

# Engorgement

It is normal for your breasts to become full and firm two to four days after your baby is born. This is due to the colostrum changing to more mature milk. The amount of fluid in your milk ducts increases, plus increased blood and lymph fluid enters your breasts. All of this creates a feeling of fullness.

If milk is not removed by your baby, a breast pump, or by hand expression, breast fullness can turn into engorgement. An engorged breast feels hard, painful and may be red and hot.

## To prevent engorgement:

- **Put your baby to breast frequently after birth** (whenever baby shows hunger cues, or at least every two to three hours).
- **Verify that your baby is latching well and swallowing.** Even in the early days you should be able to hear (and see) some swallows. Seek assistance if you are unsure from a board certified lactation consultant (IBCLC).
- As your breasts become more firm, wake baby as necessary to nurse.

**Even with frequent breastfeeding, you may get engorged.** If you do, try the following.

**Prior to feeding your baby,** to make it easier for baby to latch and to help with let-down:

- Soften the area around your areola by using your fingers to push fluid back towards your chest wall. For more details and a drawing, see our information on ***Reverse Pressure Softening***.
- Apply heat over your breasts for approximately 5 minutes. (Do not use heat for extended periods while engorged, as it may increase swelling.)
- Massage your breasts – or combine with hand expression (see below).

**If your baby will not latch while your breasts are engorged,** it is important that you take milk out of your breasts. You may remove milk via:

- Hand expression. For a video on hand expression, go to: <https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>
- A manual pump, such as the Haakaa. Warm the pump in a pan of hot water, squeeze the pump, and apply to one breast at a time to exert a gentle pressure.
- A double electric breast pump, such as the Medela Symphony or Pump in Style, or the Spectra. Warm your breast shields first.

## Between breastfeeding or pumping, the following may help:

- Apply flexible cold packs (large bags of frozen vegetables) to your breasts. Do not apply the cold directly to your skin but rather on top of your bra or a towel. If you have enlarged, firm breast tissue in your underarm, you may use cold packs in that area also.
- Lie flat on your back when possible between feedings. Gently massage your breasts towards your armpits to encourage reverse drainage of extra fluid.
- You may take ibuprofen (Motrin) up to 400mg every four hours for pain or inflammation.

**Continue to try and get your baby to latch.** Pump and finger feed or bottle feed (use a slow flow nipple) until your baby is latching and removing milk.

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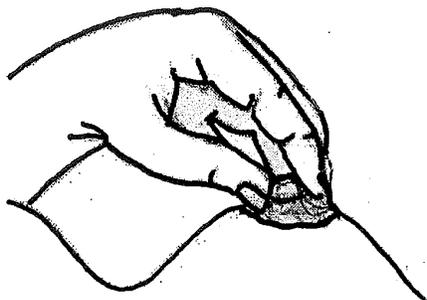
# Reverse Pressure Softening

High volumes of IV fluids during labor may contribute to engorgement, resulting in an uncomfortable latch and poor milk removal.

The extra fluid has the potential to constrict the milk ducts between swollen tissue. Your baby's suckling may not be effective at removing milk. Use of a breast pump may actually cause more swelling, especially if the pressure is set on high.

In this situation, reverse pressure softening may be very helpful.

- **Before attempting to latch or pump**, exert pressure towards the chest wall where the nipple meets the areola for 60 seconds. To do this, place your fingertips on your areola (like the numbers on a clock) and gently press inwards.
- **If swelling is extreme**, you may need to apply pressure for up to three minutes in order to soften the area around your nipple and areola.
- **As you press inwards**, eventually you should see drops of milk coming out of the nipple.



**Gently, but firmly, press in with fingertips and hold.** (Drawn by Kyle Cotterman)

**The goal is to:**

1. Temporarily move the extra breast fluid away from where the milk is sitting behind the nipple and areola and push milk back into the milk ducts.
2. Trigger the Milk Ejection Reflex (MER), which will push milk out of the ducts.
3. Soften the breast just behind the nipple and create an indentation for baby's chin, which may help baby to latch and permit a deeper, more comfortable latch.

*(This technique is attributed to Jean Cotterman, RNC, IBCLC)*