Adelaide Mums & Babies Clinic

MASTITIS

Mastitis means “inflammation of the breast tissue”. It occurs in response to an area of breast tissue not being thoroughly drained over several feeds. There is then back-pressure of milk and this causes inflammation of surrounding breast tissue. The number one cause is suboptimal fit and hold. If there is nipple damage/trauma, this can allow bacteria to travel into the breast tissue. Abrupt changes to feeding schedule can also cause milk stasis, and then mastitis.

Mastitis can occur at any stage of breastfeeding journey, but is most common in the first 8 weeks postpartum. It can affect up to 1 in 5 women. It can be minimized by optimising fit and hold, feeding on demand, offering both breasts each feed and alternating which breast is offered first and avoiding restrictive bras and clothing.

Even at the start of milk stasis, in the inflammatory part of mastitis, you may notice flu-like symptoms, rigors, and body aches. These can come on quite quickly. You may also notice an area of the breast that is painful, red, swollen or hot. If it is not managed, it can progress to a bacterial infection needing antibiotics. Further progression in disease may result in a breast abscess.

It is important to understand that mastitis is a spectrum, and it all starts with milk stasis (i.e. areas of the breast that are not well drained over subsequent feeds). To manage mastitis, the aim is to keep the breasts as empty as possible, by emptying often but gently. The ideal way of doing this is for baby to empty the breast by feeding more often and commencing each feed on the affected side in this instance. Baby may be reluctant to feed due to a salty flavour of breast milk. If this is the case, you may need to express. If you choose to use a pump to express, make sure you are using an appropriate size flange. In addition to this it is important to rest, use paracetamol and NSAIDs (ibuprofen) and cold packs. You may find heat prior to a feed helps the milk to flow better, and ice after a feed is best for comfort and inflammation. Avoid restrictive bras or clothing. Any desire to massage the breast should be done gently. Towards the nipple should be no firmer than stroking a cat; and lymphatic drainage is optimised by gentle stroking towards the armpit. If despite this, mastitis does not appear to be resolving in 12-24 hours, antibiotics should be commenced.

Other ways to manage mastitis are currently being investigated. These include probiotics, lecithin and ultrasound from a physiotherapist. You may find some benefit from these strategies however they are not backed by evidence at this stage.

The Academy of Breastfeeding Medicine released a new protocol on mastitis management in 2022. Some of the advice in this protocol contradicts our advice. We do not agree with some of their theoretical framework. American women are less likely to direct breast feed, and more likely to express and offer milk in a bottle. Therefore, they are at much greater risk of hyperlactation than women in Australia. Their advice to not empty or feed/pump from the affected breast may work for women who are hyperlactating, but is likely to not be applicable to women that are breastfeeding and not over-supplied.

© 2025 AMBC Education Pty Ltd