



ILCA's *Inside Track* for breastfeeding mothers

A Publication of the International Lactation Consultant Association®



Overly Full Breasts (Engorgement)

By Rebecca Mannel, BS, IBCLC, FILCA and Ingrid Dixon, RN, BSN, IBCLC

It is normal for your breasts to feel warmer and heavier a few days after your baby is born. It is NOT normal to have breasts that are swollen and painful—this is called engorgement. When your breasts become engorged, they can feel overly full, painful, hard, and lumpy, which can make nursing your baby harder. You may have a slight fever (less than 101°F or 38.5°C).



Overly Full Breasts.

Why It Is a Problem

- Overly full breasts can be painful.
- Overly full breasts make it hard for baby to latch deeply and remove milk.
- Poor latch can lead to nipple injury and baby getting less milk at each feeding.
- Milk left in breasts will cause milk supply to go down.
- Milk left in breasts can lead to mastitis (a type of breast infection), poor weight gain, and weaning your baby earlier than you had planned.
- Engorgement can make breastfeeding really hard and may make you feel like you want to quit.

How to Avoid

- Nurse within first hour after birth if possible and nurse often (whenever baby shows feeding cues) or 8 or more times in 24 hours.

- Make sure baby is latching well for every feeding.
- If your baby is sleepy, keep him or her skin-to-skin and nurse at any sign of hunger.
- Some newborns may “cluster” feed (nurse every hour or so for several feedings) and then take a 4- to 5-hour nap. Allowing baby to eat as often as he or she seems hungry will help avoid engorgement. Watch your baby, not the clock.
- Once breast fullness occurs, allow baby to soften at least one breast at each feeding. Switch sides when one breast feels less heavy and full, not after a specific amount of time has passed.
- Change the breast you start each feeding with to ensure that both breasts are being emptied often.
- Wait to use a pacifier until breastfeeding is going well, usually when baby is around 1 month old.
- If you are separated from baby, express milk from your breasts before they become too full and remove milk often (any time baby would eat) with either hand expression or a breast pump.

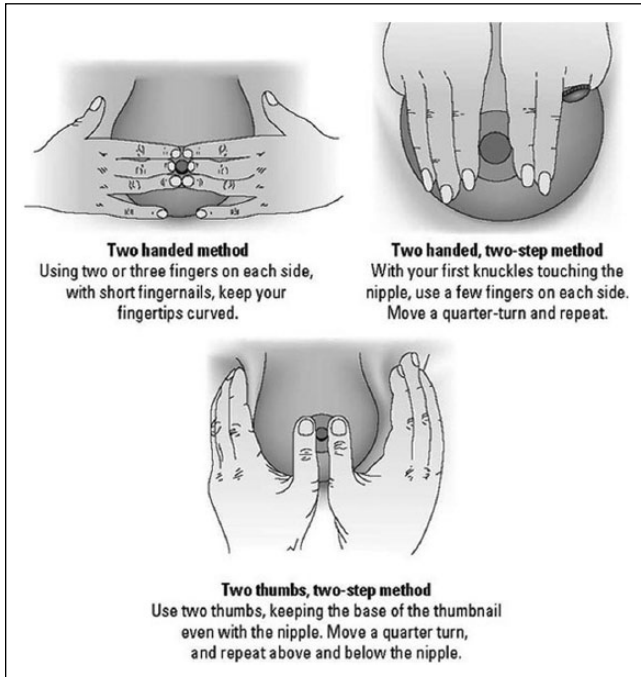
With engorgement, it can take a few minutes to get the milk to begin to flow; be patient and try to relax.

How to Treat

- Remove the milk.
 - Pump or hand express for a few minutes to soften; sometimes a warm shower or heat applied to breasts can help the milk to flow.
 - Nurse baby once nipple/areola is softer.
 - Use your fingers to push the fluid away from your nipple to help baby latch. This is called *reverse pressure softening*.
- Reduce the pain.
 - Apply cold packs to your breasts between feeds/expressions.

Myths

- “Don’t pump as it makes it worse.” It is very important to remove milk when the breasts are too full or your



Reverse Pressure Softening. (Source: Cotterman KJ.)

Using fingers or thumbs, apply gentle, firm pressure at the base of the nipple to move fluid away from the areola. Press for about 1 minute. Rotate pressure around until you have softened all sides of the nipple/areola. Nurse baby as soon as nipple/areola feels softer.

milk supply will start to decrease. Breasts can swell in the first week due to milk and other fluids that become trapped. Removing milk helps reduce swelling, protects your milk supply, and lets the other fluids drain into tissue. Pump or hand express to soften the breast so that baby can latch or if baby cannot fully soften the breast. You may need to express only once or a few times to treat your overly full breasts.

- “If I wait longer between feedings, I have more milk.” Breasts may feel fuller, and you may get more milk the first few days you do this. However, over time you will start to make less milk because you are leaving milk in the breasts. You need to remove milk

Find Help Fast

An IBCLC[®] is an “International Board Certified Lactation Consultant[®]”: someone with special training to help breastfeeding families. Go to “Find a Lactation Consultant” at www.ilca.org to locate a lactation consultant in your area. You can also ask your doctor or a nurse at your hospital.

often to keep making enough milk for a young baby who is fully breastfeeding.

When to Call for Help

An International Board Certified Lactation Consultant (IBCLC) can help you if:

- You cannot remove milk from your breasts.
- You cannot get your baby to nurse.

Call an IBCLC or other health care provider if:

- Your fever goes up over 101°F or 38.5°C.
- You have pain or redness in 1 part of your breast.
- You start to feel like you have the flu (headache, body ache, tired, weak).
- You have concerns about breastfeeding.

Other Inside Tracks

- Hand Expression
- Hands On Pumping

Websites

- <http://www.llli.org/faq/engorgement.html>
- <http://www.salactationconsultants.co.za/Articles/Reverse%20Pressure%20Softening.pdf>

Videos

- Reverse Pressure Softening: <http://www.youtube.com/watch?v=g1CYw1uTiG4>
- Hand Expression (English or Spanish): <http://www.bfmedneo.com/BreastMassageVideo.aspx>
- Hands On Pumping: <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

Your local lactation consultant: