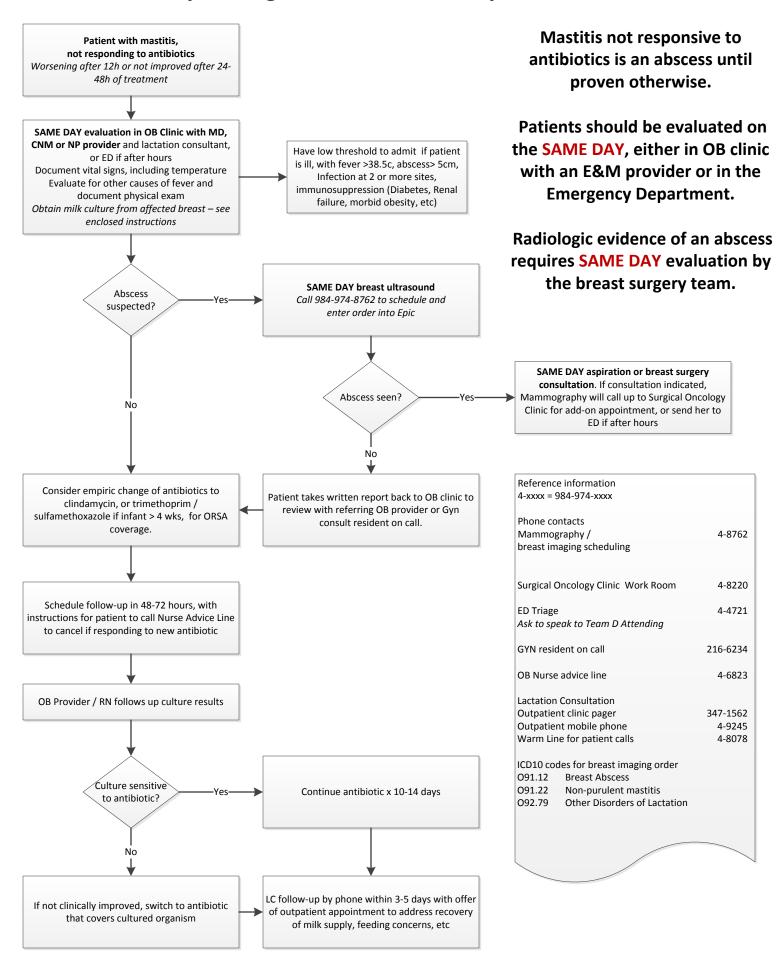


Mastitis Not Responding To Antibiotics / Suspected Abscess



Mastitis not responding to antibiotics / suspected abscess



Lactation culture protocol / Refractory Mastitis

Page 1 of 2

PURPOSE: To define the responsibilities for obtaining nipple and breast milk cultures.

RESPONSIBILITY STATEMENT: Staff may obtain nipple and breast milk culture with a physician order.

NOTE: This is an abridged form of the Lactation Culture Protocol, for use for mothers with mastitis refractory to antibiotics / suspected abscess. The full Protocol is online at: http://www.mombaby.org/PDF/culture_protocol.2.0.pdf

SUPPORTIVE DATA:

- 1. Personal protective equipment (PPE)
 Wear gloves, and other PPE, for obtaining milk samples
- 2. Indications for obtaining culture: Mastitis not responsive to antibiotic regimen

Lactation consultants have been trained to collect milk cultures. The clinic lactation consultant can be reached by phone at 445-7305 or by pager at <u>347-1562</u>.

EQUIPMENT LIST:

All cultures	Nipple cleansing
Towel to cover patient's lap	Sterile saline for irrigation
Gloves	Sterile gauze
Biohazard plastic lab transport bag	Alcohol pads
	Milk cultures
	2 sterile specimen cups – 1 for each breast

Procedure steps	Key points
Rationale	The purpose of culturing expressed milk
 If the patient is not responding to 	prior to starting antibiotics is to serve as a
antibiotics, cultures may be obtained to	baseline for guiding treatment.
guide a change in therapy	
Cleansing the nipple	Maintain aseptic environment with hand
1) Place a towel in the patient's lap prior to	hygiene and wearing gloves
irrigation.	
2) Prior to milk expression, irrigate the	Use hand sanitizer between gloving to
nipple with sterile saline.	prevent contamination
3) Blot the nipple with sterile gauze after	
irrigation	
4) Cleanse each nipple with an alcohol	
wipe. Allow alcohol to dry.	
5) Remove gloves and clean hands.	
6) Apply clean gloves	

