

# 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 increased blood and lymph fluid entering your breasts and may be increased by a build-up of milk inside of your breast ducts. All of this can create a feeling of fullness.

If milk is not removed by your baby, a breast pump, or by hand expression, breast fullness can worsen and lead to engorgement. A very engorged breast feels hard, painful, and may be red and hot.

## To prevent engorgement:

- **Put your baby to breast frequently after birth** (whenever your baby shows hunger cues, or at least every two to three hours).
- **Verify that your baby is latching and swallowing.** Even in the early days you should be able to hear (and see) some swallows. If you need help determining this, seek assistance from a lactation consultant (IBCLC).
- **As your breasts become firmer,** wake your baby as necessary to nurse. This will also help to establish your milk supply.

**Even with frequent breastfeeding, you may get engorged.** Try the following.

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

- **Soften the area around your nipple and areola** by using your fingers to push fluid back towards your chest wall. For more details and a drawing, see the information below on **Reverse Pressure Softening**.
- **Apply low heat to your breasts** for approximately 5 minutes right before latching. Short periods of heat help to trigger milk flow. Long periods of heat while engorged may increase swelling.
- **Gently massage your breasts** – or combine with hand expression of milk. Watch this video to learn how to hand express your milk: <https://player.vimeo.com/video/65196007>

**If your baby will not latch while your breasts are engorged,** it is important that you remove milk from your breasts another way. You have several options:

- **Hand expression** can be the most effective way to remove milk if engorgement is severe. For a video on hand expression, go to: <https://firstdroplets.com/download/#video-3professional-education/breastfeeding/maximizing-milk-production.html>
- **A manual pump,** such as the Haakaa. Squeeze the pump and apply to one breast at a time to exert a gentle pressure.
- **A double electric breast pump.** Warm your breast shields first by running under warm water. Use low suction (pressure) during the stimulation phase, gradually increasing suction in the expression phase (as comfortable). See **Using a Breast Pump** at <https://milkworks.org/education-support/breastfeeding-information-center.html>

MilkWorks



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For additional  
information:  
[www.milkworks.org](http://www.milkworks.org)

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

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

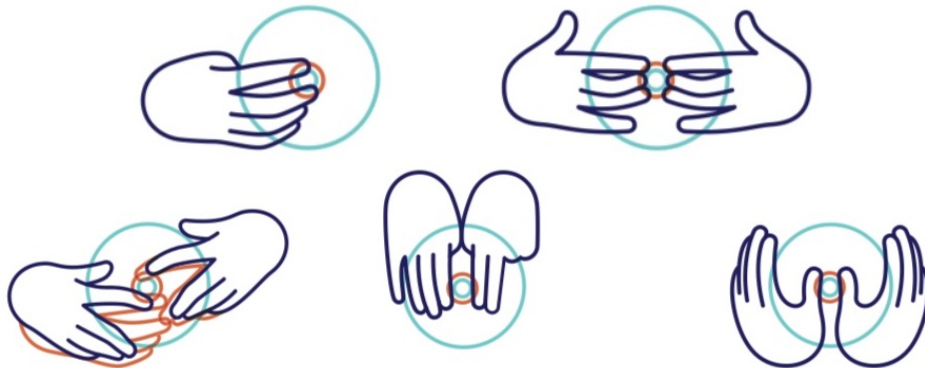
**Continue to try and get your baby to latch.** Pump and finger feed or bottle feed (use a slow flow nipple and paced feeding – see our information on ***Paced Bottle Feeding***).

## Reverse Pressure Softening

**IV fluids received during labor may contribute to engorgement,** resulting in an uncomfortable latch and/or poor milk removal. This extra fluid has the potential to constrict the milk ducts between swollen tissue. Your baby’s suckling may not be effective at removing milk, or your baby may not be able to latch at all. Use of an electric breast pump may cause more swelling, especially if the pump pressure is high.

**Reverse Pressure Softening helps to move extra fluid from the area around the nipple and areola** and may help create an indentation for baby’s chin, which may allow baby to effectively latch and remove milk. It also helps to trigger the reflex that pushes milk out of the ducts.

- **Before attempting to latch or pump,** exert pressure towards your chest wall where your nipple meets the areola (the darker area around your nipple). Place your fingertips on your areola (like the numbers on a clock) and gently press in.
- **If swelling is extreme,** you may need to apply pressure for up to 3 minutes to soften the area.
- **Move your fingers and work your way around the areola** until you have “dents” all the way around. You may also use the length of your fingers and apply pressure with two fingers on each side of the nipple, moving your fingers from the right and left of your nipple to the top and bottom of your nipple.
- **As you apply pressure,** eventually you should see drops of milk coming out of your nipple.



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