

# Preventing and Treating Engorgement



Three to five days after giving birth, your breasts will begin producing large quantities of milk. The first milk, colostrum, is clear or yellow in color, and syrupy in texture. True milk is whiter, flows more freely, and looks thinner than cow's milk. In the first week, your breasts will slowly and steadily build up milk.

- It is normal, at this time, for your breasts to become larger, heavier, and a little tender. Your breast also may feel warm to the touch, leak, and lumps may develop in the milk glands as far back as the armpits. These symptoms are caused by the increase in milk, extra blood, and lymph fluids.
- This normal fullness often decreases within the first 1 - 2 weeks after birth if your baby is breastfeeding regularly and well. After the initial fullness of these first weeks disappears, your breasts will feel softer even when your milk supply is plentiful. During this time you should be careful to properly position the baby, feed often (every 2 hours) and rest.

Normal breast fullness may develop into painful engorgement if the breasts are not emptied adequately or often enough. Engorgement is a pronounced filling and swelling of your breasts that causes them to become very hard and uncomfortable. It is your body's signal that the supply-and-demand is out of balance.

Engorgement is a problem for both mother and baby.

Sometimes milk suddenly increases around the third or fourth day, which can cause the symptoms of engorgement. If this happens to you while you are still in the hospital, ask for an electric breast pump immediately to relieve this condition before it progresses. If engorgement is treated quickly, symptoms improve and often go away within 12 to 48 hours.

If engorgement occurs after you go home, call the OSU Breastfeeding Helpline (614-293-8910) and try the tips offered in the section on how to treat engorgement.

## What to Look For:

- Breast swells and the areola (darkened area around nipple) feels hard and tight like the tip of your nose, instead of soft and elastic, like your earlobe
- Breast tenderness occurs with a throbbing type of pain
- Low-grade fever of 100 degrees or less with redness and warmth over the breasts
- Flattened-out nipples that make it difficult for your baby to latch on to the nipple

Your baby may only be able to grasp the tip of your nipple when latching if your breasts are engorged. Besides leading to sore, cracked nipples, the baby cannot attach far enough back to drain the stored milk under the areola. As a result, more milk enters the breast, but your baby cannot empty it, causing more engorgement. As your breast tissue swells, the milk cannot flow freely. Your baby gets less milk and you may become more engorged.

### **How to Prevent Engorgement:**

Engorgement may be prevented by:

- Breastfeeding your baby soon after birth
- Rooming-in with your baby while in the hospital so you can nurse 8 - 12 times every 24 hours
- Using a breastpump to soften the areola before breastfeeding
- Ensuring correct positioning and latch-on. Your baby's jaws should compress about an inch behind the nipple, to squeeze milk out of the milk sinuses under the areola. If you feel pain or pinching during breastfeeding, **stop**, and ask for help from your nurse or a lactation consultant. Nursing should feel like a "tugging" sensation, but should not be uncomfortable.
- Wake your baby at least every 2 to 3 hours during the day, and every 4 to 5 hours at night. **Frequent nursing** removes the colostrum and incoming milk so that normal postpartum fullness does not develop into painful engorgement.

### **How to Treat Engorgement:**

If fullness becomes engorgement, take quick action as noted here. There are four key ways to relieve engorgement:

- **Heat and Massage**

Before breastfeeding, apply warm wet washcloth for 5 to 10 minutes. Use a circular motion to gently massage the breast from the chest wall down to the nipple area. This helps to start the let down of milk. Massage also can be done in the shower or while lying sideways in a tub of very warm water. Excessive heat may increase swelling. It is best to use warmth to encourage let down and not for pain relief.

- **Empty the Breast**

While your breast is still warm, either pump, or have your baby nurse. If the nipple is flattened out, either hand express or pump out enough milk so the areola is soft and the nipple stands out. This will allow your baby to latch on properly so he or she can drain your breast and relieve the fullness.

- **Breastfeed Frequently**

At least every 1½ to 2 hours, nurse or pump to remove the milk. The more frequently your baby nurses, the sooner the engorgement will go away. Breastfeed from both breasts until they feel softer, which usually takes about 10 - 20 minutes for each breast.

If your baby will not breastfeed long enough, hand express or pump for a short time to remove more of your milk after nursing. Be sure the pump you use does not hurt and is gentle in emptying your breasts. Call the OSU Breastfeeding Helpline (614-293-8910) and speak with a lactation consultant if you are not sure about the pump you are using.

- **Cold Compresses After Feedings**

Applying ice can decrease swelling and pain. A cloth diaper or a dish towel wet with water and placed in the freezer for about 15 minutes works well. The cloth will mold itself around the breast tissue. Chipped ice in a ziplock bag also works well. This can be applied for 5 to 10 minutes after feeding. When ice packs are used, place them along the side of the breast and under the armpit for best results.

- **Cabbage Leaves:**

Purchase green cabbage from a grocery store. Wash the cabbage by rinsing it under tap water. Apply the cabbage leaves to the breast tissue including the area under your arm. Leave the nipple area uncovered. Reapply the cabbage leaves when they begin to wilt (about every 3 hours). Wear the cabbage leaves continuously for 24 - 48 hours, except when feeding your infant.

### **Other Helpful Measures:**

- Wear a supportive nursing bra, even during the night. Be careful of underwire bras, as they may cause the ducts to plug.
- Make sure your baby is well awake for feeding time, and nurses long enough to soften breasts. If your breasts are still full after nursing, express the milk by hand, or with a good manual or electric pump. You can freeze this milk for later use. (Please see handout **Pumping and Storage of Breastmilk**).
- Take Ibuprofen (Advil ®) or Acetaminophen (Tylenol ®) as needed to relieve the pain.
- Gently massage the breast the baby is nursing on. This will help the milk flow and the breast becomes less painful.
- Nurse your baby 1 - 2 times during the night. This prevents your breasts from becoming full and painful.
- If engorgement or sore, cracked nipples continue, ask for help. Call the OSU Breastfeeding Helpline at (614) 293-8910.

### **When to Call your Doctor:**

Below are the signs that an infection is forming or is present, and an antibiotic may be needed. Please call your doctor if you have:

- Flu-like symptoms and a fever more than 100 degrees.
- Breasts continue to hurt and are hard.
- Breasts have red streaks or a “wedge” of redness that feels hot and is very painful.

**If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: [health-info@osu.edu](mailto:health-info@osu.edu).**

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