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Breast Engorgement

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Topic Overview

What is breast engorgement, and what causes it?

Breast engorgement is the painful overfilling of the breasts with milk. This is usually caused by an imbalance between milk supply and infant demand. This condition is a common reason that mothers stop breast-feeding sooner than they had planned.

Engorgement can happen:

- When milk first "comes in" to your breasts, during the first few days after birth.
- When you normally have a regular breast-feeding routine but cannot nurse or pump as much as usual.
- If you and your baby suddenly stop breast-feeding.

- When your baby's breast-feeding suddenly drops, either when your baby is starting or increasing solid foods or when the baby is ill with a poor appetite.

As you get close to your due date, your breasts make colostrum. Colostrum is a yellowish liquid that contains important nutrients and antibodies that a baby needs right after birth. About 2 to 5 days after your baby is born, your breasts start making milk for your baby. When your milk comes in, your breasts will most likely feel warm and heavy. Some women feel only slight swelling. Others feel uncomfortably swollen.

Early breast fullness is completely normal. It occurs as your milk supply develops and while your newborn has an irregular breast-feeding routine. The normal fullness is caused by the milk you make and extra blood and fluids in your breasts. Your body uses the extra fluids to make more breast milk for your baby.

If you don't breast-feed after your baby is born, you will have several days of mild to moderate breast engorgement. This gradually goes away when the breasts are not stimulated to make more milk.

Overfilled breasts can easily become very swollen and painful, leading to **severe engorgement**. Common causes of severe engorgement are:

- Waiting too long to begin breast-feeding your newborn.
- Not feeding often enough.
- Small feedings that do not empty the breast well. Babies who are fed formula or water are less likely to breast-feed well.

Severe engorgement can make it difficult for your baby to latch on to the breast properly and feed well. This can make the problem worse. As a result:

- Your baby may not receive enough milk.
- Your breasts may not empty completely.
- Your nipples may become sore and cracked. This is caused by your baby's attempts to latch on to your overfull breasts. If you then breast-feed less because your nipples are sore, the engorgement will increase.

Without treatment, severe engorgement can lead to blocked milk ducts and breast infection, which is called mastitis.

What are common symptoms of breast engorgement?

Engorged breasts:

- Are swollen, firm, and painful. If severely engorged, they are very swollen, hard, shiny, warm, and slightly lumpy to the touch.

- May have flattened-out nipples. The dark area around the nipple, called the areola, may be very hard. This makes it difficult for your baby to latch on.
- Can cause a slight fever of around 37.8°C (100°F).
- Can cause slightly swollen and tender lymph nodes in your armpits.

How can you prevent breast engorgement?

You can prevent breast engorgement by closely managing the milk your breasts make and keeping milk moving out of your breasts. During your body's first week or two of adjusting to breast-feeding, take care not to let your breasts become overfilled.

- Breast-feed your baby whenever he or she shows signs of hunger. If your breasts are hard and overfilled, let out (express) enough to soften your nipples before putting your baby to the breast.
- Make sure that your baby is latching on and feeding well.
- Empty your breasts with each feeding. This will help your milk move freely, and your milk supply will stay at the level your baby needs.

If you have any concerns or questions, this is a good time to work with a lactation consultant, someone who helps mothers learn to breast-feed.

How is breast engorgement diagnosed?

Breast engorgement is diagnosed based on symptoms alone. No examinations or tests are needed.

How can you treat breast engorgement?

A few days after your milk comes in, your milk supply should adjust to your baby's needs. You can expect relief from the first normal engorgement within 12 to 24 hours (or in 1 to 5 days if you are not breast-feeding). Your symptoms should disappear within a few days. If not, or if your breasts do not soften after a feeding, start home treatment right away.

To reduce pain and swelling, take ibuprofen (such as Motrin or Advil), apply ice or cold compresses, and wear a supportive nursing bra that is not too tight.

To soften your breasts before feedings, apply heat, massage gently, and use your hands (See figure 1 in appendix) or use a pump to let out (express) a small amount of milk from both breasts.

If your baby can't feed well or at all (such as during an illness), be sure to gently pump enough to empty each breast. You can store or freeze the breast milk for later use.

If your breasts still feel uncomfortable after nursing, apply cool compresses.

If you are not breast-feeding, avoid stimulating the nipples or warming the breasts. Instead, apply cold packs, use medicine for pain and inflammation, and wear a supportive bra that fits well.

Frequently Asked Questions

Learning about breast engorgement:	• What is breast engorgement, and what causes it? • How can I prevent breast engorgement? • What are common symptoms of breast engorgement? • What are common complications of breast engorgement?
Being diagnosed:	• How is breast engorgement diagnosed?
Getting treatment:	• How is breast engorgement treated? • How can I relieve breast engorgement?
Ongoing concerns:	• How can I avoid getting breast engorgement again?

