Standard Operating Procedure (SOP)

SOP Title	Management of Mastitis or Breast Abscess when breastfeeding		
SOP Number	035		
Care Group	Women and Children's		
Version Number	4		
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Approved by	Maternity Guideline Group, Maternity Governance.		
Consultation	Mr T Usman, Consultant Breast & General Surgeon, Dr Stephanie Damoa-Siakwan, Consultant Microbiologist, Mr Andrew Tapp Consultant Obstetrician consulted for first draft in 2016		
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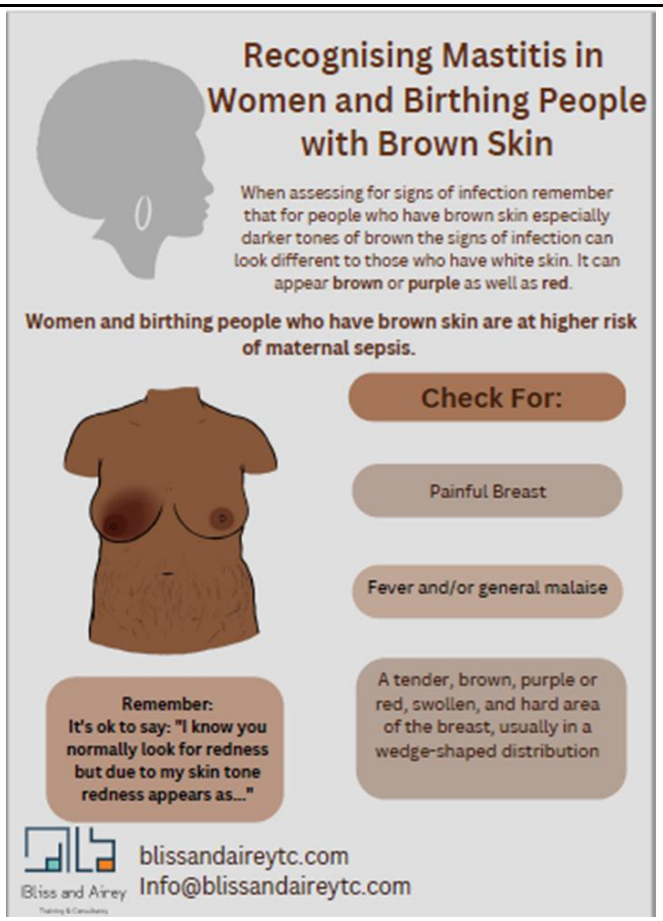
Distribution	All Maternity Areas		
Location	Maternity Services		

Document Control				
Version	Date	Author	Status	Comments
1	4th April 2016	Sandra Umataliev	Live	
2	5th June 2019	Sandra Umataliev	Review	Full review- no changes made.
3	July 2023			Audit & Monitoring paragraph update to reflect new process
4	17th May 2024	Sandra Umataliev	Full review	

SOP Objectives	To provide a standard process for Midwives and Obstetricians with information on identifying Mastitis and abreast abscess, management and treatment To provide a standard process for the referral of and most appropriate treatment of mastitis or breast abscess including referral to multidisciplinary team
Scope	Maternity Services
Audit/Monitoring	Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out against the auditable standards and the results of the audit will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

Number	Brief	Responsibility
1	If mother has mastitis she will be informed not to stop breastfeeding as this can make mastitis worse. Continuing to breastfeed will aid recovery and will not harm the baby.	Midwife/Obstetrician
2	**PREVENTION** ▪ Try to avoid infrequent breastfeeds ▪ Ensure breasts don't become overfull ▪ Avoid pressure to breast from restrictive clothing or fingers ▪ Start self-help measures at first sign of any red area on the breast	Midwife/Obstetrician
3	**PREDISPOSING FACTORS** ▪ Difficulty in attaching baby to the breast means the breasts are not drained well e.g.Tongue Tie in baby ▪ Pressure from tight fitting clothing, particularly a bra or a finger pressing into the breast during breast feeds ▪ Engorgement ▪ A blocked duct ▪ Stress and tiredness ▪ Sudden changes in how often baby is feeding, leaving the breasts feeling full ▪ Mastitis starts with poor milk drainage most commonly from sub optimal attachment to the breasts to effectively feed and drain the breast.	Midwife/Obstetrician
4	**SIGNS AND SYMPTOMS** ▪ A red area on part of the breast which may be painful to touch ▪ A hot lumpy breast ▪ The whole breast aches and may become red ▪ Flu-like symptoms – aching, increased temperature, shivering, feeling unwell ▪ The mother may not have all of the above symptoms ▪ Consider the follow infographic regarding skin tones	Midwife/Obstetrician



- Bliss & Airey (blissandaireytc.com)

