

Appendix 1 - Mastitis and Breast Abscess

Recommended antibiotic regimen

All listed antibiotics are compatible with breastfeeding

First Choice

Route	Drug	Side effects	Comments
Oral	Flucloxacillin 500mg 6-hourly. If symptoms and signs resolve rapidly, 5 days of therapy may be sufficient; otherwise continue treatment for 10 days	Common – nausea, diarrhoea, rash Rare – anaphylactic shock, cholestatic jaundice	Monitor hepatic function if treatment continues for > 2 weeks, especially if there are other risk factors.
IV	Flucloxacillin 2g 6 hourly		

For patients with delayed nonsevere hypersensitivity to penicillins

Route	Drug	Side effects	Comments
Oral	Cephalexin 500mg 6 hourly If symptoms and signs resolve rapidly, 5 days of therapy may be sufficient; otherwise continue treatment for 10 days	Common – nausea, diarrhoea, rash Rare – anaphylactic shock	Cephalexin is usually prescribed for mastitis in women with a history of hypersensitivity to penicillin. About 3-6% of individuals with penicillin hypersensitivity have a cross-reaction to cephalosporins
IV	Cephazolin 2g 8 hourly		

For patients with immediate (nonsevere or severe) or delayed severe hypersensitivity to penicillins,

Route	Drug	Side effects	Comments
Oral	Clindamycin 450mg 8 hourly. If symptoms and signs resolve rapidly, 5 days of therapy may be sufficient; otherwise continue treatment for 10 days	Common – diarrhoea, nausea, vomiting Rare – anaphylaxis, blood dyscrasias, jaundice	Used as a second choice when individuals cannot tolerate usual therapy. May cause loose bowel action in the baby - observe the breastfed baby for diarrhoea, thrush or allergic reaction
IV	Lincomycin 600mg 8 hourly		
IV	Vancomycin Refer to Therapeutic Guidelines for dose	Common – thrombophlebitis (IV) Rare – serious skin reactions.	Only use if pathogen is resistant to first-line antibiotic therapy. Therapeutic drug monitoring is required

If community acquired methicillin-resistant *S. aureus* (MRSA) mastitis is suspected :

Seek specialist advice from an Infectious Diseases Physician or Clinical Microbiologist

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Additional notes

- **Flucloxacillin or dicloxacillin** are the antibiotics of choice for mastitis according to the Australian Therapeutic Guidelines. Both antibiotics are compatible with breastfeeding. Small amounts of flucloxacillin or dicloxacillin are excreted into breastmilk but the concentration is probably too low to have a significant effect on the breastfed infant.

- **First generation cephalosporins** are also effective as first-line treatment for patients hypersensitive to penicillin (excluding immediate hypersensitivity). Small amounts of cephalexin are excreted into breastmilk but they are unlikely to have a therapeutic effect on the breastfed baby.
- **Clindamycin** is recommended for women with immediate penicillin hypersensitivity. One case of bloody stool in a breastfed baby has been reported. Clindamycin should not be used for the treatment of CA-MRSA if the organism has demonstrated resistance to erythromycin.
- **Vancomycin** is used as an alternative antibiotic for patients with serious allergy to penicillin and cephalosporins. Only small amounts of vancomycin are excreted into breastmilk and it is poorly absorbed and unlikely to cause any serious adverse effects in the breastfed baby.
- **Lincomycin** is used as an alternative antibiotic for patients with serious allergy to penicillin and cephalosporins. Only small amounts of lincomycin are excreted into breastmilk and unlikely to cause any serious adverse effects in the breastfed baby.

References

Therapeutic Guidelines; Lactational mastitis (2021)

https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?etgAccess=true&guidelinePage=Antibiotic&topicfile=lactational-mastitis&guidelinename=Antibiotic§ionId=toc_d1e47#toc_d1e47

Mann CF. Clindamycin and breast-feeding. Pediatrics 1980;66(6):1030-1.

Chua K, Laurent F, Coombs G, Grayson ML, Howden BP. Antimicrobial resistance: Not community-associated methicillin-resistant Staphylococcus aureus (CA-MRSA)! A clinician's guide to community MRSA - its evolving antimicrobial resistance and implications for therapy. Clin Infect Dis 2011;52(1):99-114.

Royal Women's Hospital Melbourne Victoria. Infant feeding - Mastitis and Breast Abscess Clinical Guideline, 2020 https://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps/#a_downloads