ABM PROTOCOL #36: MASTITIS SPECTRUM

INSIGHTS FOR INDIA: LACTATION PROFESSIONALS

Image Credit: @lactationcare.ca/

PREDISPOSING FACTORS

PARENT

- Poor positioning and latching
- Scheduling feeds/ infrequent feeds/ restricting time at breast
- Pumping challenges (incorrect, indiscriminate, injudicious)
- Missed pumping sessions in exclusively pumping parents
- Engorgement which has been incorrectly managed
- Mishandling of breasts
  - Squeezing at nipple area
  - Hard massage in an attempt to relieve engorgement
- Pressure on breasts
  - Tight fitting bras/ shoulder strap
  - Scissor hold while breastfeeding
- Maternal illness
  - Dehydration
  - Stress/ fatigue
  - Fever
- Oversupply
- Rapid weaning
- Nipple injuries

INFANT

- Latching challenges
  - Suboptimal suckling
  - Suboptimal positioning
- Infant challenges
  - Preterm, IUGR
  - Separation at birth
  - Oral restrictions
  - Torticollis
  - Birth injuries
  - Jaundice
- Frequent supplementation
- Nipple shield usage
- Pacifier/ bottle usage
- Teething

INVESTIGATIONS

- Not needed routinely
- Symptoms which indicate possible mastitis:
  - Tender, hot swollen wedge shaped area of breast,
  - Temp of 101.3 degree F (38.5degree C) or higher
  - Chills
  - Flu-like aching
  - Systemic illness (nausea, vomiting, body ache)

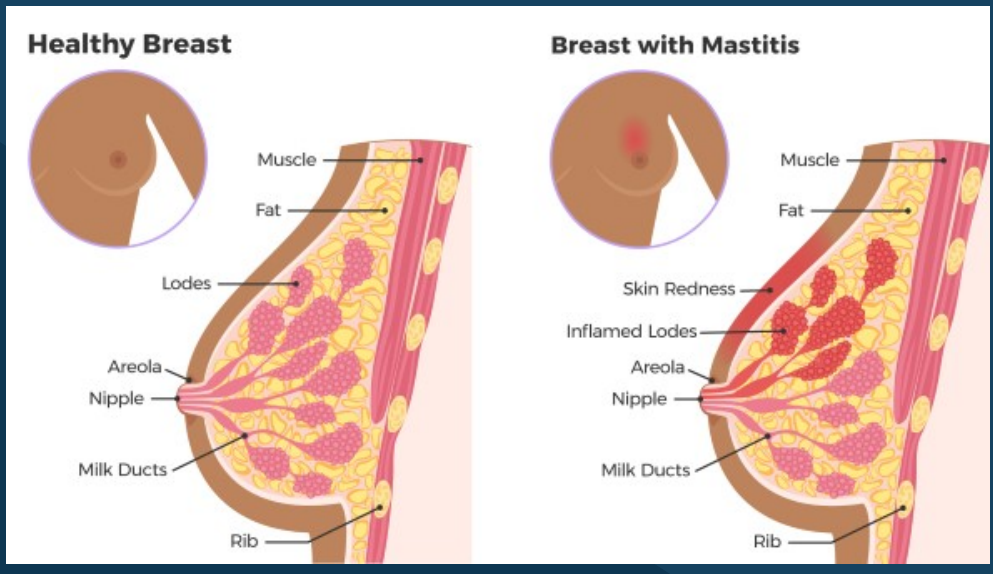

Image Credit: @whattoexpect.com

BREAST MILK CULTURE

- Refer to medical provider for further investigation.
- When needed:
  - Recurrent episodes
  - Hospital acquired infection
  - Severe/ unusual cases
  - No response to antibiotics in 48hrs
  - Lactating parent is allergic to routinely used antibiotics

Image Credit: @Lol Keegan/The Guardian

LACTATION PLAN OF CARE

Image Credit: @verywellfamily.com

- Frequent and effective milk removal (baby, pumps, hands)
  - Effectiveness of milk removal
    - Provide education on effective techniques.
  - Set a routine
    - Provide education on frequency, no timed feeds, etc)
  - Signs of effective milk transfer
  - Correct pump usage or hand expression
- No breast massage.
- No heat. Cold compress encouraged.
- Pharmacological management
  - Please refer to appropriate medical provider if LP is not a doctor.
- Lymphatic drainage.
- Limit use of pumps.
- Encourage healthy diet and rest.

POSSIBLE COMPLICATIONS

- **Being unable to directly breastfeed or early cessation of breastfeeding:**
  - Parent's with mastitis may feel inclined to stop breastfeeding during a period of illness.
  - Possibly due to a combination of factors including discomfort and pain.
  - Concern of spreading the infection to their infant.
  - Providers should reassure the parent that breastfeeding with mastitis is safe and that they should continue to do so if desired.
  - If the parent does not wish to continue to breastfeed, they should receive counseling on the importance of continuing to empty the breasts and other alternative methods of expression.
  - In addition to parental education, medical provider education is equally important.
    - If medical providers are misinforming parent's with mastitis to stop breastfeeding while infected, it increases the likelihood of the parent developing an abscess
    - Also it will contribute to early termination of breastfeeding.
    - This prevents the lactating parent from reaching their breastfeeding goals and infant from receiving the associated benefits.
  - Parent may need reassurance that the antibiotics they are taking are safe to use during breastfeeding.
- **Decrease in breast milk supply:**
  - Due to ineffective drainage of breasts by direct breastfeeds or other alternative techniques to drain the breast.
  - Infrequent milk removal.

