Mastitis Not Responding To Antibiotics / Suspected Abscess
Mastitis not responding to antibiotics / suspected abscess

**Patient with mastitis, not responding to antibiotics**
Worsening after 12h or not improved after 24-48h of treatment

**SAME DAY evaluation in OB Clinic with MD, CNM or NP provider** and lactation consultant, or ED if after hours
Document vital signs, including temperature
Evaluate for other causes of fever and document physical exam
Obtain milk culture from affected breast – see enclosed instructions

**SAME DAY breast ultrasound**
Call 984-974-8762 to schedule and enter order into Epic

- **Abscess suspected?**
  - Yes
    - **SAME DAY aspiration or breast surgery consultation.** If consultation indicated, Mammography will call up to Surgical Oncology Clinic for add-on appointment, or send her to ED if after hours
  - No
    - **Abscess seen?**
      - Yes
        - **SAME DAY evaluation in OB Clinic with MD, CNM or NP provider** and lactation consultant, or ED if after hours
      - No
        - **Consider empiric change of antibiotics to clindamycin, or trimethoprim / sulfamethoxazole if infant > 4 wks, for ORSA coverage.**

- **Schedule follow-up in 48-72 hours, with instructions for patient to call Nurse Advice Line to cancel if responding to new antibiotic**

- **OB Provider / RN follows up culture results**

- **Culture sensitive to antibiotic?**
  - Yes
    - **Continue antibiotic x 10-14 days**
  - No
    - **If not clinically improved, switch to antibiotic that covers cultured organism**

- **Patient takes written report back to OB clinic to review with referring OB provider or Gyn consult resident on call.**

- **Reference information**
  - 4-xxxx = 984-974-xxxx
  - Phone contacts
    - Mammography / breast imaging scheduling
    - 4-8762
    - Surgical Oncology Clinic Work Room
    - 4-8220
    - ED Triage
    - 4-4721
    - Ask to speak to Team D Attending
    - GYN resident on call
    - 216-6234
    - OB Nurse advice line
    - 4-6823
    - Lactation Consultation
    - Outpatient clinic pager
    - 347-1562
    - Outpatient mobile phone
    - 4-9245
    - Warm Line for patient calls
    - 4-8078
  - **ICD10 codes for breast imaging order**
    - O91.12 Breast Abscess
    - O91.22 Non-purulent mastitis
    - O92.79 Other Disorders of Lactation

- **Mastitis not responsive to antibiotics is an abscess until proven otherwise.**

- **Patients should be evaluated on the SAME DAY, either in OB clinic with an E&M provider or in the Emergency Department.**

- **Radiologic evidence of an abscess requires SAME DAY evaluation by the breast surgery team.**
**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](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 347-1562.

**EQUIPMENT LIST:**

<table>
<thead>
<tr>
<th>All cultures</th>
<th>Nipple cleansing</th>
<th>Milk cultures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Towel to cover patient’s lap</td>
<td>Sterile saline for irrigation</td>
<td>2 sterile specimen cups – 1 for each breast</td>
</tr>
<tr>
<td>Gloves</td>
<td>Sterile gauze</td>
<td></td>
</tr>
<tr>
<td>Biohazard plastic lab transport bag</td>
<td>Alcohol pads</td>
<td></td>
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</tbody>
</table>

**Procedure steps**

<table>
<thead>
<tr>
<th>Rationale</th>
<th>Key points</th>
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<tbody>
<tr>
<td>If the patient is not responding to antibiotics, cultures may be obtained to guide a change in therapy</td>
<td>The purpose of culturing expressed milk prior to starting antibiotics is to serve as a baseline for guiding treatment.</td>
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**Cleansing the nipple**

1) Place a towel in the patient’s lap prior to irrigation.
2) Prior to milk expression, irrigate the nipple with sterile saline.
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

Maintain aseptic environment with hand hygiene and wearing gloves

Use hand sanitizer between gloving to prevent contamination

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### 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.

![Image of hand positioning for manual expression of milk.]

**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.
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 2nd 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.
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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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