Breastfeeding conditions

Are your patients complaining of a painful breast that is tender and warm to touch?

Are they also feeling unwell with flu-like symptoms?

Breastfeeding conditions, such as mastitis and engorgement, are painful conditions and can make breastfeeding stressful and uncomfortable. The World Health Organisation (WHO) 2000 Mastitis Report stated that the principle causes of mastitis and engorgement include milk stasis and infection[1]. Milk stagnation occurs within the breast when milk is not efficiently removed, which has potential to progress into infection of the milk[1,2,3]. Three proposed classifications of mastitis include milk statis, non-infectious mastitis and infectious mastitis. Studies have found the difference between non-infectious mastitis and infectious mastitis is the bacteria in breast milk. When the breast-milk is coated by immunoglobulins IgA and IgG, it is known that a specific immune reaction to an infection has taken place[1,2]. Reported incidence of mastitis in lactating women can get as high as 33%, with 74%-85% of cases occur within the first 12 weeks post-partum[1].

Engorgement is known to occur within the first few day post delivery. It occurs due to lymphatic and vascular congestion, leading to possible interstitial oedema[2]. This oedema can cause uncomfortable swelling, tenderness and milk stasis. Due to the swelling attachment can be altered, inhibiting the letdown reflex, decreasing milk supply and leading to incomplete emptying[3].

Possible risk factors for developing breastfeeding conditions include over-supply, cracked or painful nipples, change to feeding pattern, poor attachment or poorly fitted undergarments[1,2]. Common signs and symptoms of breast conditions include pain, tight shiny skin with redness and swelling of the breast, as well as the breast feeling hot to touch. Antibiotics are generally prescribed to control any bacterial infection if symptoms do not resolve within 12 to 24 hours with conservative methods [3]. However, if the mastitis is a non-infective mastitis, antibiotics may not be warranted. To ensure antibiotic management is appropriate, a blood and milk sample test is recommended[3]. If the underlying cause is not identified it can lead to recurrent mastitis[2]. Studies have shown physiotherapy treatment, involving therapeutic ultrasound and education, are effective in clearing breast-feeding conditions[3]. The ultrasound works by providing heat and micro-massage, which leads to ducts opening to allow for circulation[2]. Ultrasound combined with antibiotic use is clinically effective to prevent mastitis progressing into an abscess[2].

At MPFP we will help by providing

- Therapeutic ultrasound for engorgement to help improve fluid drainage
- Therapeutic ultrasound for mastitis to help unblock the affected milk duct
- Advice and education regarding breast-feed routine and attachment
- Educate on effective massage strategies to aid in lymph flow

How often will they need to attend?
Most women require daily treatment for three consecutive days. We also encourage that they breast feed after treatment session to aid the recovery.

[1]World Health organisation (2000). Mastitis- causes and management.
[2] Cooper et al,(2015)Physical therapy intervention for treatment of blocked milk ducts in lactating women.
[3] Victorian breastfeeding Guidelines(2014) Promoting breastfeeding- Department of Education and Early Childhood development
[4] Spencer et al(2008.) Manage of Mastitis in breastfeeding women.




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