



Epidemiologic evidence overwhelmingly supports breastfeeding as being protective of infants' and mothers' health. Unfortunately, One in four breastfeeding women cite mastitis as their reason for weaning. WHO defines mastitis as 'an inflammatory condition of the breast, which may or may not be accompanied by infection'. Reported incidence rates of mastitis are approximately 25%. Non-infective mastitis may result from milk stasis, blocked ducts, engorgement or physical injury to the breast. Infective mastitis may result from interrupted nipple integrity. Mastitis can present with breast pain, fullness, redness and swelling; and may be associated with flu-like symptoms, for 2-14+ days.

Poor breast attachment and inadequate breast drainage when feeding are linked to women developing mastitis. Physiotherapists with extended scope training in breast care are well positioned to give education and treatment for mastitis. Therapeutic Ultrasound is a useful adjunct to reduce breast inflammation and is successfully implemented in place of antibiotics when the nipple is intact.

The world Health Organisation has warned antibiotic resistance is one of the biggest threats to global health today, and the Cochrane review concludes that there is insufficient evidence to support use of antibiotics for mastitis. Ultrasound can also increase the effectiveness of antibiotics if used, as colony biofilms are disrupted by ultrasound. Deep Massage is not recommended as this can increase breast tissue inflammation and possibly increase abscess formation. Delicate lymphatic drainage massage can be of assistance.

Active Physiotherapy Mackay offer emergency appointments for mastitis clients. A typical course is 3-5 treatments including advice for rest, regular breastfeeds and cautious use of NSAIDs. Our priority is to increase mother's comfort and aid in preservation of breast feeding. For further information or to book an in-service at your practice please phone Danielle 4953 3557.

(Kramer 2002), (Michie 2003), (Inch 2000), (Fetherston 1998; Vogel 1999), (Fetherston 1998), (Thomsen 1984), (Ng 2005), (Bell 1998; Inch 2006), Crepinsek MA, Crowe L, Michener K, Smart NA. Interventions for preventing mastitis after childbirth (Protocol). Cochrane Database of Systematic Reviews 2008, Issue 3. (NPS announcement)

### Female Breast Anatomy