Milk expression

- 1) Ask the patient if she would prefer to manually express milk herself, or have the provider express the milk sample.
- 2) The patient or provider should clean hands prior to milk expression and put on gloves.
- 3) Position the dominant hand in a "c" shape, with the pads of the thumb and fingers about 1.5 inches behind the nipple.
- 4) Push straight back into the chest wall.
- 5) Roll thumb and fingers forward to express milk.
- 6) Allow the first few drops to fall onto the towel.
- 7) Express 5-10 cc of "mid-stream milk" into sterile cup.
- 8) Label cup with patient label and left or right breast.
- 9) Repeat on opposite side.
- 10) Place in lab biohazard transport bag.

Some patients may not feel comfortable having a provider perform manual expression. Discuss this with the patient prior to beginning the milk culture process.



Hand positioning for manual expression of milk.

Obtain separate samples for the left and right breast.

DOCUMENTATION

- 1. Label culturettes or specimen cups with patient name, medical record number, and source:
 - a. Expressed milk, left or right breast
- 2. Fill out lactation culture order form.
- 3. Deliver specimen to lab desk in OB clinic. If the lab desk is closed / after hours, tube specimens to the micro lab at 82 or deliver to micro lab drop-off window.

CLINICAL LACTATION PROGRAM

T 984-974-8078

Enabling mothers to achieve their breastfeeding goals

866 428-5608

Breast Abscess

What is a breast abscess?

An abscess is a collection of infected fluid.

How is an abscess diagnosed?

We use breast ultrasound to check for an abscess. We have scheduled an ultrasound in Mammography, on the first floor of NC Cancer Hospital.

What will happen after my ultrasound?

If you have an abscess, you will see a breast surgery specialist today. They see patients in the Surgical Oncology Clinic on the 2^{nd} floor of the NC Cancer Hospital. The breast specialist may recommend doing an operation or draining the abscess with a thin needle.

If the ultrasound does not show an abscess, come back to OB clinic with your radiology report to meet with your OB provider.

Can I breastfeed with an abscess?

It is safe for your baby to breastfeed while you have a breast infection. The bacteria that cause mastitis are usually from your baby's nose and mouth. If you have surgery, you can still breastfeed. Put a bandage over the incision during feeding or pumping. It's important to empty the breast regularly to prevent engorgement.

What pain medications are safe during breastfeeding?

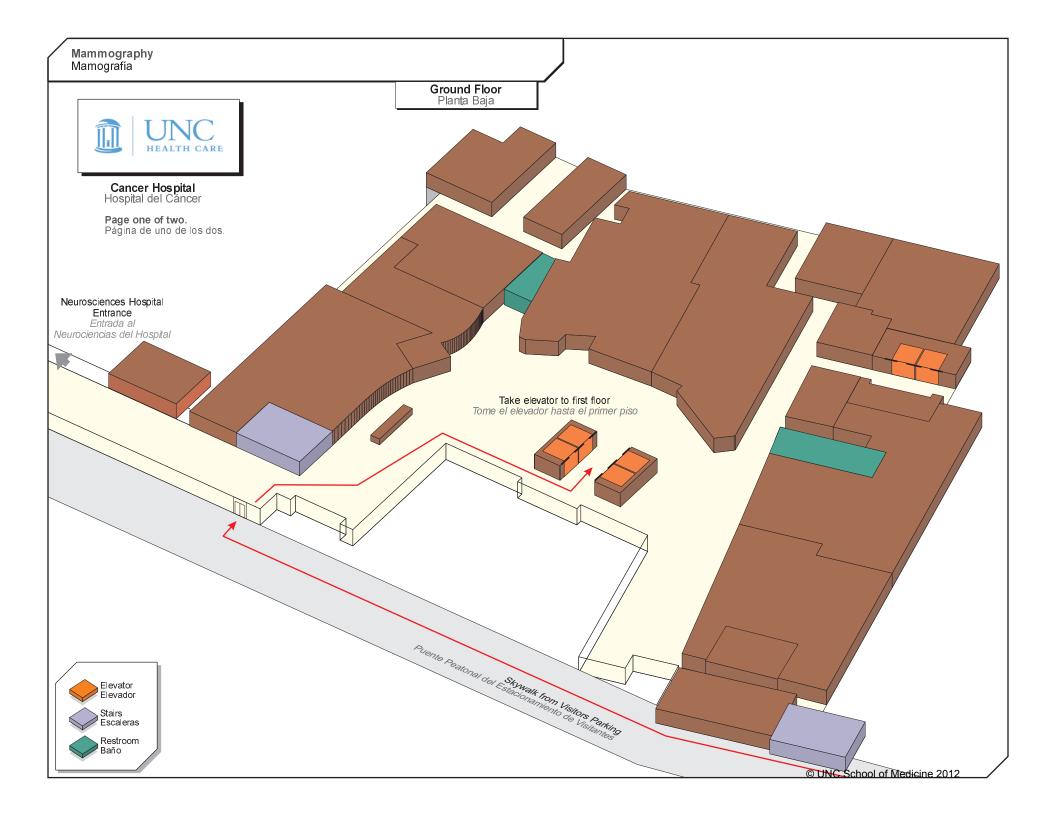
It's safe to take Acetaminophen (Tylenol) 650-1000 mg every 4 to 6 hours (but no more than 4000 mg – or 8 extra-strength pills – per day) or Ibuprofen (Motrin) 400-600 mg every 6 hours.

