**Definition**
An abscess is a walled-off, localised collection of pus that lacks an outlet for the pus from the affected area. Once encapsulated, it requires aspiration or surgical drainage.

**Key points**
- A breast abscess is a complication of mastitis and often occurs as the result of untreated, inadequate, incorrect or delayed treatment of mastitis or abrupt weaning.
- Usually, the woman presents feeling unwell, feverish, with a localised painful, red swollen area on her breast. The symptoms of fever and redness may have resolved but the woman presents with an unresolved breast lump and breast pain.

**Management**
1. Review by a Consultant Obstetrician or Senior Registrar and referral to the SCGH Breast Clinic/Surgical Team for a Diagnostic Ultrasound.
2. Review by a Lactation Consultant and referral to the Breastfeeding Centre.
5. Provide comfort measures e.g. Analgesia, anti-inflammatory and cool therapy.
6. Continue breastfeeding on the affected and unaffected side with corrective positioning and attachment if comfortable.
7. Express both breasts after each feed to protect the mother’s milk supply and resolve the infection.
8. Ensure the mother has adequate rest, fluids, and mother-crafting support.
**Discharge planning**

1. Provide a breastfeeding plan or the 'MR 261.17 Breast abscess variance' to guide management in the home.
2. Breast pump loan arranged to continue expressing
3. Follow-up appointment at the Breastfeeding Centre offered to the woman.

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**Bibliography**


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**Related WNHS policies, procedures and guidelines**

KEMH Clinical Guideline, Obstetrics & Gynaecology:
- Infections: Postpartum Infections: Treatment and Management: Mastitis
- Newborn Feeding: Breastfeeding Challenge: Mastitis, Management of

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**Useful resources and related forms**

**Related forms:**

- MR 261.17 Breast abscess variance

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**Keywords:** breastfeeding, breast abscess, challenge, breast feed

**Document owner:** Obstetrics, Gynaecology & Imaging Directorate

**Author / Reviewer:** CMC Breast Feeding Centre

**Date first issued:** May 2003

**Reviewed dates:** ; Feb 2019 | Next review date: Feb 2022

**Supersedes:** Version dated January 2016

**Endorsed by:** MSMSC | Date: | Feb 2019

**NSQHS Standards (v2) applicable:** 1Governance, 3Preventing and Controlling Infection, 4Medication Safety, 8Recognising & Responding to Acute Deterioration

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