

Preventing and Managing Breast Engorgement

Breast fullness is a normal part of lactation which nearly all women experience when their milk “comes in”, 2–5 days after birth. This feeling of fullness is often accompanied by a feeling of heaviness, tenderness and warmth. It is caused by the breast glands and ducts filling with milk, *plus* extra blood supply to the breasts *and* fluid in the breast tissue itself. With this normal fullness, the breast tissue is still compressible, and you generally feel well. The swelling will likely last a day or two. Your breasts will adjust over time and start making the exact amount of milk your baby needs.

When breast fullness and swelling becomes severe, it is called “engorgement”. This can be caused when the baby is not nursing frequently enough or not latching properly. Not enough milk is being removed from the breast. In addition, swelling may be caused by excess fluid in the breast *tissue* (not the ducts). This is called “edema” and it is not drained by the baby nursing. Just as edema in the ankles can be a bothersome in the first days after birth, extra fluid can also accumulate in the breast tissue after delivery.

When breasts are severely engorged, they become hard, and the skin is taut and shiny. They become extremely tender and painful, and you may run a low-grade fever and become achy. The swelling may extend into the area under the arms. Because the breast is so full and swollen, the nipple and areola (the ring of darker skin around your nipple) may flatten out so that the baby has difficulty latching.

Preventing Engorgement:

- To prevent engorgement, feed your baby frequently, at least 8-12 times in 24 hrs. As your breasts fill with milk, feed every 1 ½ to 2 ½ hours during the day and 3 hours at night to lessen the chance that your breasts will become severely engorged.
- Do not use a pacifier since you might miss your baby’s feeding cues.
- Do not time or limit feeds. Allow your baby to end the feed himself when he is done.
- Applying ice to your breasts, as your “milk comes in” (after feeds for 15 to 20 minutes) will reduce the swelling caused by edema. A bag of frozen peas or corn works well.

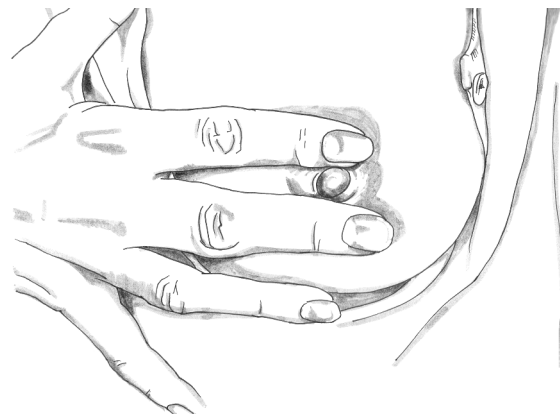
Managing Engorgement:

- Feed your baby as frequently as he or she will nurse.
- Use *gentle* massage to help your milk flow.

- A *short* warm shower just prior to nursing may help your milk flow. However, extended exposure to heat (more than 5 minutes or so) could make the swelling worse.
- Use *Reverse Pressure Softening (RPS)* to push edema out of the areola. *See instructions below.* This will help soften your areola so that your baby can latch easily again.
- If your baby is still unable to latch, then hand express or pump your breasts (on low suction), just enough to soften them. Gently massage your breast towards your nipple as you pump each side. Use **RPS** before pumping. You may need to interrupt pumping and use **RPS** to keep the milk flowing. When you have finished pumping, and your breasts are softer, use **RPS** one more time before attempting to latch your baby. Do this because the suction of pumping may have drawn edema back into your areola again.
- Pumping once to completely drain the breasts, after the baby nurses, can resolve engorgement for some women. Follow this with frequent nursing to manage breast fullness.
- Take ibuprofen (Motrin or Advil) to reduce inflammation and pain. This medication is safe for your nursing baby.
- Continue to apply ice for 15 minutes after breastfeeds.
- Seek medical help if you develop a fever (above 101°F) or flu like symptoms. Even if you have an infection, you should continue to breastfeed.
- Call Sparrow Lactation Support (517-364-2652) if these measures do not work. Unrelieved engorgement can lead to a decrease in milk supply or, in the worst case, your milk drying up.

Reverse Pressure Softening (RPS)

- This technique, developed by K. Jean Cotterman, IBCLC, can be used to make your areola soft again so that your baby can easily grasp it to nurse.
- Place 2 fingers on either side of your nipple within the margins of your areola and press back into the breast, as if you were trying to touch your ribs. Hold for a minute. Swivel your fingers 90 degrees, so that they are placed at a new angle, and push in again for another minute. This will push the fluid in the tissue (the edema) out of the areola to soften it.
- See Cotterman's instruction sheet online, for more information:



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<http://www.salactationconsultants.co.za/Articles/Reverse%20Pressure%20Softening.pdf>

