

## Treatment Tips: Engorgement

### What is Normal?

It is normal for your breasts to become larger and feel heavy, warmer and uncomfortable when your milk increases in quantity ("comes in") 2-6 days after birth. This rarely lasts more than 24 hours. With normal fullness, the breast and areola (the darker area around the nipple) remain soft and elastic, milk flow is normal and latch-on is not affected.

### How to prevent or minimize engorgement

- Nurse early and often - at least 10 times per 24 hours. Don't skip feedings (even at night).
- Nurse on baby's cues ("on demand"). *If baby is very sleepy:* wake baby to nurse every 2-3 hours, allowing one longer stretch of 4-5 hours at night.
- Allow baby to finish the first breast before offering the other side. Switch sides when baby pulls off or falls asleep. Don't limit baby's time at the breast.
- Ensure correct latch and positioning so that baby is nursing well and sufficiently softening the breasts.
- If baby is *not* nursing well, express your milk regularly and frequently to maintain milk supply and minimize engorgement.

### Signs & Symptoms of Engorgement

**When?** Engorgement typically begins on the 3<sup>rd</sup> to 5<sup>th</sup> day after birth, and subsides within 12-48 hours if properly treated (7-10 days without proper treatment).

**How does the breast feel?** The breast will typically feel hard, with tightly stretched skin that may appear shiny, and you may experience warmth, tenderness, and/or throbbing. Engorgement may extend up into the armpit.

**How does the areola feel?** The areola will typically feel hard (like the tip of your nose or your forehead) rather than soft (like your earlobe), with tight skin that may appear shiny. The nipple may increase in diameter and become flat and taut, making latch-on challenging.

You may also have a low-grade fever.

Mothers' experiences of engorgement differ:

- May occur in the areola and/or body of the breast;
- May occur in one or both breasts;
- May build to a peak and then decrease, stay at the same level for a period of time (anywhere from minimal to intense), or peak several times.

Contact Numbers:

**La Leche League** \_\_\_\_\_

**Lactation Consultant** \_\_\_\_\_

**Health Care Provider** \_\_\_\_\_

## Managing Engorgement – What Works

### Before nursing:

- Gentle breast massage from the chest wall toward the nipple area before nursing.
- Cool compresses for up to 20 minutes before nursing.
- Moist warmth for a few minutes before nursing may help the milk begin to flow. *Avoid using warmth for more than a few minutes* as the warmth can increase swelling and inflammation.
- If baby is having difficulty latching, soften the areola using hand expression, reverse pressure softening or pumping (on a low setting for a few minutes).

### While nursing:

- Gentle breast compressions and massage during the nursing session can reduce engorgement.
- After nursing for a few minutes to soften the breast, it may be possible to obtain a better latch by removing baby from the breast and re-latching.

### Between nursings:

- If your breast is uncomfortably full at the end of a feeding or between feedings, then express milk *to comfort* so that the breasts do not become overfull. Use hand expression or a quality pump on a low setting for no more than 10 minutes (engorged breast tissue is more susceptible to damage).
- Cold compresses (ice packs over a layer of cloth) between feedings; 20 minutes on, 20 minutes off; repeat as needed.
- Cabbage leaves (chilled or room temperature) between feedings. Wash leaves and apply to breasts; leave on for 20 minutes, no more than 3 times per day; discontinue use after engorgement subsides.
- Many moms are most comfortable wearing a well fitting, supportive bra. Avoid tight/ill-fitting bras.
- Avoid excess stimulation (for example, don't direct a shower spray directly on the breasts).
- Talk to your health care provider about using a non-steroidal anti-inflammatory such as ibuprofen (approved by the American Academy of Pediatrics for use in breastfeeding mothers) to relieve pain and inflammation.

Contact your LC or health care provider if:

- Engorgement is not relieved by these measures.
- Baby is unable to latch or is not having enough wet/dirty diapers.
- You have mastitis symptoms: red/painful breast, temperature greater than 100.6 degrees F, chills, body aches, flu-like symptoms.
- You have any questions.

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