**Care Plan for Mastitis**

Mastitis is an inflammation of the breast. It is usually caused by a backup of milk in the milk ducts in one section of the breast. This can progress to an infection if not treated. Chronic engorgement, a delay in nipple wound healing, stress and breast masses (with or without fever) can increase the risk of mastitis. Plugged ducts may be the focal points for bacteria to take hold and start an infective process so it is important to massage and apply warm moist heat if there is a plugged milk duct. If mastitis occurs it is important to continue to feed the baby to prevent the infection from turning into an abscess. The milk from the affected breast will not harm the baby, but can taste salty so contact a Lactation Consultant if your baby refuses to nurse.

Prevention:

* Avoid going for long periods of time between feedings.
* Make sure that all areas of the breast are well drained with each feeding.
* Massage areas of the breast that remain hard while nursing and pumping.
* Apply moist heat to the plugged duct.
* Plugged ducts should be taken care of quickly. Massage over and/or behind the blockage. Another method is to massage in front of the nipple. Begin massaging close to the nipple, reposition then massage further back until you are massaging directly in front of the blockage. Using the back side of a vibrating toothbrush can help break up the blockage.
* Meet with a lactation consultant to make sure that your baby is latching and positioned correctly. Once a break in the skin occurs, it increases your chances of a breast infection. Often the use of Polysporin twice per day after nursing can aid in healing of the damaged nipple. Rub in very well and only use the smallest amount. Once the nipple is healed continuing to apply expressed breastmilk or Virgin coconut oil can help prevent recurrent damage to the nipple.

Symptoms to watch for:

* Red patches on the breast
* Feel a hard sore lump in the breast
* Feel achy and run down
* Have a low grade fever (less than 101)

What to do:

* Continue to feed the baby 8-12 times in 24 hours form both breasts.
* If the baby is not draining the affected breast, then pump or hand express the breast to thoroughly drain
* Massage and compress the breast and hard areas each time the baby pauses between sucks.
* Prior to feeding apply heat to promote drainage.
* Ask your lactation consultant or OB/GYN if you can take a medication like Ibuprofen to reduce inflammation

Symptoms to call the Doctor (OB/GYN)

* If there is not improvement or you are not feeling better in 8-24 hrs.
* If your fever spikes (101 degrees or higher) or persistent fever
* The breast becomes red, hot and swollen
* You see pus or blood in the milk
* You see red streaks on the breast from the areola to the underarm.
* A crack in the nipple looks infected.
* You have chills and continue to feel worse.
* If no improvement after 48 hours of treatment with the antibiotic.

Helpful interventions for treatment of mastitis:

* Take your antibiotic for the full 10-14 days.
* Start a daily probiotic.
* Drink plenty of fluids, rest, and increase your vitamin C intake.
* Continue to nurse frequently on the affected side (or pump if the baby is unwilling to feed on that side).
* Use alternate massage on the affected breast to help it drain better.
* Ask a lactation consultant to help you find out what the cause is so that it does not reoccur.