



Preventing and Managing Engorgement

Engorgement typically occurs when your mature milk “comes in”, about 3-7 days after your baby is born. You will notice that your breasts become warm, hard, and perhaps even tender to the touch. This is caused by an increase in milk production, as well as an increase in blood and fluid flow to your breasts. Engorgement usually lasts for 2-3 days and then gradually improves. Some engorgement is normal as your body is learning how much milk your baby needs, but we encourage you to call the office if your breasts are extremely painful or if your symptoms last beyond the usual timeframe.

During this time your body is learning how much milk your baby needs! Be sure to breastfeed your baby whenever he or she shows feeding cues. Feedings away from the breast should be avoided if at all possible. If your baby needs to take a feeding from a bottle, be sure that you pump to signal to your body that a feeding has occurred. Refrain from emptying your breasts between feedings as this can cause your body to make too much milk!

Preventing Engorgement:

- The best way to prevent engorgement is to feed your baby whenever he or she is willing! You can expect to feed your baby 8-12 times per day.
- Be sure your baby is latching well at the breast. In addition to causing pain and nipple damage, an incorrect latch may prevent your baby from being able to remove milk from your breast.
- Do not limit the amount of time that your baby spends on each breast. Young babies are slow eaters! Your baby should be allowed to nurse for as long as he or she is actively suckling. If 10 minutes pass without sucking/swallowing, you may remove your baby from the breast. Always offer the other breast after your baby finishes the first one. If your baby isn't interested in eating from the second breast, simply start the next feeding on that side.
- Massage and compress your breast while your baby is nursing. This helps to empty your breast completely.
- Avoid the use of formula unless your doctor advises you to supplement.

Managing Engorgement:

- Apply a warm, moist compress to your breast for 2-3 minutes before breastfeeding. This helps to initiate milk flow. **DO NOT** apply a compress for more than 5 minutes as it may make the swelling worse.
- Massage your breasts during feedings, focusing on areas that feel particularly hard to the touch.

- If your breasts are very firm, you may find that your baby has difficulty latching on to your breast. The following techniques are helpful in softening your areola to allow baby to latch:
 - o Reverse-pressure softening: Gently compress your breast around the areola, working in a clock-wise fashion all the way around. This helps to push the swelling back into your breast and soften the part that the baby latches on to.
 - o Hand express or pump a small amount milk to soften the areola prior to latching.
- If your breasts are painfully full, you may express a little milk by hand or by pumping on a low setting. Only express enough milk to relieve your discomfort – not to empty the breast. Remember, your body is learning how much milk your baby needs! Pumping to empty between feedings can lead to overstimulation.
- A cold compress applied for 20 minutes at a time between feedings can help to reduce swelling. Be sure to remove the compress at least 30 minutes before feeding so as to avoid impeding milk flow.
- Apply clean cabbage leaves to your breasts for 20 minutes at a time between feedings. There is scarce research data to support this practice but plenty of anecdotal support.
- Anti-inflammatory medications such as Ibuprofen (Motrin) may be used to decrease swelling.

*Please call the office if you develop severe pain or a fever higher than 100.4 as these symptoms may indicate a breast infection.

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