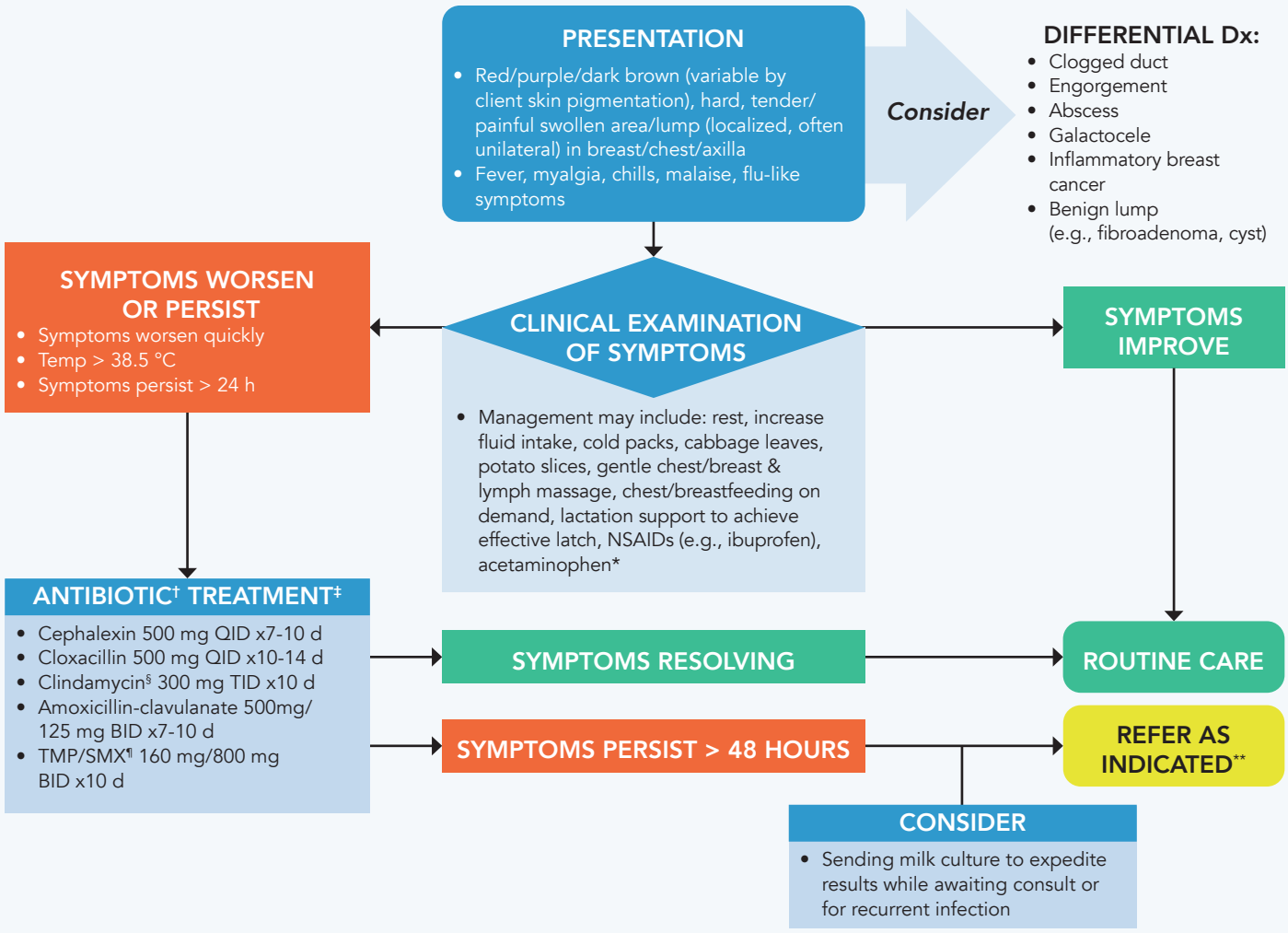
Association of Ontario Midwives
Delivering what matters.

CLINICAL TREATMENT ALGORITHM

Infective mastitis in postpartum

RISK FACTORS: Previous mastitis, prolonged engorgement, poor milk drainage, nipple cracks/fissures



* Clients should be offered postpartum mood/mental health support including screening for PPD, especially those who experience inflammation in the mastitis spectrum.

† Monitor infant during treatment if chest/breastfeeding. Consult if vomiting, diarrhea and/or rash. Consider infant probiotic administration (*Lactobacillus rhamnosus and Saccharomyces boulardii*) for antibiotic-associated diarrhea prevention.

‡ Recommended treatment regimens may vary by community and local antimicrobial resistance rates, **this is not an exhaustive list** of antibiotic options for treatment. Further, this algorithm includes only those medications within prescribing scope for Ontario midwives at the time of publication. Additional drugs may be appropriate; midwives may refer as indicated or order/administer under directive as per Ontario Regulation.

§ Clindamycin can be considered for clients with B-lactam hypersensitivity/allergy.

¶ Use TMP(/SMX) with caution during first month postpartum if chest/breastfeeding; avoid if chest/breastfeeding infant with G6PD; or who is jaundiced, unwell or premature.

** Assess for urgency & complications (e.g., suspected abscess) and refer accordingly (community vs. urgent care).

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