



Breast Engorgement

Prevention & Treatment

For the first few days after giving birth breasts remain soft and produce colostrum, the first milk. Colostrum comes in many colors. The amounts may seem small, but colostrum is available in just the right amount. Colostrum is rich in immune factors that protect your newborn baby. Within 72 hours, you will notice changes in your breasts. They will become full, firm, warm, and perhaps tender as milk production increases and colostrum begins to change to mature milk. The term for this change in breast fullness is engorgement. Mild to moderate engorgement is common and normal. Some women experience only a day or so of easy-to-manage engorgement. In other women, engorgement may be more intense, and can last from several days to two weeks. Your breasts will adjust over time, making exactly the right amount of milk for your baby. In cases of extreme or prolonged painful engorgement, get help from a lactation professional (see resources).

Your baby helps you manage engorgement by removing milk frequently. This means you should breastfeed **at least** 8-12 times each 24 hours. If your baby is not latching properly or feeding frequently enough, your breasts may become overly full. This reduces the elasticity of the breasts and nipples, leading to more latch-on problems, and sore nipples.

If engorgement becomes severe, your breasts may redden and become painful.

Engorged mothers sometimes develop a low-grade fever. (Because fever may also signal infection, call the doctor.)

Milk pooling in engorged breasts releases chemical signals that decrease milk production. Unrelieved, prolonged engorgement leads to lowered milk supply.

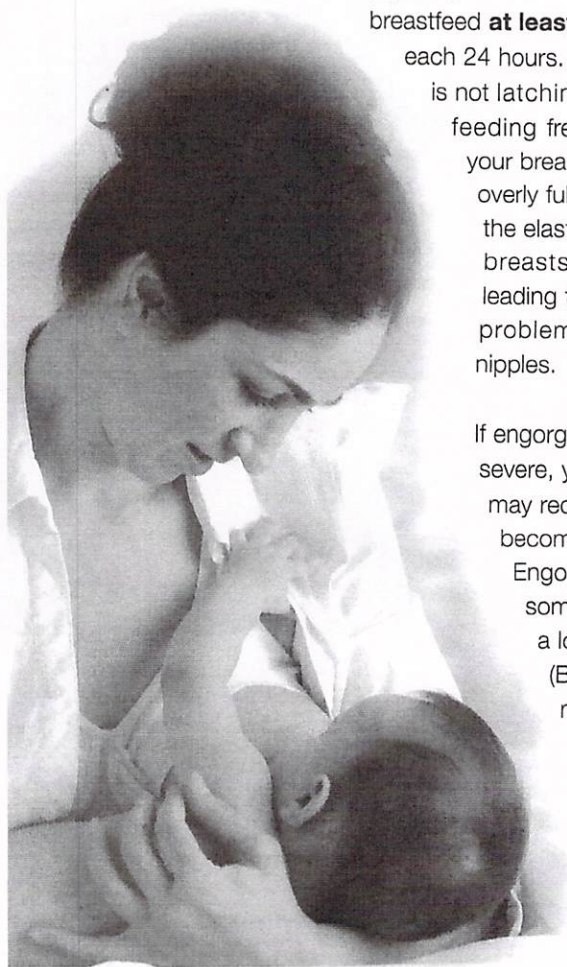
Seek help if:

- Engorgement becomes severe or you are in pain
- Your baby has trouble latching on
- Your baby has a low diaper count (fewer than 6-8 wet diapers, or fewer than 3 dirty diapers once your milk becomes plentiful)

Prevention:

Begin breastfeeding as soon as possible after birth to give baby time to learn to breastfeed before your breasts become full and firm.

- Avoid early use of bottles and pacifiers while baby is learning to breastfeed. Avoid unnecessary supplements, as this can lower milk supply.
- Breastfeed at least 8-12 times in 24 hours to prevent milk from accumulating in the breasts. Latching on well and often is the single most important thing you can do to avoid extreme engorgement.
- Allow baby to start and end the feeding. Don't limit baby's time at the breast.
- Gently massage and compress the breast when your baby pauses between sucks. This can help drain the breast, leaving less milk behind.
- Ask for help from a hospital or in-home lactation consultant, or La Leche League Leader so that latch-on problems are solved as soon as possible.
- If you must miss a feeding or if baby is not nursing well, use hand expression or a breast pump to remove the milk.
- Always wean gradually.



Treatment for Engorgement:

Before breastfeeding

- ☑ Gentle breast massage and relaxation techniques may help improve milk flow and reduce engorgement.
- ☑ To start milk flow, use warm, moist heat on the breasts for a few minutes, or take a brief warm shower before breast feeding. *Note: Use of heat for extended periods of time (over 5 minutes) may make swelling worse.*
- ☑ Softening the nipple and areolar tissue can make it easier for baby to latch on well and deeply. A massage technique developed by Jean Cotterman RNC, IBCLC, can help (see www.kellymom.com/bf/concerns/mom/rev_pressure_soft_cotterman.html). Hand expression or brief use of a breast pump also helps.
- ☑ Pumping once to completely soften the breasts can resolve engorgement for some women. They then return to frequent breastfeeding as the main way to manage fullness.

While breastfeeding

- ☑ Gently massage and compress the breast when your baby pauses between sucks. This can help drain the breast, leaving less milk behind.

Between feeds

- ☑ Many mothers find that use of cold compresses for 5-20 minutes before feeding or between feedings can help to relieve discomfort. A bag of frozen vegetables wrapped in a thin tea towel works well as a cold compress, and can be refrozen and used repeatedly.
- ☑ If your breasts are uncomfortably full, express a little milk. Avoid over-stimulating. Use manual expression or a quality pump on a low setting. A hospital grade rental pump can manage engorgement in cases where the baby is unable to breastfeed. Call 1-800-TELL YOU for a local rental location.
- ☑ Ask your health care professional about medications such as ibuprofen to reduce pain and inflammation.
- ☑ A well-fitted, supportive nursing bra makes some women feel better. Others prefer to go bra-less during engorgement.
- ☑ Fever higher than 101° F or severe pain may signal a breast infection. Call your health care provider for advice if this occurs.

Resources:

Contact a breastfeeding professional in your area. To find breastfeeding help, or a breastpump rental or purchase, call **1-800-TELL YOU**, Medela's Breastfeeding National Network. Or go to www.ibclce.org, <http://gotwww.net/ilca/>, or www.la lecheleague.org for breastfeeding help in your area. Some excellent resources include:

- ☑ La Leche League International, www.la lecheleague.org
- ☑ Kelly Bonyata IBCLC's website, www.kellymom.com
- ☑ Diane Wiessinger IBCLC's Common Sense Breastfeeding, www.people.clarityconnect.com/webpages3/wiessinger/bfing/index.html
- ☑ Dr. Jack Newman's website, www.drjacknewman.com
- ☑ Breastfeeding.com, www.breastfeeding.com

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**For more breastfeeding information,
visit www.medela.com**

**To locate Medela products or a
breastfeeding specialist in your area, call
1-800-TELL YOU, 24 hours a day, 7 days a week.**

