

Engorgement 101

It is normal for your breasts to become larger, heavier, harder and maybe even sore/sensitive when your milk “comes in.” This usually happens anywhere from 2 to 5 days postpartum and can last 12 to 48 hours.

TIPS FOR MANAGING DISCOMFORT

- Nurse often (8-12 times every 24 hrs) and don't skip feedings
- Ensure a good latch and positioning at the breast so that baby is nursing efficiently and can drain the milk
- If baby is not nursing well, make sure to hand express or pump to keep up milk supply and reduce engorgement. Then reach out to a lactation consultant for more support.
- Using cool packs/ice packs in between feedings can reduce swelling from remaining IV birth fluids and bring relief (use in 20 min intervals)
- Consider using moist heat such as a warm shower, 15 minutes before breastfeeding.
**During engorgement; heat is only to be used right before feedings and for short durations, no more than 5 minutes
- Gentle therapeutic breast massage can also be very helpful!
 - You can massage the entire breast, moving from chest wall towards nipple
 - You can also do shoulder and arm circles to help flush out unnecessary fluids from labor. To do this, stabilize the left breast with right hand and make big arm circles with left arm. Repeat on the other side
- During the engorgement phase, reverse pressure softening may be necessary to soften the areola so baby can get on the breast with a deeper latch. Spend a few minutes right before the feeding doing this.
 - Use the flats of two thumbs or the first several fingers on each hand lengthwise above and below the nipple to press and create a 1-2 inch long depression on the areola.
 - Continue to rotate around the nipple, with 2 minute periods of pressure at each spot, partially overlapping the first set of depressions

SEEK HELP FROM A LACTATION CONSULTANT IMMEDIATELY IF:

- Engorgement has not resolved in 48 hours
- Redness or hard spots on breast, flu like symptoms or fever greater than 100.6 develop
- If baby is unable to breastfeed and drain the breast properly or is not producing enough wet/dirty diapers, suggesting inefficient feeding

This guide was created in collaboration with lactation consultant Carrie Dean, IBCLC for Expectful, Inc.