

Breast fullness or engorgement

As your milk supply increases, your breasts should feel heavier and full. This normal fullness should not prevent your baby from being able to latch on easily. Your breasts should also be pain-free.

Engorged breasts are very hard, and the nipples can flatten due to swelling inside the breasts. The breasts may be tender or quite painful. The skin may appear shiny. If left untreated, engorgement can cause loss of some or all of the milk supply, so it's important to treat it quickly. The goal is to decrease swelling and enable the baby to latch on effectively.

Causes of engorgement:

1. Delayed initiation of breastfeeding. If possible, the baby should go to the breast for the first feeding within the first hour after delivery.
2. Missed feeds or infrequent feeds.
3. Formula supplementation when not medically indicated.
4. Inadequate milk removal from the breast during feedings. This may mean that the baby is not latching on correctly.
5. Inadequate milk let-down due to swelling and pain.
6. Limiting the time for feedings.
7. Removing baby from the first breast to ensure feeding from both breasts at every feeding.

Suggestions:

1. Prior to nursing, apply warm, moist compresses to the nipple and areola for five minutes. Then massage the breasts for a few minutes. Alternately, take a warm shower and massage the breasts while in the shower. To massage, start at the chest wall and massage down toward the nipple area in a circular motion. This can help encourage let-down and the milk ejection reflex. Follow the massage with pumping or hand expressing the breasts for a few minutes to soften the nipple/areola so the baby can latch on easier. Japanese breast massage can be helpful to reduce engorgement.
2. Be sure baby is latched on correctly: Begin by supporting your breast using a "U" or "C" hold. With baby positioned against your body, provide support behind the nape of baby's neck with your opposite hand and allow his/her head to tilt slightly back.

Rub your nipple along his/her upper lip and wait for a wide, gaping mouth. Your nipple should be pointing to the roof of baby's mouth. Draw baby in quickly for a deep latch.

The baby's chin and lower lip should contact the breast first so more of your areola will be covered with his/her lower lip than with the upper lip. His/her chin should be pressed into the breast but not the nose (asymmetrical latch).

You may want to check out some resources on YouTube: Breastfeeding "U" hold and "C" hold.

3. Try to breastfeed eight to 12 times during each 24 hours.
4. Breastfeed to completion on the first breast before offering the other breast.
5. Vary your nursing positions using cross-cradle, football or side-lying positions.
6. Feed your baby with just a diaper on to keep him/her awake and stimulated long enough to accomplish a good feeding.
7. After feedings, if your breasts still feel uncomfortably full, pump or hand express just enough milk to provide comfort.
8. Cold compresses applied after feeds can help many mothers feel more comfortable. The compresses help reduce vascularity, swelling and pain.
9. Wear a well-fitting supportive bra. Try to avoid wearing underwire bras when engorged.
10. Your physician or healthcare provider may recommend an analgesic or anti-inflammatory medication to help with the discomfort and swelling.
11. Call the Center for Breastfeeding Support if you're not getting relief of engorgement or if you have questions.