Spectrum-Wide Management Strategies for Engorgement & Mastitis

First Line Strategies	
Support	• Offer reassurance that symptoms will resolve with appropriate care and psychosocial support. • A history of anxiety and depression is associated with an increased risk of mastitis.[85] Assess for perinatal mental health disorders and provide support and referrals as indicated. • Strategies to engage partners and supporters should be employed to encourage rest and recovery. Avoid having supporters take over feeding responsibilities, as missed feeding sessions will worsen the problem.
Education	• Provide education on the basics of breast anatomy and breast physiology in lactation. • Provide education on the signs and symptoms of postpartum engorgement and when to seek help from a HCP. • Provide education on the signs and symptoms of mastitis and when to seek help from a HCP.
Breastfeeding	• Support cue-based breastfeeding to avoid excessive removal of milk. • If a parent wishes to take a short break from breastfeeding to catch up on sleep etc., suggest they try this during periods when prolactin levels and milk supply are naturally lower (e.g., evening hours). • Reassure the parent that continued breastfeeding in cases of mastitis is safe for the breastfeeding infant. • Avoid sudden weaning as engorgement associated with weaning will worsen the inflammation and congestion in the breast tissue.[4] • Explain that nipple shield use is associated with an increased risk of developing mastitis and reassess need for nipple shield. • Recommend wearing a well-fitted, supportive bra to help prevent breast congestion and back/shoulder pain.
Breast pumps	• Explain that pumping is associated with an increased risk of developing mastitis. • Recommend minimizing the use of breast pumps, when possible, to prevent over-stimulation of milk production (once milk supply is established). • If pumping exclusively or regularly, recommend expressing milk at a frequency and volume that mimics that of cue-based breastfeeding. • Excessive cleaning and sterilization of pump parts is not necessary in cases of mastitis, follow the manufacturer's routine recommendations for cleaning.

For more information, contact Early Years Health Promotion at eyhp@ahs.ca

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Massage	• Only gentle, lymphatic drainage techniques should be taught to parents. Deep tissue massage and/or massaging towards the nipple can damage breast tissue and worsen inflammation.
Inflammation & Pain	• Cold compresses, NSAIDS, and antipyretics may be used to reduce inflammation, pain, and fever. • Warm compresses and other heat therapy (e.g., warm showers) can be used for comfort, but should be used with caution and for short periods only, as heat can worsen edema and congestion. • Avoid use of saline baths or topical products as they will be ineffective and may cause harm.
Second Line Strategies	
Hyperlactation	• In cases of hyperlactation, management strategies to reduce production may be indicated. See Part 2 Lesson 2 of this module for more information on hyperlactation.
Antibiotics & Probiotics	• Antibiotic therapy is indicated in cases of bacterial mastitis. • If there is no improvement after 48 hours of antibiotic therapy, or in cases of recurrent mastitis, a milk culture can be utilized to determine less common or resistant pathogens. • There is some evidence from clinical trials that probiotics containing *Limosilactobacillus fermentum* or *Ligilactobacillus salivarius* may be effective in the prevention and treatment of mastitis, although current data is limited.
Therapeutic Ultrasound	• Therapeutic ultrasound (TUS) uses thermal energy to reduce inflammation and edema, although it has not been well-studied in the context of mastitis. Daily treatment under the supervision of a trained HCP may be utilized until symptoms resolve. Note that TUS may be expensive and not easily accessible and may not be appropriate to recommend in all cases. • At-home vibration treatments (e.g., electric toothbrushes or massagers) should not be used as they may worsen inflammation and increase chances of complications.
Hospitalization	• Hospitalization in cases of mastitis is not routinely indicated if treatment can be managed on an outpatient basis. • If hospitalization is indicated, the breastfeeding dyad should be kept together to ensure continued cue-based breastfeeding. • In cases of insufficient fluid intake, intravenous fluid administration may be indicated to treat tachycardia and improve symptoms.

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