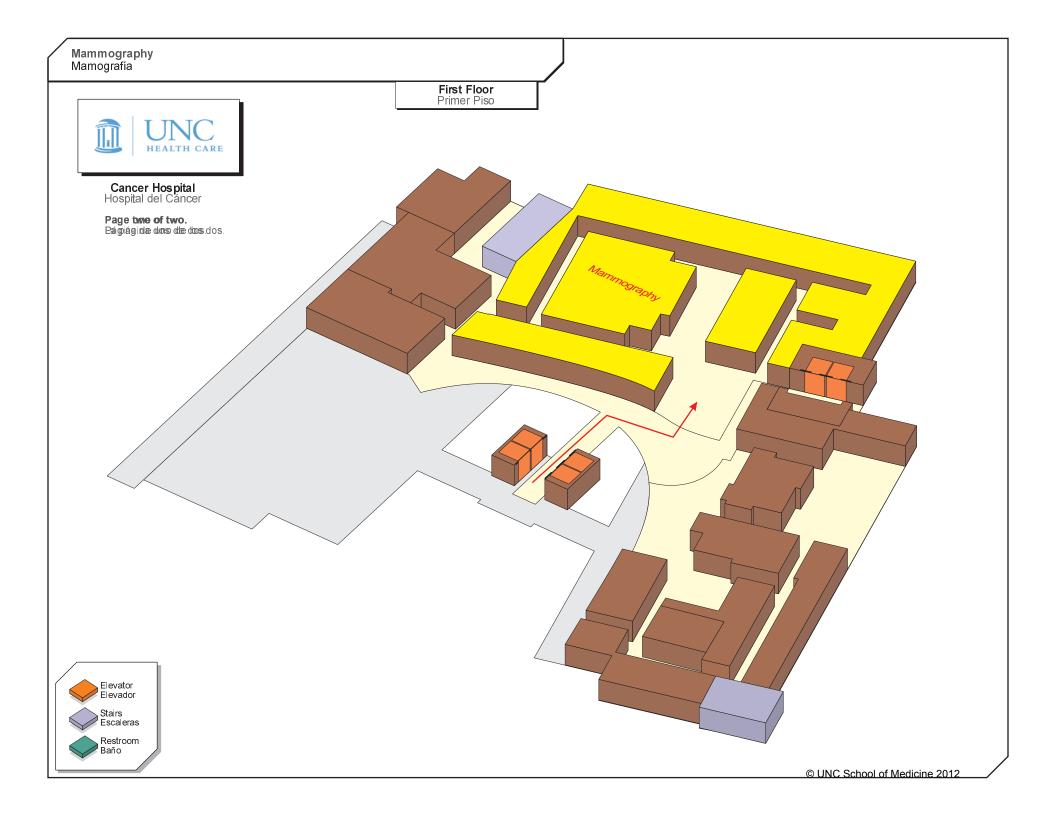
Who should I call with questions?

If you have questions after seeing the breast surgery team, page 919-216-1040.

If you do not see the breast surgery team, call the OB nurse advice line at 919-966-6823. After hours, call 966-4131 and ask for the gynecology resident on call.

If you have any concerns about breastfeeding, pumping or milk supply, call the LC Warm Line at 984-974-8078 or 866-428-5608.







Revised October 16, 2012

Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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