



IF YOUR BREASTS BECOME ENGORGED

Engorged breasts are uncomfortably swollen. They feel heavy, hard, warm, and sensitive—as if they are ready to burst! Engorgement can be painful and may lead to other breastfeeding problems. It's important to recognize engorgement when it occurs and do something about it promptly.

WHAT IS HAPPENING

Engorgement is most common in the first week postpartum. As hormone levels shift and the breasts begin to produce larger quantities of milk, a mother's breasts may swell and increase in size. It may seem as if they are filling up with milk and stretching the way a balloon stretches when you fill it with water.

Actually, there's more involved in engorgement than milk storage. The onset of lactation brings an increase in blood flow to the breasts and this causes congestion and swelling as fluids accumulate in the breast tissue. Fortunately, as a mother's body adjusts to the process of milk production, the swelling decreases. Your breasts won't be this size for the entire time that you're breastfeeding, even when they're producing lots of milk.

PREVENTING ENGORGEMENT

Some new mothers notice only a moderate increase in breast fullness in the days after birth, while others describe their breasts as being the size of watermelons. Some of these differences can be explained by breastfeeding patterns. Here's what you can do to minimize engorgement:

- Breastfeed the baby frequently right from birth. Mothers who breastfeed early and often have fewer problems with engorgement. Rooming-in with your baby makes it easier to nurse every hour or two, following baby's cues.
- Teach baby how to latch on to the breast correctly. Effective sucking will help to prevent engorgement.
- If baby is sleepy or not nursing well, use a hospital-grade electric breast pump to empty the breasts regularly, especially after your milk becomes more plentiful. This will prevent problems with engorgement and ensure that you have a plentiful milk supply when your baby begins to breastfeed better. The milk that you pump can be given to the baby by cup or spoon if he is not nursing well.

WHY IT'S IMPORTANT TO TREAT ENGORGEMENT

While engorgement may make you feel as if you have lots of milk, it can cause problems with breastfeeding. It may be more difficult for baby to latch on to an engorged breast. The swelling tends to flatten the nipple and areola, preventing baby from getting enough breast tissue into his mouth to suck effectively. He gets frustrated and so does mother.

Prolonged engorgement may affect milk production. When milk accumulates in the breast, milk production slows down. If the milk isn't removed from the breasts, mother's body will produce less milk. There is also evidence that unrelieved engorgement may damage the cells that make milk, affecting milk production as baby gets older.

Engorgement may also lead to mastitis (breast inflammation), plugged ducts, or a breast infection. Although these problems can be solved while you continue to breastfeed your baby, it's better to avoid them by doing what you can to relieve engorgement.

WHAT TO DO

If your breasts become firm, hard, shiny, or even lumpy, you need to take action to relieve engorgement. You'll want to reduce the swelling and keep the milk flowing. Here are some suggestions:

- Breastfeed frequently both day and night. A baby with a good suck is the most effective tool for removing milk from the breasts. Newborns need to breastfeed at least eight to twelve times in 24 hours. During the time that your breasts are engorged, offer the breast every one-and-a-half to two hours during the day, and every two to three hours at night.
- Avoid using bottles, pacifiers, or supplements at this time. All of baby's sucking should be at the breast. This relieves mother's discomfort and helps the breasts adjust milk production to match baby's needs. If baby is not getting enough milk at the breast, use a cup and provide him with your milk by cup or spoon.

- Be sure that the baby is latched on well. His mouth should be open wide so that a large portion of breast tissue is in his mouth. The nipple should be far back in the baby's mouth so that his gums can compress the milk sinuses, which are under the areola (the darkened area around the nipple). Listen for swallowing after every one or two sucks, a sign that baby is breastfeeding effectively.
- If breast fullness is making it difficult for baby to latch on, express milk before the feeding to soften the areola. You can do this gently by hand or with a breast pump on minimum suction. (Don't worry about milk expression causing increased milk production. It's more important to help your baby get the milk out of the breast. This will help your body figure out just how much milk it needs to make.)
- Wear breast shells for about 30 minutes prior to a feeding to help the nipple stand out. A breast shell is a plastic, cup-shaped device worn in the bra. There is a hole for the nipple. Pressure on the tissue around the nipple makes it protrude and encourages the breast to leak, relieving some of the discomfort.
- Apply warm compresses to the breasts for a few minutes before feedings. Some mothers find that this is soothing and that it helps the milk flow. Use a warm, wet towel to cover the entire breast. Or try standing in a warm shower, letting the water flow over your breasts with your back to the spray. (Limit the use of heat on the breasts to the time immediately before feedings. Warmth can draw more fluid to the area and increase swelling.)
- Between feedings, apply ice. Use an ice pack large enough to cover most of the breast and leave it in place for approximately 15-20 minutes at a time. Try crushed ice in plastic bags or bags of frozen vegetables. (Don't plan to eat frozen vegetables if they are thawed and refrozen several times.) Wrap the ice packs in a lightweight towel to protect your skin.
- Raw green cabbage leaves worn inside the bra can be used as a compress instead of ice, if desired. Some mothers find that this is an effective home remedy for engorgement. Change the leaves when they become wilted or after about two hours. Cabbage leaves should be used only until the swelling goes down and should be discontinued if a skin rash or other signs of allergy appear.
- A supportive bra may be helpful. Avoid underwire styles at this time since they may put too much pressure on specific areas of the breast. Some women prefer a sports bra for support during engorgement.
- Ask your health care provider to recommend an over-the-counter, anti-inflammatory medication to relieve pain and swelling. Most can be used by breastfeeding mothers.
- Many mothers run a low fever when their breasts are engorged. Temperatures under 100.6° F (38.4° C) are not usually associated with infection. There's no need to stop breastfeeding or to separate mother and baby.
- Watch for symptoms of a breast infection. If one area of the breast appears to be inflamed, red, or hot to the touch, if you have a fever greater than 100.6° F (38.4° C), or are experiencing flu-like symptoms, you may be developing a breast infection. You should then contact your health care provider, who may prescribe an antibiotic. Continue to breastfeed; weaning can make a breast infection worse.
- If you follow these suggestions, engorgement should improve within a day or two. If it does not, you should contact a La Leche League Leader or a board-certified lactation consultant for additional suggestions. You may need to improve your baby's breastfeeding technique or find ways to keep your breasts from producing too much milk. These are not difficult problems to solve, especially if you get right to work.

ENGORGEMENT AFTER THE FIRST WEEK POSTPARTUM

While engorgement usually subsides within a week or two of giving birth, it may occur at later stages of breastfeeding if a mother skips a feeding or a pumping session or the baby is unable or unwilling to nurse well. The suggestions listed above will help relieve breast fullness. In addition, give some thought to why you are having problems with engorgement and what to do about it. For example, if you're pumping while separated from your baby, you may need to pump more often.

If you are engorged because you are weaning your baby, you may need to slow down the process and give your breasts a chance to adjust to the lowered demand for milk. If breastfeeding more often is not an option in your situation, express just enough milk by hand or with a pump to keep yourself comfortable.

• Many thanks to Mary Kay Smith, IBCLC, for her assistance with this information.

For breastfeeding support contact: