

Mastitis and Thrush

QUESTION: What is mastitis?

ANSWER: Mastitis is an inflamed or swollen area in the breast. This swelling prevents the milk from flowing freely. With a mild case, a mother may feel a small lump. With a more severe case, a large area of the breast may feel swollen or hard. The swollen area may feel tender or painful and it may look red. It may hurt to breastfeed. Most often only one breast is affected. But in rare cases it may occur in both breasts. A mother with mastitis may or may not run a fever.

QUESTION: What causes mastitis?

ANSWER: The three most common causes are:

- Broken skin on the nipple that allows organisms to enter the breast.
- Inside pressure from a very full breast.
- Outside pressure on the breast over time from a too-tight bra, swimsuit, or strap that presses into the breast.

Risk factors for mastitis include:

- Overabundant milk production, which may often leave the breasts feeling full.
- Diabetes, which puts mothers at higher risk for infections of all kinds.
- Feeling very run down.

QUESTION: If I have mastitis, what should I do?

ANSWER: First, contact your healthcare provider. Ask about taking ibuprofen to reduce the swelling. If you are fever free or have a low-grade fever, your healthcare provider may suggest you do the following to help get rid of the mastitis:

- Breastfeed often—every 1.5 to 2 hours during the day and at least every 3 hours at night.

When breastfeeding suddenly becomes painful, the cause could be mastitis or thrush. If this happens to you, it may help to know something about them.



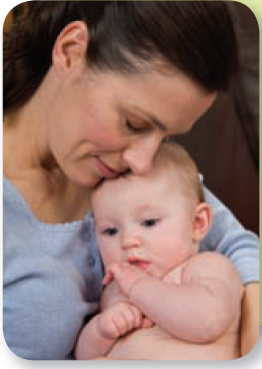
- Use breast massage while feeding to help the baby more fully drain the breast.
- If that breast still feels full after breastfeeding, express more milk from it.
- Apply warm compresses to the swollen area 3-4 times a day for 10-15 minutes.

It can take up to a week for the swelling to go away. If you are improving, you should feel less swelling every day.

If you notice any of the following, contact your doctor right away. He or she may prescribe an antibiotic if:

- You do not feel any better within a day or two.
- You have a fever of 101°F (38.4°C) or higher.
- You see red streaks on your breast, it is feeling hotter, or the swelling is getting worse.
- You see pus on your nipple or in your milk.
- You feel achy and have chills.

If an antibiotic is prescribed, be sure to take the full course or the mastitis may return.



“To reduce pain, start on the least sore breast and switch breasts after your milk begins flowing.”

QUESTION: What is thrush?

ANSWER: Thrush—or candidiasis—refers to an overgrowth of yeast. It is not serious, but it may cause discomfort or pain for mother and baby.

QUESTION: How do I know if my baby or I have thrush?

ANSWER: Only your healthcare provider can diagnose thrush. If you have it, you may have one or more of the following signs:

- Itchy, “burning” nipples.
- Flaky nipple skin.
- Bright pink skin on the breast where baby’s mouth touches during feedings.
- Shooting pains in the breast during or after breastfeeding.
- Symptoms of a vaginal yeast infection.

Your baby may have one or more of the following signs:

- Creamy looking white areas inside the mouth.
- A film in the mouth on gums or tongue.
- Diaper rash with raised patches or shiny skin in the diaper area.
- Sudden feeding problems, pulling off or crying.
- Gassiness or colic.

QUESTION: How is thrush spread?

ANSWER: Thrush is only one of many common skin problems caused by an overgrowth of yeast. Two others are jock itch and athlete’s foot. It can be spread by contact among family members or even the family pet. It can be spread from mother to baby during birth.

You may be more likely to develop thrush if you or your baby have recently taken antibiotics, you have a history of vaginal yeast infections, you have diabetes, or if you have broken skin on your nipple.

QUESTION: How is thrush treated?

ANSWER: Your healthcare provider will need to treat both you and your baby with an antifungal medication, such as:

- A prescribed or over-the-counter product to apply to your nipples.
- A solution to swab inside your baby’s mouth after every feeding.
- An ointment or cream for his diaper area.
- A drug you swallow.

Nystatin has been prescribed for thrush for many decades. As a result, it does not work as well as it once did. Today, 40% of those treated with nystatin do not get better. But there are other antifungal drugs that work very well.

Keep breastfeeding while you and your baby are being treated. To reduce pain, start on the least sore breast first and switch breasts after your milk begins flowing. With the right treatment, the pain should be almost gone within three to seven days. If not, tell your doctor and ask about another treatment.

If needed, ask your lactation consultant to share details on other over-the-counter, herbal and alternative treatments with you and your doctor.

QUESTION: What can I do to prevent thrush from returning?

ANSWER: Yeast is hardy and can grow in many places. While you and your baby are being treated:

- Boil daily for 20 minutes anything that goes in baby’s mouth (such as bottle nipples, pacifiers, teething toys), anything your baby sucks on or chews, and any breast pump parts that touch the milk.
- Wash hands often—both yours and your baby’s.
- If you use nursing pads, use the disposable kind and replace often.
- Be sure to follow the treatment for the recommended time.

This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.

Every baby is different, if in doubt, contact your physician or other healthcare provider.