

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”) 2-5 days after birth. This rarely lasts more than 24 hours.

How to prevent or minimize engorgement

- Nurse early and often – at least 8-10 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 2.5-3 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. Limit baby’s time at the breast to no longer than 30 minutes before switching.
- 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 3rd to 5th 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. Moms' experiences of engorgement differ

Tips for treating engorgement

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 (but will not help with the edema/swelling of engorgement). Some suggest standing in a warm shower right before nursing (with shower hitting back rather than breasts) and hand expressing some milk, or immersing the breasts in a bowl or sink filled with warm water. Avoid using warmth for more than a few minutes as the warmth can increase swelling and inflammation.
- The following things can soften the areola to aid latching:
- Reverse pressure softening
- Hand expression
- If the above two things are not effective, try pumping for a few minutes with a hand, electric on a low setting

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 feedings

- 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.
- Hand expression may be most helpful (though obviously second to breastfeeding) as this drains the milk ducts better.
- Mom might also use a hand pump or a quality electric pump on a low setting for no more than 10 minutes (engorged breast tissue is more susceptible to damage).
- It's not good to let the breasts get too full, but you also don't want to overdo the pumping, as too much pumping will encourage

overproduction. If you do need to express milk for comfort, your need to express will likely decrease gradually over time; if it does not, then try gradually decreasing the amount you express.

- Use cold compresses (ice packs over a layer of cloth) between feedings; 20 minutes on, 20 minutes off; repeat as needed.
- Many moms are most comfortable wearing a well fitting, supportive bra. Avoid tight/ill-fitting bras or bras with an underwire, as they can lead to plugged ducts and mastitis.
- 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.

AVOID:

- Excess stimulation (for example, don't direct a shower spray directly on the breasts).
- Application of heat to the breasts between feedings. This can increase swelling and inflammation. If you must use heat to help with milk flow, limit to a few minutes only.
- Restricting fluids. This does not reduce engorgement. Drink to thirst.

Contact your lactation consultant 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.

(Adapted Reference: kellymom.com)