

Sore Breast and Mastitis Treatment

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When you have been away from your baby all day, you thought s/he was not nursing “that” much... but by the time you return home, your breasts are over-full, tight, and sore. Time to give your breasts some TLC so that sore spot does not turn into mastitis!

A sore breast may have a sensitive, red, hard spot. If those are the only symptoms, it is probably not yet mastitis. Don't ignore it! Treat it right away so it does not get worse or become mastitis!

Treatment for sore breast:

- increase frequency of feeding with special emphasis on positioning of infant: place baby in several different positions, but most often in a position where his/her chin is over the inflamed area of your breast. The motion of his/her chin as s/he nurses will work the ducts that drain the affected area, speeding improvement!
- technique of breaking infant suction: always break the suction before removing your baby from the breast.
- nipple hygiene: allow your nipples to air-dry after feeding and keep them dry (don't cover them in layers and layers of nursing pads, bras, clothing). Bra-less with a loose t-shirt or pajama should be fine.
- prevention of milk stasis: keep the milk flowing! Nurse baby as often as you can. Get in a hot shower and let the milk flow out.
- complete emptying of breasts: The breast is never truly “empty” but let baby nurse as long as he or she will.
- massage breast and lymph glands, pressing lumps/hard/red spots towards the nipple, especially while in a hot shower.

Mastitis is more than just a sore breast. It is an inflammation or infection of the breast, most often caused by stagnant milk remaining in the breast too long, plus a bacteria catalyst (usually staphylococcus) that starts growing in the sweet, warm, wet milk. It is possible, however, to have mastitis at any stage of life. Symptoms include: hot, red, inflamed area on one or both breasts, tenderness and pain in the inflamed area, illness, nausea, chills, and fever (over 100.4 degrees F). With mastitis, you feel like you have the flu plus something wrong with your breast.

If you have recently given birth, you must rule out possible uterine or laceration infection. Is our lower abdomen sore? Is there any foul odor to your bleeding? If so, contact your midwife or doctor right away.

If you are sure it is not an infection of the uterus or tear, you can try these treatment options for 12-18 hours.

Extra treatment for mastitis:

- Follow all recommendations for sore breast above.
- Rest, except for caring for baby and self, resorting to bedrest if necessary,
- Supplements, every 4 hours:
 - Vitamin C, 1000mg,
 - Grapefruit Seed Extract, 1 tablet/capsule, taken with food,
 - Garlic or garlic oil, 1-2 capsules,
 - Thyme, 1 capsule, or ½ teaspoon loose herb,
 - Water, 1 quart clear water every 4 waking hours (may add fresh-squeezed lemon juice or liquid chlorophyll). You might not think of water as a supplement, but when we are using it this way, it is a very powerful and effective supplement.
- Apply hot compresses and use breast pump 1-2x a day after nursing baby until you have extracted all the milk from the breast. Be sure to boil the flanges to sterilize them before use – you don't want to re-contaminate your breasts with bacteria.
- Warm wet packs on breast, (a hand-towel is a nice size, but washcloths will work fine)
- Raw, whole cabbage leaf covering breasts or tucked into bra,
- Re-evaluate every 12 hours, or more often for worse cases. If not dramatically improved in 24 hours, confer/consult/transfer care for possible antibiotic treatment.
- Follow-up: As needed.
- Referral to lactation counselor if mastitis re-occurs frequently.

If you are not significantly better in 24 hours, call your midwife or doctor or go to urgent care or the emergency room for antibiotics. You don't want a breast infection to get out-of-control. I am not a big cheerleader for use of antibiotics, but mastitis that will not dramatically improve in 24 hours with the following treatment is one case where I would recommend them!