about whether to feed your milk after NICU discharge.

What should I tell my doctor when I call about mastitis?

- Remind your doctor that you have a NICU baby. Some of the germs that cause mastitis are different from those in mothers who are breastfeeding their babies in the home, and require different antibiotics.



- Tell your doctor that we recommend testing a sample of your breastmilk to be sure that the antibiotics kills the germs effectively.

What else do I need to know about mastitis with a NICU baby?

- You should feel better within 48 hours after starting antibiotics. **If you still have a fever after 48 hours, contact both your doctor and the NICU lactation specialist immediately** because you might need a different antibiotic.
- **Be sure to take all of the prescribed antibiotic even if you feel better.** Mastitis can return if all of the harmful germs are not killed.
- The milk-making cells affected by mastitis stop making milk, but other milk-making cells will take over as long as you continue regular pumping. You will probably notice less pumped milk in the breast with mastitis, at least for the first few days. Regular pumping sends the signal for other cells in the breast to make up for less milk volume. This may take several days, so do not get discouraged with less milk volume in the short-term.
- Mastitis causes extra sodium (salt) to leak from your blood into your milk in the early days of mastitis. **This extra salt does not harm your baby, but he or she may taste the difference!** Remember that your baby has come to know the taste and smell of your milk and may realize that something is different. Your baby may be a *picky eater* and not want to drink this milk or be the sort of baby who doesn't care and drinks the milk anyway. Both are normal baby behaviors and the taste of the milk returns to normal in a few days.



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