

# *E Nurture*

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A newsletter for breastfeeding mothers  
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## Engorgement (Breast Fullness)

**The first milk that is produced by the breasts is called colostrum.** It is a high-protein, antibody-packed liquid that gives the baby a great start. It is made by the breasts from early pregnancy (four to five months) and through the first days after the baby's birth. Frequent breastfeedings from the time of birth cause a gradual increase in the amount of colostrum produced. The breasts produce transitional milk (a colostrum-milk combination) for about the first two weeks. After that time we call it mature milk.

**On about the third day after the baby's birth, moms start to notice fullness in her breasts. This is caused by increased blood flow to the breast, to help fuel the milk-making process, as well as the increased milk supply. For most women, this fullness will peak in 24-48 hours, then start to subside, and last about a week. During this time, frequent breastfeedings (every two to three hours during the day and at least every three to four hours at night) are usually all that is necessary to keep it under control.**

**A few women experience a more intense form of fullness called engorgement.** This is when the breasts become painfully full, hard to the touch, and warm. It becomes hard for the baby to latch-on and suckle, and milk removal is difficult.

It is best to try to **prevent engorgement before it happens.** The best way to do this is to begin breastfeeding as soon after birth as possible - usually within the first hour. For the first day or two many babies are sleepy and may need to be awakened for feedings. Wake the baby to feed every two to three hours during the day. During the night, feed on demand; but you should still breastfeed at least once or twice. Feeding in this pattern, even before your milk "comes in" will encourage the development of your milk supply and help to prevent engorgement.

Because engorgement is part extra blood flow and part milk, both **heat and cold are useful comfort measures.** Between feedings, cold compresses applied to the breasts may bring relief: a wash cloth rinsed in cold water, an ice bag or ice pack, or a bag of frozen peas over a wash cloth on the breasts. If the breast tissue is very tight, cold will reduce congestion and allow the milk to flow. Just as you treat swelling with cold, cold will help with the "blood" part of engorgement.

For the "milk" part, you want to encourage milk flow and emptying. If the breast is draining freely, warm compresses about 10 minutes before feeding may help: a wash cloth rinsed in very warm water, a hot water bottle, a heating pad, a warm shower, or submerge the breast in a bowl of warm water. These techniques will encourage letdown and milk flow.

**When the breast is very full and firm it may be difficult for the baby to latch-on and feed.** Then it may be helpful to express enough milk to soften the areola (dark area around the tip of the nipple) so that the baby can mold the breast into the mouth. Sometimes a warm shower will cause the breasts to leak enough milk to make latch-on easier. Hand expressing a few drops of milk may also help.

**To hand express milk,** use the sides of the ends of the fingers. Place the thumb above and the index finger below the nipple, aligned on the edge of the areola. Push the fingers back in toward your chest. Then squeeze the fingers together with a rolling motion (like making finger prints). Do not slide the fingers. Repeat this motion around the areola to reach and remove some milk from all the ducts. Then put the baby to your breast to feed.

**Using a breast pump,** if you have one, is another method to relieve some fullness

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and allow latch-on. Be careful not to apply too much suction with a pump. Engorged breast tissue is delicate and too much suction can cause damage. Gentle suction pressure is all you need.

Remember, part of engorgement is blood flow, so you can't express or pump the fullness away completely. Your goal is to remove just enough milk to soften the areola and allow the baby to attach properly for breastfeeding.

**Wear a well-fitting, supportive bra** during this time. It should fit comfortably and provide good support without any areas of constriction and pressure. Underwires are not recommended because they cut across milk ducts and can inhibit milk flow. Consult your doctor about pain medication to take for discomfort. You can take whatever was suggested for postpartum pain when you left the hospital (usually Tylenol or Ibuprofen).

**Watch for developing signs and symptoms of breast infection.** Although this doesn't usually happen, it is good to know what to look for. If you start to run a fever, feel achy all over like you are coming down with the flu, and/or have certain areas of the breast that are reddened and very sore to the touch, call your doctor and report your symptoms. Treatment with antibiotics, while continuing frequent breastfeeding, and rest will usually have you feeling well again within a couple of days.

**Usually engorgement is not a big problem, but a day or two of discomfort.** The worst is usually over in 24-48 hours. Frequent feeding from birth is the best way to avoid it. Also gradual weaning, to allow your milk supply to decrease as you discontinue breastfeeding, will avoid engorgement at that time. (See the Nurture newsletter entitled "Weaning: A Practical Guide.")

Occasionally a mom will need extra help dealing with engorgement. If you have questions about this or any other aspect of breastfeeding, call the lactation consultants at The Family Birth Place at Park Ridge Hospital.

Breastfeeding Helpline  
**(585) 368-4033**