



Breast Engorgement

In the first week or so after birth, your breasts may feel full and swell for a few days as your milk volume increases. Breastfeeding or pumping at least 8 - 12 times every 24 hours will help your breasts adjust as your body produces the amount of milk that your baby needs. Emptying your breasts frequently helps build a plentiful milk supply in the weeks and months to come.

Causes for Engorgement

- Engorgement is caused by milk not draining properly from the breast. Milk may drain back into the tissue and cause areas to swell and/or become tender.
- This usually occurs during the first few days after delivery, or if a mother suddenly stops or decreases breastfeeding.
- Engorgement may cause breasts to become hard and uncomfortable, possibly with reddened areas.
- Your baby may have trouble latching to the engorged breast, resulting in sore or cracked nipples.
- Because engorgement may cause milk to remain in the breasts after breastfeeding, it can also decrease milk production.

Tips to Prevent Engorgement

- Begin breastfeeding within the first hour after birth and frequently thereafter to prevent painful engorgement.
- The first few weeks after birth, avoid introducing bottles while baby is learning to breastfeed and your milk supply is being established.
- Avoid unnecessary supplements, as this can lower milk supply.
- Placing your baby skin-to-skin early is best practice to encourage the first feed.
- Breastfeed within the first hour after birth and whenever your baby gives signs of being interested.
- Breastfeeding every two to three hours is recommended.
- Make sure your baby latches deeply onto the breast.
- Let your baby nurse on each breast until finished. Then try the other breast. Do not limit nursing time.
- If your baby isn't nursing well, use a hospital grade (multi-user) breast pump to remove the milk left in the breasts after feeding.

Seek Help If:

- Engorgement becomes severe or you are in pain.
- If you develop a temperature over 100.4 °F (38° C).
- Your baby has trouble latching.

Treatments for Engorgement

- Prompt treatment is necessary.
- Apply warm, wet compresses to your breasts 10 minutes before feeding to assist with milk flow.
- Try to relax while massaging each breast gently. This will help to soften the breast, encourage milk flow, and hand express your breast milk.
- If your breasts are uncomfortably full, express a little milk either by hand or by pumping on a low setting. Express just enough until you are more comfortable and the areola has softened enough for your baby to latch.
- Cold compresses applied for 15 minutes every hour between feedings will help relieve pain and reduce swelling. Small bags of crushed ice or frozen vegetables wrapped in a thin dish towel also work well.
- Although research is scarce, cool cabbage leaf compresses have been used for generations to reduce swelling and pain associated with breast engorgement. Apply clean, whole leaves of green cabbage for approximately 20 minutes between feedings, 3 - 4 times per day until breasts soften and milk begins to drip.
- Breastfeed frequently or pump if your baby is not feeding at the breast - at least 8 - 12 times every 24 hours - and rest, rest, rest.
- Ask your healthcare provider about additional ways to reduce pain and inflammation.
- Know that engorgement is temporary. You should be greatly improved in 24 - 48 hours.
- However, if engorgement persists beyond 4 - 5 days; if breasts become tender, hot, or swollen; nipple(s) become cracked; if you develop a fever of 100.4 °F (38 °C) or higher; or if you experience chills or flu-like aching, contact your healthcare provider immediately.

Other Resources

- **Ask the LC | AsktheLC.us**

Consult one-on-one via e-mail with a board-certified lactation consultant who will assist you with your breastfeeding questions and concerns.

- **24/7 LC™ | 24x7LC.us**

Get instant access to live lactation consultants through video chat with your mobile device, wherever you are and whenever you need it. Available through the MyMedela® app, 24/7 LC provides real-time consultation with trusted lactation consultants for all your breastfeeding questions.

- **Breastfeeding University™ | MedelaBreastfeedingU.us**

Tap into our collection of online courses and videos designed to help prepare new and expectant parents for the experience of breastfeeding.

Reference:

Lawrence RA and Lawrence RM (2016). Breastfeeding: A Guide for the Medical Profession (8th Ed.). St Louis: Elsevier.