CONDITION

Lactation mastitis

Lactation mastitis is painful breast inflammation during breastfeeding or milk expression, sometimes involving a bacterial infection.

WHAT IT IS
Breast inflammation during breastfeeding or milk expression

BODY SYSTEM
Breasts and milk-producing system

MAIN SYMPTOMS
Breast pain, swelling, redness, fever

WHAT CAUSES IT
Milk buildup and inflammation, sometimes bacterial infection

HOW IT IS DIAGNOSED
Symptoms and examination; ultrasound if abscess suspected

MAIN TREATMENT
Supportive care, effective milk removal, sometimes antibiotics

CAN IT BE CURED?
Yes - usually resolves with appropriate treatment

IS IT AN EMERGENCY?
Sometimes - with confusion, breathing trouble, or fainting

LONG-TERM OUTLOOK
Most recover fully and can continue breastfeeding

Overview

Lactation mastitis is inflammation of breast tissue while you are producing milk. It most often happens during breastfeeding, but it can also affect people who are expressing milk or gradually stopping lactation.

The condition usually affects one breast. A painful, swollen area may appear quickly, sometimes with fever, chills, or a flu-like feeling. Symptoms can range from local inflammation to a bacterial infection.

Mastitis is now understood as part of a spectrum. It may begin when milk production is greater than milk removal, causing pressure and narrowing within the small milk ducts. Swelling can then make milk flow more difficult. This is not always a literal "blocked duct," and forceful attempts to squeeze out a blockage can make inflammation worse.

Some cases settle with rest, cold packs, pain relief, and normal breastfeeding or pumping. Others need antibiotics like amoxicillin or doxycycline . A small number develop an abscess, which is a collection of infected fluid that usually needs to be drained.

Mastitis can be painful and exhausting, but most people recover fully. In most cases, it is safe and helpful to continue feeding from the affected breast if you wish to do so.

Symptoms

Symptoms often develop over several hours or within a day. They may include:

Redness may be harder to see on brown or black skin. The affected area may instead look darker, purplish, or simply different from the surrounding skin. Warmth, swelling, and tenderness may be easier to notice.

A wedge-shaped red area is often linked with mastitis, but the inflamed area can have other shapes. A tender lump may represent swelling rather than a solid plug of milk.

An abscess may cause a lump that remains painful or becomes softer in the centre. Fever may continue despite treatment, although an abscess can sometimes occur without fever.

- A painful, warm, swollen area in one breast
- Redness or a darker area of skin
- A firm or thickened area
- Pain during feeding or milk expression
- Fever, chills, body aches, or marked tiredness
- A temporary drop in milk flow from the affected breast

Causes and risk factors

Mastitis often begins with inflammation caused by pressure inside the breast. This may happen when milk production and milk removal are out of balance. Swollen tissue can narrow the milk ducts further and increase discomfort.

Bacteria may then contribute to some cases. These bacteria may normally live on the skin or in the mouth. Bacterial mastitis is not a sign that your breast or your baby's mouth is dirty.

Factors that may increase the chance of mastitis include:

Nipple cracks may be present, but they are not required for mastitis to develop.

Feeding position and attachment can affect comfort and milk transfer. However, mastitis should not automatically be blamed on a poor latch. Milk supply, feeding patterns, pump use, breast swelling, and individual anatomy can all play a part.

- Oversupply of breast milk
- Suddenly missed, delayed, or shortened feeds
- Extra pumping that stimulates more milk production
- Rapid weaning
- Breast or nipple injury
- Poorly fitting pump parts or very high suction
- Firm pressure from clothing or repeated pressure on the breast
- Previous mastitis

Diagnosis

Mastitis is usually diagnosed from your symptoms and a breast examination. There is no single routine test that confirms every case.

A healthcare professional may ask when the symptoms began, whether you have a fever, how milk is being removed, and whether you have recently changed feeding or pumping patterns. They may also check for nipple injury, a persistent lump, or signs of an abscess.

An ultrasound scan may be recommended if there is a firm or fluid-filled lump, symptoms are getting worse, or treatment is not working as expected. Ultrasound uses sound waves to look for a collection of fluid beneath the skin.

A breast milk sample for bacterial culture is not needed in every case. It may be considered when symptoms do not improve after initial antibiotics, mastitis returns repeatedly, or there is concern about bacteria that may resist usual antibiotics.

Persistent breast changes need reassessment. Rarely, another condition can resemble mastitis, especially when redness, swelling, or a mass does not improve as expected.

Treatment and management

Early treatment aims to reduce swelling and pain while avoiding extra stimulation of milk production.

Continue breastfeeding according to your baby's needs if this is comfortable for you. If you are pumping, try to follow your usual schedule rather than repeatedly pumping to "empty" the breast. A breast is never completely empty, and extra milk removal can increase supply and prolong the cycle of swelling.

If the affected breast is too painful, you can feed from the other side and express only enough milk for comfort. A lactation professional can help if pain, attachment, oversupply, or pumping problems are making feeding difficult.

Helpful measures may include:

Avoid hard squeezing, deep tissue massage, electric massagers, or trying to force out a supposed plug. These can injure swollen tissue. Repeated heat may also increase swelling, although brief warmth before feeding may feel soothing for some people.

Antibiotics may be needed when bacterial mastitis is likely, symptoms are severe, or inflammation is not improving with supportive care. The choice depends on factors such as allergies, local bacterial resistance, previous treatment, and milk culture results. Commonly used antibiotics can usually be selected to remain compatible with breastfeeding.