Adapted for the Indian context from ABM Protocol #36: Mastitis Spectrum, Revised 2022

- **Chronic antibiotic usage**
  - LPs need to refer for the appropriate antibiotic for treatment.
  - LPs shoud understand when antibiotics are needed, which are the most appropriate antibiotics, and the optimal duration of treatment.
  - The role of probiotics in prevention and treatment needs to be determined.
  - Chronic antibiotic usage can be a predisposing factor for:
    - Thrush (both parent and infant)
    - Diarrhoea (in infants)
- **Breast abscess:**
  - Mastitis which is not adequately treated can cause a collection of pus (abscess) to develop in the breast.
  - If a well-defined area of the breast remains hard, red, and tender despite appropriate management, then an abscess should be suspected.
  - Sudden cessation of breastfeeding may exacerbate the mastitis and increase the risk of abscess formation.
  - Therefore, effective treatment and support from the healthcare team (including LPs) are important at this time.
- **Recurrence:**
  - Lactating parent who develops mastitis is at an increased risk of developing the condition in future pregnancies.
  - Recurrence of the condition is particularly likely in cases where diagnosis and treatment of the condition was delayed or inadequate.

FOLLOW-UP

- Ideally, follow up after the first 24 hours of the first symptom is recommended.
- Collaboration with a healthcare team (in case of antibiotic administration/ interventions) helps breastfeeding to continue without any challenges.
- If the condition is resolved (by day 4-5), it is recommended to follow up (in person, virtual, by phone) and work on the primary cause.
- If the symptoms of mastitis fail to resolve within several days of appropriate management, including antibiotics, a wider differential diagnosis should be considered.
- Please refer to an appropriate healthcare provider for follow-up.

Image Credit: @smartparents.sg

PREVENTION

- Natural birth with less interventions (fluid retention will be less)
- Antenatal preparation for the family
- Early initiation of breastfeeding
- Understanding early hunger cues
- Swaddling should be avoided.
- Encourage feeding on demand.
- Do not skip/ schedule feedings.
- Emptying of breast not recommended.
  - Physiological feeding
  - Gentle expression only for demand / relief
- Discourage tight undergarments.
- Special care given to immunocompromised parents
- Early and proper management of overfullness and engorgement
  - Prevents future complications.
- WHO International Recommendations for Mastitis:
  - If no improvement in two days with antibiotics, milk culture has to be done.
- Lymphatic drainage* should be encouraged.

Lymphatic drainage massage, also known as manual lymphatic drainage, relieves swelling that happens when medical treatment or illness blocks your lymphatic system. Lymphatic drainage massage involves gently manipulating specific areas of your body to help lymph move to an area with working lymph vessels.

Adapted for the Indian context from ABM Protocol #36: Mastitis Spectrum, Revised 2022

PRACTICAL POINTS FOR LPS

- Encourage early intervention and management by Lactation Professionals.
- Antenatal education regarding common challenges during the breastfeeding journey.
- Latching and position of the infant needs to be monitored, supported and improved.
- Keep the healthcare team updated, while working with lactating parent & providing counselling regarding mastitis.
- Know how to identify nipple blebs. Refer when needed to appropriate healthcare provider.
- Teaching lactating parents about gentle breast massage and effective breast draining techniques.
- Provide encouragement to lactating parent.
- Counsel about breastfeeding continuation while on medications.

UPDATES FOR THE INDIAN CONTEXT

- Common Scenario
  - Many lactating parents say that their baby was breastfeeding “very well” in the first 1-3 days after birth.
  - Once milk "came in" baby was unable to latch well and the breasts got painfully engorged.
  - This often means the baby was not really latching well in the early days as well, but it only became more apparent later.
  - Painful engorgement on day 4-5 is NOT normal- it needs proper breastfeeding assessment and management.
- Excess IV fluids are often responsible for areolar edema as well as breast engorgement.
- Common Challenges:
  - Separating the lactating parent and baby
  - Restricting time spent at the breast
  - Swaddling
  - Use of pacifiers, bottles, nipple shields
  - Unnecessary supplementation contributes to milk stasis
- Reverse pressure softening and gentle hand expression must be taught to all lactating parent, repeatedly reinforcing the need to not cause pain.

Image Credit: @Getty Images

Image Credit: Canva 2022

- After the baby has fed, hand express to empty the breast and apply ice (cabbage leaves should not be used for a blocked duct).
- A tight strap of a baby carrier can also cause a blocked duct.
- Mastitis: If the symptoms persist or worsen after doing supportive therapy plus anti-inflammatory medicines, then immediately refer to a licensed healthcare provider
  - Often antibiotics are required to prevent it from becoming an abscess.
- Explain the need to take prescribed antibiotics regularly for 7-10 days.
- Even after referral to a physician the LPs role is to encourage and support the lactating parent in:
  - Effective breastfeeding (positioning and attachment)
  - Assessing if the baby is well fed
  - Maintaing milk supply

Content Customized By ALPI Action Committee II - Practice and Protection

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