Credits for Breast Engorgement

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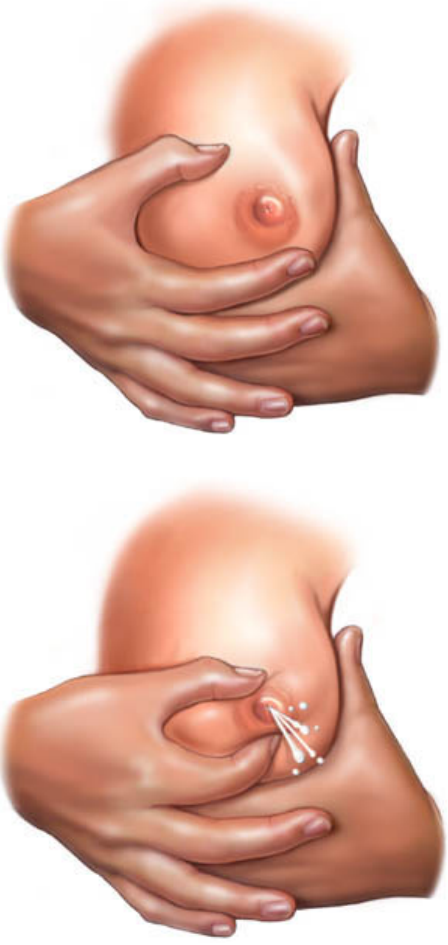
Appendix

Topic Images

Figure 1

Hand (Manually) Expressing Breast Milk

Collecting breast milk by hand (manual expression) is one way that allows you to feed your baby breast milk in a bottle. You may need to do this if you are going back to work, you will be away from your baby during a feeding time, or your baby cannot breast-feed. See instructions for hand expression below.



Hand (manual) expression

Hand (manual) massage and expression of breast milk is the removal of milk from the breast using massage. Manual expression is simple and requires little equipment, but it does not empty the breasts as completely as breast-feeding or

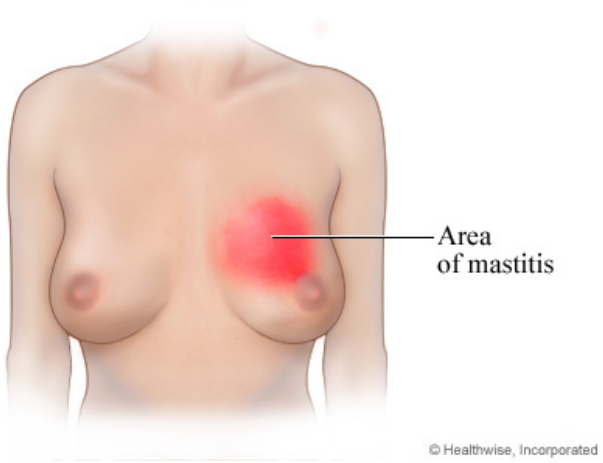
pumping.

To express milk manually:

- Wash your hands.
- Massage your breast with both hands, sliding your hands from the outer areas of your breast toward the nipple.
- Grasp the dark circle (areola) with your thumb above and one or two fingers below. Push in toward your chest wall. Then gently compress while rolling your fingers toward your nipple (but not on your nipple).
- Rotate your fingers slightly around the areola and repeat the massage to drain the entire breast. Collect your breast milk in a clean container. Refrigerate or freeze the milk if you are not going to use it immediately.

Figure 2

Mastitis (inflammation of the breast)



Mastitis is an inflammation of the breast that is most often related to breast-feeding. With mastitis, redness is usually seen in only one section of the breast.

Figure 3

Get set up

Find a position that is comfortable for both you and your baby. Have a glass of water nearby. Sit up with your back supported. Use one or more pillows to provide extra support for your arms and for the baby's position. Using a footstool will help you keep a good position.

Figure 4

Position your baby

Make sure the baby's head and body are lined up straight. For this position, you and your baby should be tummy to tummy. Your baby's nose should be right in front of your nipple.

Figure 5

Support your breast

Support and narrow your breast with one hand using a "U hold," with your thumb on the outer side of your breast and your fingers on the inner side. You can also use a "C hold," with all your fingers below the nipple and your thumb above it. Try the different holds to get the deepest latch for whichever breast-feeding position you use. Your other arm should be behind your baby's back, with your hand supporting the base of the baby's head. Position your fingers and thumb to point toward your baby's ears.

Figure 6

Baby opens mouth

You can touch your baby's lower lip with your nipple to get your baby to open his or her mouth. Wait until your baby opens up really wide, like a big yawn. Then be sure to bring the baby quickly to your breast—not your breast to the baby. As you bring your baby toward your breast, use your other hand to support your breast and guide it into his or her mouth.

Figure 7

Baby latches on

Both the nipple and a large portion of the darker area around the nipple (areola) should be in the baby's mouth. The baby's lips should be flared outward, not folded in (inverted).

Figure 8

Be sure the baby is latched on correctly

Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which will wiggle slightly when the baby swallows. If the baby's nose appears to be blocked by your breast, tilt the baby's head back slightly, so that just the edge of one nostril is clear for breathing.

Figure 9

Cradle and breast-feed your baby

After your baby is latched, you can usually remove your hand from supporting your breast and bring it under your baby to cradle him or her. Now just relax and breast-feed your baby.

Figure 10

Break the latch when baby is finished

When your baby is done breast-feeding, you can break the latch by using your pinky finger. Place one finger into the corner of his or her mouth. This will gently break the seal.

You can also use your pinky to break the latch if you experience pain after your baby first latches on, and then you can start again.