

# Breastfeeding Mastitis Algorithm for ER and Urgent Care

## Breastfeeding Mastitis



If concerned for abscess, order diagnostic ultrasound

### Ultrasound Without Abscess

- Dicloxacillin 500mg QID
- If history of MRSA: Clindamycin 300mg QID or TMP/Sulfa DS BID
- Alternate: Erythromycin 500mg QID
- Note: Keflex has poor penetration in lactating breast tissue
- OTC probiotics may also help
- Follow up with breast surgery

### Questions?

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### Abscess < 5cm

- Aspirate with 18 gauge needle; milk may be sticky and needle may need to be cleared with saline
- Culture
- Antibiotics as above; OTC probiotics
- If loculated/not well drained, send to IR
- Follow up with breast surgery

### Abscess > 5cm

- STAT IR consult for aspiration, pigtail catheter drainage, and culture
- Antibiotics as above; OTC probiotics
- Follow up with breast surgery

### Additional Information

- Aspiration or IR drainage of abscesses is the standard of care for lactating women
- Encourage women to continue breastfeeding; abrupt weaning worsens inflammation
- Encourage women to continue feeding from the affected side; there is no harm to mother or baby
- If the infant has no allergies, there is no need to pump and dump while taking antibiotics