

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

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TO: Halton Physicians, Nurse Practitioners, Emergency Departments, other Healthcare Providers

FROM Dr. Deepika Lobo, Acting Medical Officer of Health:

DATE: January 9, 2024

RE: Changes to the prevention and management of lactational mastitis

QUICK FACTS

- Recent updates to the [Academy of Breastfeeding Medicine’s Mastitis Spectrum Protocol](#) have resulted in significant changes to how we understand, prevent, and treat lactational mastitis.
- Previous treatment recommendations are no longer supported by evidence, and in some cases, may cause harm or worsen the presenting issue.
- New evidence indicates that mastitis may be the result of hyperlactation and dysbiosis, which in turn leads to ductal narrowing, poor drainage and subsequent inflammation and edema. This can in turn result in a spectrum of conditions that may or may not include bacterial infection and abscess.
- See attached summary for updated evidence, new recommendations, and rationale.

HIGHLIGHTS OF CHANGES

Treatment:

- To decrease inflammation and pain, patients should use ice/cold compresses, NSAIDs and/or acetaminophen. Sunflower or soy lecithin (5-10 mg daily by mouth) can reduce inflammation in ducts and emulsify milk.
- If symptoms are mild and/or focal, encourage patients to try at-home treatments for 24 hours. If symptoms do not resolve or improve after 24 hours, patients may require **antibiotic treatment AND recommend that the patient see a [lactation professional](#) to address the root cause.**

Previous Recommendation	Updated Recommendation	Rationale for Change
Frequent nursing and pumping for milk removal (releasing “plug”).	Avoid over stimulation and excessive pumping. Breastfeed on demand and only express milk to comfort. Minimize breast pump and nipple shield use.	Unnecessary milk removal and frequent stimulation of the breasts can worsen hyperlactation and lead to inflammation. Feed the infant on cue or only express the volume of milk that the child needs. Breast pumps and nipple shields do not allow for the exchange of healthy bacteria between the parent and baby. Improper fit or suction of breast pumps can cause tissue damage and inflammation.
Apply warm compresses or take hot showers.	Apply ice or cold compresses.	Warm compresses and showers can increase inflammation. Cold compresses reduce inflammation and improve milk flow.

Use deep breast massage, a vibrating massager, or an electric toothbrush to break up “clogs”.	Do not use deep breast massage or vibrating devices as treatment. Use gentle lymphatic drainage only and seek therapeutic ultrasound.	Deep massage or vibrating devices applied with pressure can increase inflammation, edema and cause microvascular injury. Massage of the mammary gland can cause capillary injury and is the primary risk factor for a phlegmon and/or abscess. Light sweeping of the skin (e.g., lymphatic drainage or reverse pressure softening) and therapeutic ultrasound can help reduce inflammation.
Avoid bras that are too tight or with underwire.	Wear a supportive and appropriately fitting bra.	Lactating breasts are highly vascular and require support to prevent dependent lymphedema as well as progressive back and neck pain.
Use saline or Epsom salt soaks, castor oil or other topical treatments.	Avoid saline soaks, castor oil or other topical products.	Mastitis is inflammation or infection in the deep organ space; topical treatments will not treat these conditions and may cause damage, particularly if combined with massage. Avoid using salt soaks as they can macerate the nipple tissue.
Some professionals recommended avoiding acetaminophen or ibuprofen as it could mask a fever.	Ibuprofen and sunflower or soy lecithin are recommended. Acetaminophen can be taken as needed.	Ibuprofen decreases inflammation, acetaminophen can help with pain, and sunflower or soy lecithin have been shown to reduce inflammation and emulsify milk.
Antibiotics as the first line of treatment for suspected mastitis.	Reserve antibiotics for bacterial mastitis only. Probiotics may be used for prevention and possible treatment of inflammatory mastitis.	Inflammatory mastitis often resolves without antibiotic treatment. Antibiotic use can lead to dysbiosis, which is a risk factor for recurrent mastitis. Non-selective antibiotic use can lead to antibiotic resistant bacteria. Parents should be encouraged to try the at-home treatments for 24 hours if they only have mild systemic symptoms and/or focal breast findings. If symptoms do not resolve or improve after 24 hours , parents should see their healthcare provider for antibiotic treatment AND see a lactation professional to address the root cause. These supportive measures should be continued even if additional therapy with antibiotics is warranted. Note that antibiotics should still be considered first-line therapy if there is evidence of clinical severity or bacterial infection. There is some evidence to support the use for probiotics.

KEY MESSAGES FOR PATIENTS

- If symptoms are mild and/or focal, follow the treatment recommendations noted above and see a healthcare provider if symptoms do not resolve or improve after 24 hours.
- Breastfeed on demand and only express breastmilk to comfort.
- Avoid overstimulation of breastmilk supply (e.g., excessive pumping).
- Avoid deep massage of breasts.
- Avoid the use of nipple shields.
- Avoid saline soaks and other topical treatments.
- Applying cold as opposed to warm compresses may reduce pain, as well as swelling and inflammation.

- Wear an appropriately fitting supportive bra.
- Over the counter analgesics (e.g., Tylenol or Advil) can be used to relieve pain and inflammation.
- See a [lactation professional](#) to address the root cause.

ADDITIONAL RESOURCES

- [Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum](#), Revised 2022
- [Mastitis in Breastfeeding](#) parent handout (available in English, German, French, Portuguese, Spanish and Ukrainian)
- [Babyfriendlyhalton.ca/supports](#) provides a full list of breastfeeding supports available in Halton Region (**NOTE:** many are covered by OHIP with a referral from a healthcare professional).
- [Halton.ca](#) (Information for Physicians- Pregnancy and Postpartum Programs and Supports).

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) (only report COVID-19 cases occurring in high-risk settings) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE PROVIDE A COPY TO ALL PHYSICIANS IN YOUR OFFICE AND/OR POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES. IF YOU HAVE ANY ISSUES WITH THIS ATTACHMENT, PLEASE EMAIL DOCTORS@HALTON.CA.