

LACTATIONAL MASTITIS ALGORITHM

Mastitis

If concerned for abscess, order diagnostic ultrasound.
In obvious abscess, clinical diagnosis may be made ->
Erythema, induration, skin attenuation, failure to improve w/ antibiotics

Ultrasound Without Abscess

- Many cases resolve with ice, ibuprofen, no massage, and not overfeeding; reassess in 24 hours and start antibiotics if not resolved
- Dicloxacillin 500mg QID
- If history of MRSA: Clindamycin 300mg QID or TMP/Sulfa DS BID
- Note: Keflex has poor penetration in lactating breast tissue
- OTC probiotics may also help

Questions?

PhysicianGuideToBreastfeeding.org

Abscess

- 11 blade stab incision with penrose drain placement, as aspiration may require repeat procedures for loculated collection and sticky milk
- If >5cm consider IR consult for pigtail placement if undrained by above method
- Oral antibiotics as above; no IV antibiotics or hospital admission unless severe sepsis
- Bacterial culture, narrow antibiotics based on results

Phlegmon

- Oral antibiotics as above; may need prolonged treatment until clinical resolution
- Repeat ultrasound in one week if no clinical improvement
- Drainage if abscess develops
- Follow up with breast surgery, ultrasound 1-2 months after clinical resolution to r/o underlying mass

Additional Information

- Ice, ibuprofen alternating with acetaminophen q2 hours for tissue inflammation
- NO MASSAGE: worsens tissue edema and injury
- Breastfeed from affected side, but do not overfeed
- Antibiotics are safe; no need to pump and dump
- Physiologic nursing: avoid pumping
- Treat hyperlactation: no "pumping to empty," no milk production in excess of baby's intake
- No nipple shields: non-physiologic milk removal