

GUIDANCE SHEET 5A (CHALLENGES): ENGORGEMENT AND MASTITIS

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on the management of engorgement and mastitis is part of a series of guidance sheets designed to help you provide care remotely.

THE MOTHER IS SHOWING SIGNS OF ENGORGEMENT OR MASTITIS

- Hot, red and/or painful breasts are a sign of engorgement or mastitis. Mothers may complain of a high temperature, feeling unwell and flu-like symptoms. Note: these symptoms can also be signs of sepsis or [Covid-19](#), especially in the absence of any signs in the breast (see below)
- Engorgement** may present as full, hard and/or shiny breasts
- Blocked ducts** may present as one or more small lumps in the breast
- Mastitis** may present as painful red/flushed breasts (this may be more prominent if the mother has pale skin) with flu-like symptoms and/or a high temperature
- The most common cause of these conditions is failure to effectively remove milk. Therefore, encouraging frequent, effective breastfeeds and/or expression of milk are the top priorities.

PREPARING FOR THE CONVERSATION

- Plan a mutually agreed appointment with the mother and consider using video so that you can watch a feed and see the mother and baby
- Refer to [Guidance Sheet 1](#) before you start
- Be aware that parents may be feeling vulnerable and frightened because of Covid-19, so sensitivity and active listening are important
- Take the parent's worries seriously as they can often sense when something is wrong.

USEFUL RESOURCES

- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Neonatal breastmilk expressing tool](#)
- [Unicef UK support for parents overcoming breastfeeding problems](#)
- Knitted breast and doll (if video call)

DURING THE CALL

Introduce yourself and confirm consent for call

- Ask the mother to tell you about her feeding journey
- Carry out a full feeding assessment using the correct [breastfeeding assessment tool](#)
- Ask the mother to check her breasts for signs of redness, fullness and/or lumps
- Ask the mother if the baby is having difficulty attaching to the breast, if her breasts are softening towards the end of a feed and/or if her breasts are hard and painful all the time
- Ask her if she feels like she has a high temperature
- If possible, watch a feed on video (her partner may be able to hold the camera). Revisit [positioning](#) and [attachment](#).

Discuss how to encourage milk flow

- Ensure the mother understands how important it is to keep the milk flowing by breastfeeding or expression. Stopping breastfeeding now could worsen the condition.
- Encourage frequent breastfeeding, [hand expression and/or breast pumping](#) to keep milk flowing
- Suggest a warm compress before breastfeeding or expressing
- If applicable, suggest an alternate breastfeeding position (laid back, under arm)
- Discuss pain relief if required, e.g. [Ibuprofen 400mgs 3x/day](#) (check it is safe for mother) or [Paracetamol 1gram 4x/day](#).

Discuss ongoing care and support

- Mastitis can become infective very quickly and may require antibiotics. Explain how the mother can seek help quickly if her symptoms worsen
- Refer the mother to [mastitis and breastfeeding guidance](#)
- Anticipate improvement within 12-24 hours with the measures in place. Plan a follow up phone call to assess if the strategies suggested are working. If at this follow up phone call there is no improvement, make a referral to the infant feeding specialist and GP as a course of antibiotics may be required urgently.

CLOSING THE CONVERSATION

- Ensure the mother knows she can carry on breastfeeding irrespective of the diagnosis and that stopping breastfeeding could worsen the situation
- Ask the mother how she feels and if there is anything else she would like to know
- Offer to send her a summary of the conversation and plan of care by email/text
- Send the mother relevant links to resources
- Inform her of what happens next
- Record the conversation and make a referral as appropriate in line with trust guidance.

IF THE MOTHER IS UNWELL

- Take the parent's worries seriously and listen carefully, as mastitis may present with similar symptoms to sepsis or [Covid-19](#)
- If required, make an urgent referral
- Report and record your findings in line with trust guidelines.

IF THE MOTHER HAS COVID-19

1. Review with parents how to take precautions to limit the spread of [Covid-19](#) to the baby:
 - Wash hands thoroughly before and after contact with the baby
 - Routinely clean and disinfect any surfaces touched
 - Clean any infant feeding equipment, including breast pumps, in hot, soapy water and sterilise thoroughly before and after use
 - Practice respiratory hygiene, e.g. avoid coughing/sneezing on baby during feeding and wear a face mask or suitable alternative if available.
2. If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
3. If a baby is being bottle fed with formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use.
4. If the mother is too unwell to breastfeed/express, she may be supported to when well enough. Consider using donor milk if available or applicable.