5	**SELF-HELP MEASURES** ▪ Continue to breastfeed ▪ Feed baby more frequently or express between feeds if breasts feel uncomfortably full ▪ Feed from the affected breast first to drain it as effectively as possible ▪ Express gently after feeds so that the breasts are kept well drained ▪ Advise to ask for a Midwife or Health Visitor to check position and attachment and correct any which are suboptimal. ▪ Feed in different positions. ▪ Soften the breast by hand expressing to assist baby to attach and feed, expressing could be done in a warm shower or bath prior to a feed, warmth on the affected breasts may help to feel more comfortable ▪ Use of a wide toothed comb with rounded teeth to stroke the breast gently over the red area and towards the nipple to help milk flow, or gentle massage ▪ Check for any restrictive clothing ▪ Rest and see **Signs that the baby is well attached:** ▪ Baby's moth wide open ▪ Chin is touching the breast ▪ Cheeks full and rounded ▪ Nose not touching the breast ▪ If visible, more areola is seen at the baby's nose and top lip ▪ The lower lip is curled back ▪ Rhythmic sucks and swallows can be heard and seen ▪ Feeding is comfortable for the mother ▪ Breast is softened after a feed ▪ No compression on the nipple at the end of a feed	Midwife/Obstetrician
6	If mother feels these symptoms beginning again, start self-help measures immediately. If the mother does not begin to feel better despite using self-help measures, especially if she starts to feel worse, contact the GP she may need to take antibiotics. She should feel some improvement in 12 to 24 hours following commencement of antibiotics If Tongue Tie is suspected in baby then refer baby to the Tongue Tie Assessment Clinic if baby is 42days or less.	Midwife/Obstetrician

7	**MEDICAL TREATMENT** • Ibuprofen 400mg three times per day unless there is a history of asthma, stomach ulcers or allergy to aspirin • Paracetamol 1g four times per day • **Aspirin should not be taken by breastfeeding mothers** • **Antibiotics** – if no improvement is seen with self-help measures then commence Flucloxacillin 500mg four times a day or Erythromycin 500mg four times a day if the mother is penicillin allergic	Midwife/Obstetrician
8	**CULTURE AND SENSITIVITY SAMPLE** If following a course of antibiotics there is no improvement a sample of breastmilk should be sent for culture to determine an appropriate antibiotic sensitive to the infection. To provide a specimen the following procedure should be completed Wash the breast and nipple with warm water Ask the mother to hand express a small amount of breast milk and discard it (to avoid skin contamination) Further hand express more milk into a sterile container Avoid touching the inside of the container with the nipple or hands, send for analysis indicating current or planned antibiotic treatment. .	Obstetrician
9	**BREAST ABSCESS WHEN BREASTFEEDING** If breast abscess is suspected then arrange admission to the postnatal ward at PRH if the mother is lactating and up to 28 days postnatal. Otherwise, admit to Gynaecology Ward Women's Services at PRH. Contact the **Breast Care Nurses Office** on **01952 272010**. The telephone extension is **4164,** or contact surgical registrar on-call. **Refer to SaTH Antibiotics Guidelines for Adults in Shropshire Hospitals.**  **This is reviewed and updated annually, therefore, access via Trust Intranet homepage Apps.**	Obstetrician

10	**Women seen at RSH SAU/A/E:** ▪ Referred to and seen by surgical resident Tier 2 (registrar) ▪ Either treatment initiated and discharged with arrangements made for the patient to contact the **Breast Care Nurses Office** on **Ext 4164.** ▪ Inform Specialist Midwife for Infant Feeding for ongoing support with breastfeeding and lactation **(PRH ext 5954).**. ▪ Or admitted to PRH postnatal ward (<28 days) or Gynaecology Ward (>28days) under the care of the O&G consultant on-call. ▪ The breast team will need to be contacted on Ext 4164 the following morning.	Obstetrician
11	**Women seen at PRH A&E** ▪ Refer to surgical Tier 2 non resident ▪ Either treatment initiated and discharged with arrangements made for the patient to contact the **Breast Care Nurses Office** on **Ext 4164** ▪ Inform Specialist Midwife for Infant Feeding for ongoing support with breastfeeding and lactation **(PRH ext 5954).** ▪ Or admitted to PRH postnatal ward (<28 days) or Gynaecology Ward (>28days) with ongoing management under the care of the O&G consultant on-call. ▪ The breast team will need to be contacted on Ext 4164 the following morning.	Obstetrician
12	**Women seen at W&C PRH** ▪ Admit to PRH postnatal ward (<28 days) or Gynaecology Ward (>28days) with ongoing management under the care of the O&G consultant on-call. ▪ Inform Specialist Midwife for Infant Feeding for ongoing support with breastfeeding and lactation **(PRH ext 5954).**. ▪ The breast team will need to be contacted on Ext 4164 the following morning.	Obstetrician
13	**EMERGENCY TREATMENT** The vast majority of breast abscesses can be treated with aspiration under ultrasound guidance, especially if it is a lactational abscess. This will be done in one of the breast clinics. Only rarely does a	Obstetrician

	breast abscess need draining out of hours. If an incision and drainage are required then the surgeon will follow these steps: ▪ An ultrasound scan of the breast to differentiate an abscess from mastitis (if there is doubt). ▪ Use as small an incision as possible. ▪ Close the wound over a capillary drain with interrupted Prolene unless there is significant necrosis when it will just be packed. On discharge please refer as above.	