Take an antibiotic for the full prescribed course unless the prescriber tells you to change it. If symptoms are not clearly improving after about 48 hours of antibiotic treatment, contact the treating service. You may need a culture, ultrasound, or a different treatment.

An abscess usually requires drainage with a needle, a small catheter, or occasionally surgery. Antibiotics alone may not clear a closed collection of infected fluid. Breastfeeding or milk expression can often continue during treatment, depending on the abscess location and your comfort.

- Applying a cold pack wrapped in cloth for short periods
- Resting and drinking according to thirst
- Wearing a comfortable, supportive bra
- Using suitable over-the-counter pain or anti-inflammatory medicine
- Using gentle hands-on contact rather than deep massage

Complications

Most mastitis improves without lasting breast damage. Possible complications include:

An abscess may cause a lasting painful lump or ongoing fever. It needs prompt assessment but is usually treatable.

A temporary supply drop is common during inflammation. Milk production may recover as swelling settles and feeding returns to its usual pattern, although recovery is not identical for everyone.

Repeated mastitis in the same place should be assessed rather than managed indefinitely at home. Imaging may be needed to check for an abscess, a milk-filled cyst, or another breast condition.

- A breast abscess
- A persistent inflamed fluid collection called a phlegmon
- Repeated episodes of mastitis
- Reduced milk production in the affected breast
- Early weaning because of pain, exhaustion, or concern
- A severe body-wide response to infection called sepsis

Prevention

Not every episode can be prevented. Milk production changes quickly after birth, and mastitis can occur even when feeding is going well.

You may lower the chance of inflammation by avoiding sudden changes in milk removal. Feed responsively where possible, and reduce pumping or breastfeeding gradually rather than stopping abruptly.

Do not add pumping sessions simply to keep the breasts empty unless there is a specific reason. Extra pumping can create oversupply. If you need to build, reduce, or maintain supply, a qualified lactation professional can help you make gradual changes.

Use a correctly fitting pump flange and comfortable suction. Avoid deep breast massage and repeated firm pressure. Treat nipple pain or injury early, especially when it makes you delay feeds or pumping.

There is not enough evidence to guarantee that a particular food, supplement, probiotic, or breast-massage routine will prevent mastitis for everyone.

Living with it and what to expect

Symptoms may feel intense at first, particularly when fever and body aches occur. With effective care, many people begin to feel better over the next day or two. Breast tenderness or

a firm area may take longer to settle.

You can usually continue breastfeeding. Mastitis does not normally make breast milk unsafe for a healthy, full-term baby. Feeding also does not need to follow a rigid schedule solely because mastitis has occurred.

Milk may flow more slowly from the affected breast while tissue is swollen. Your baby may feed differently, and expressing may yield less milk than usual. This does not necessarily mean that supply has been permanently lost.

Recovery may take longer if there is an abscess, a large oversupply, ongoing nipple injury, or repeated extra pumping. A temporary change in feeding plans can be useful, but sudden weaning may worsen breast pressure.

Some people have another episode later. If this happens, it is worth reviewing feeding patterns, pumping equipment, oversupply, and previous culture results. Repeated symptoms in exactly the same part of the breast need medical reassessment.

Mastitis can also affect sleep, mood, and confidence with feeding. Practical help with rest, meals, childcare, and feeding can be an important part of recovery.

When to get medical help

Seek same-day medical advice if you have breast pain or redness with fever, chills, or worsening flu-like symptoms. You should also arrange prompt assessment if:

Routine follow-up is appropriate if you are improving but still have questions about supply, oversupply, pumping, nipple pain, or preventing another episode.

Get emergency help if you develop confusion, fainting, severe weakness, difficulty breathing, blue or grey lips, or rapidly worsening illness. These can be signs of sepsis or another serious problem.

A baby who is unusually sleepy, difficult to wake, feeding poorly, or producing fewer wet nappies also needs prompt medical assessment.

- Symptoms are severe or getting worse
- Supportive care has not produced improvement within 24 to 48 hours
- You have a painful lump that persists or feels fluid-filled
- Pus is draining from the nipple or breast
- Symptoms return after treatment

- You are taking antibiotics but are not improving after about 48 hours
- Redness, skin thickening, or a lump remains after the expected recovery period

Common questions

Can I breastfeed with mastitis?

Usually, yes. Continuing normal breastfeeding is generally safe and may help maintain milk flow. If the affected side is too painful, feed from the other breast and express only enough for comfort until you can get support.

Can mastitis go away without antibiotics?

Inflammatory mastitis can sometimes settle with cold packs, rest, suitable pain relief, and normal milk removal. Antibiotics may be needed when bacterial infection is likely, symptoms are severe, or you are not improving.

Should I massage a clogged duct?

Avoid deep or painful massage. What feels like a clog may be narrowed ducts surrounded by swollen tissue rather than a solid plug. Forceful massage can increase swelling and tissue injury. Gentle contact directed toward the armpit may feel more comfortable.

Should I pump until the breast is empty?

No. Breasts continuously make milk and cannot be fully emptied. Pumping more than your baby needs can increase supply and make inflammation continue. If you usually pump, stay near your normal schedule and express only enough for comfort when needed.

Is mastitis contagious to my baby?

Mastitis itself is not contagious. Breast milk is usually safe for your baby. If you or your baby has another infection, or your baby was born early or has a health condition, ask the relevant healthcare team for specific advice.

How do I know if mastitis has become an abscess?

An abscess may cause a persistent, increasingly painful lump, sometimes with a softer centre. Fever may continue or return. An examination and ultrasound are usually needed to confirm it; you cannot reliably diagnose an abscess by touch alone.

Sources

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