

Nipple and Breast Infections



Nipple and Breast Infections are common sources of breastfeeding pain, but they are poorly understood and often inappropriately treated.

What organisms cause nipple and breast infection?

Breast and Nipple Infections can be caused by bacterial or fungal organisms. Common infections include strep, staph, and candida (thrush).

When do we suspect nipple or breast infections?

Symptoms may present as obviously separate from observed manual trauma to the breast or without obvious symptoms during the initial assessment. If pain is inconsistent with observed trauma, damage is slow to heal, or pain is not resolving, we suspect infection.

Signs and Symptoms

Acute Mastitis

Warm hard spots on the breast, redness of the breast skin, red streaks on the breast, fever, and flu-like illness.

Subclinical Mastitis, Subacute Mastitis, Mammary Dysbiosis

Pain in the breast and nipples, frequent clogs, clumpy milk, frequent milk blebs, slow to heal nipple damage, swelling and inflammation of the nipple

Bacterial Nipple Damage

Yellow Discharge, Pain, Aching of the Breast, Pain with nursing or pumping, blisters, slow to heal damage, damage inconsistent with manual trauma.

Fungal Nipple Infection

Redness, shiny skin, flaky skin, white rash, sharp pains during and after feedings, slow to heal nipple damage.

With the exception of Acute Mastitis, the overlap of the symptoms of other breast and nipple infections are difficult to accurately identify and properly treat without lab work.

Signs of Manual Trauma from Latch and Pump

Redness, abrasion to the skin, red ring at base of nipple, abraded/depigmented skin on the areola, swelling, or cracked nipples. Manual Trauma is easily identified, and rapidly improves when cause is corrected.

Pain is not normal, and should always be assessed and properly treated until resolved.

How Should Nipple and Breast Infections be Identified

Given the frequency with which breast and nipple infections are inadequately treated and improperly identified, request lab work to prevent prolonged pain and exposure to unnecessary medication. [The Academy of Breastfeeding Medicine](#) recommends nipple swabs and milk cultures to identify the infection's cause and facilitate targeted and timely treatment.

QR Code for ABM Persistent Pain Protocol



Schedule a Consult

