Treatments for breast abscesses in breastfeeding women

Student: Hayley Irusen

Supervisor: Anke Rohwer, Prof Taryn Young

Background: The benefits of breastfeeding are well known, and the World Health Organization recommends exclusive breastfeeding for the first six months of life and continuing breastfeeding to age two. However, many women stop breastfeeding due to lactational breast abscesses. A breast abscess is a localised accumulation of infected fluid in breast tissue. Abscesses are commonly treated with antibiotics, incision and drainage (I&D) or ultrasound-guided needle aspiration, but there is no consensus on the optimal treatment.

Objectives: To assess the effects of different treatments for the management of breast abscesses in breastfeeding women.

Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trial Register (27 February 2015). In addition, we searched African Journals Online (27 February 2015), Google Scholar (27 February 2015), *ProQuest Dissertations and Theses Databases* (27 February 2015*)* and the WHO International Clinical Trials Registry Platform (ICTRP) search portal (27 February 2015). We also checked reference lists of retrieved studies and contacted experts in the field as well as relevant pharmaceutical companies.

Data collection and analysis: Two review authors independently assessed studies for inclusion, assessed risk of bias and extracted data. Data were checked for accuracy.

Main results: We included six studies. Overall, trials had an unclear risk of bias for most domains due to poor reporting. Two studies did not stratify data for lactational and non-lactational breast abscesses, and these studies do not contribute to the results. This review is based on data from four studies involving 325 women.

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Authors' conclusions

There is insufficient evidence to determine whether needle aspiration is a more effective option to I&D for lactational breast abscesses, or whether an antibiotic should be routinely added to women undergoing I&D for lactational breast abscesses. We graded the evidence for the primary outcome of treatment failure as *low quality*, with downgrading based on including small studies with few events and unclear risk of bias.

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