Epidemiology of Mastitis

Gillian A. Ryan¹
Chittaranjan N. Purandare ²

1 Department of Obstetrics and Gynaecology, University Hospital Galway
National University of Ireland Galway, Galway, Ireland
2 Indian College of Obstetrics and Gynaecology
Mumbai, India
dr.n.purandare@gmail.com

Breastfeeding and lactation are an integral part of reproductive physiology. Breastfeeding is recommended as the exclusive source of nutrition for infants in the first 6 months of life by many international bodies, including the American College of Obstetricians and Gynecologists, WHO, and FIGO. Furthermore, continued breastfeeding is recommended along with appropriate complementary foods up to two years of age or beyond [1, 2]. However, many women stop breastfeeding due to mastitis or breast abscesses. As obstetricians, it is important that we not only support breastfeeding mothers to achieve successful breastfeeding but also that we should be aware of the common complications that can occur as a result of breastfeeding and the most appropriate management of these conditions. This is important for the health and well-being of both the mother and the child, but also as women who experience breastfeeding difficulties are at higher risk of postpartum depression, and should be screened, treated, and referred appropriately [1].

Mastitis is one of the most common problems encountered by the breastfeeding mother. It is an inflammatory condition of the breast and may occur with or without infection. It is also commonly termed lactational mastitis or puerperal mastitis. Lactational mastitis has been estimated to occur in approximately 2–10% of all breastfeeding women [3, 4], though the reported incidence varies from one population to another, with some studies quoting rates as high as 30% [4]. The most common time of occurrence of mastitis is in the second or third week postpartum [4]. The development of a breast abscess is a severe complication of mastitis. This is a localized collection of pus within the breast, and the incidence is approximately 0.1–3% [5, 6]. The occurrence of a breast abscess is also commonest in the first 6 weeks postpartum, but may also occur later [4], and it can occur with or without preceding mastitis.

The incidence of mastitis requiring hospitalization is low; one study by Stafford et al. [7] included 136,459 new mothers, and found 127 women required hospitalization for mastitis, which resulted in an incidence of 9 per 10,000 deliveries. Although generally easily treatable with antibiotics, it can occasionally be fatal if inadequately treated. Research suggests that mastitis also increases the risk of transmission of HIV to the infant through breastfeeding [8]. Although complications can occur, it is typically easily treated with antibiotics; and with the appropriate support and education, breastfeeding can be continued.

Key Messages
- Mastitis is one of the most common problems encountered by the breastfeeding mother
- Many women stop breastfeeding due to mastitis or breast abscesses
- Prevention of mastitis is very important in supporting breastfeeding

References