



Managing Breast Engorgement: A Practical Guide



thelactationcollection.com

Managing Breast Engorgement: A Practical Guide

This guide helps you understand and manage breast engorgement. It offers step-by-step instructions and strategies to help ease engorgement discomfort and promote successful breastfeeding.



Who is this guide for?

This guide is for anyone who is breastfeeding and experiencing breast engorgement.

Who are we?

We are The Lactation Collection (TLC), a team of Internationally Board Certified Lactation Consultants (IBCLCs).

How does our team use this guide in our practice?

We use this guide for after-consult care instructions.

This guide serves as a supplementary tool to reinforce the support and recommendations provided during your session.

What's in this guide?

- Understanding Breast Engorgement
- Preventing Engorgement: Do's and Don'ts
- Pre-Feeding Techniques
- Techniques During Feeding
- Post-Feeding Care
- When to Seek Professional Help
- Resources and Checklist



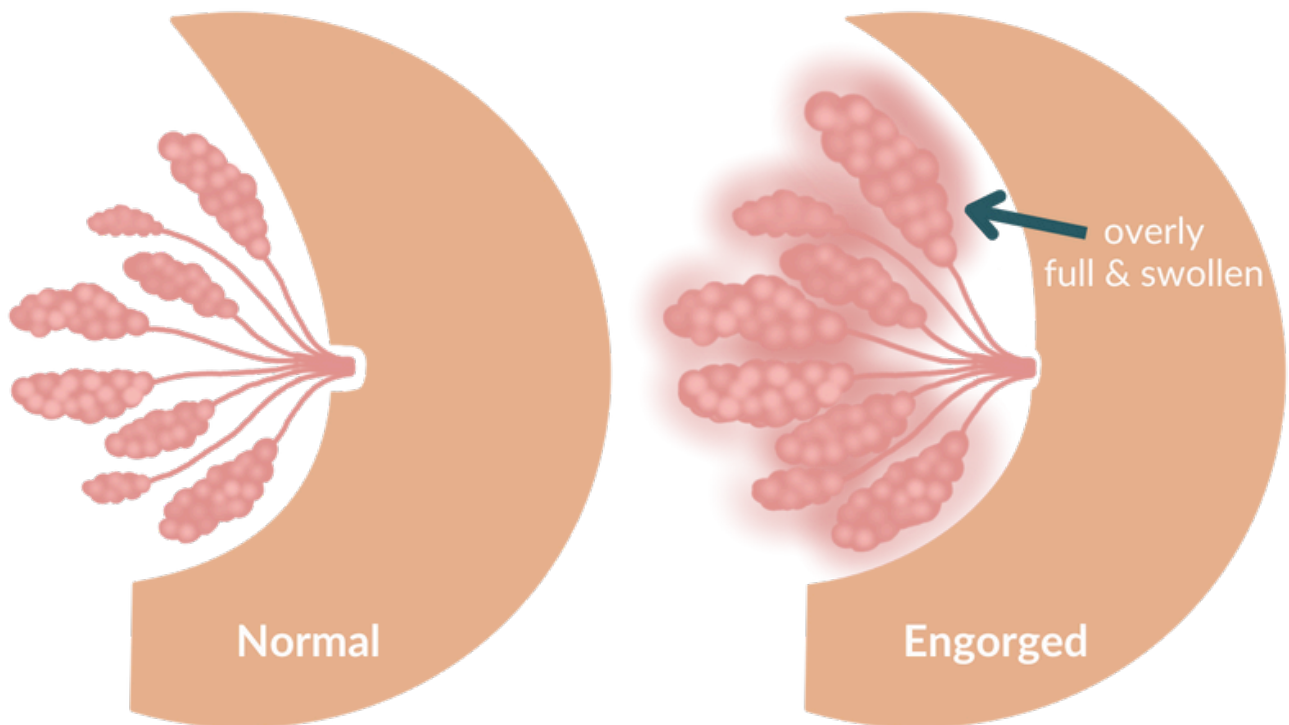
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Definition & Physiology

1. Breast engorgement occurs when breast tissue becomes overfilled with milk, fluid, or sometimes blood, most commonly occurring 2–5 days postpartum.
2. Normal engorgement can occur as the milk “comes in.” But when it interferes with a proper latch, it may require intervention.

Signs & Symptoms

1. Firm, swollen breasts.
2. Pain or discomfort during feeding.
3. Breast tissue hardness of (feeling like the tip of your nose or forehead).
4. **Extended Swelling:** In some cases, engorgement may extend into the armpit area, indicating that the fullness and swelling can involve more than just the breast tissue.
5. **Nipple Alterations:** Engorgement may cause the nipples to flatten or change shape, which can affect your baby’s ability to latch properly.



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Things to Do

✓ Initiate Breastfeeding Early & Often

- Begin feeding as soon as possible after delivery.
- Aim to breastfeed 8–12 times during the first 24 hours to ensure the breasts are emptied and to prevent overfilling.



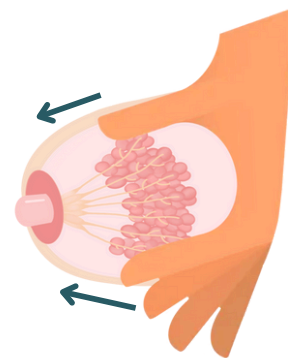
✓ Ensure Effective Latching & Positioning

- Use techniques from the “[Positioning and Latch Checklist](#)” to achieve a deep, effective latch.
- Bring the baby to your breast (not the breast to the baby) to help facilitate a natural, proper latch.



✓ Avoid Overfilling

- Do not skip feedings; respond consistently to your baby’s hunger cues.
- If necessary, supplement with hand expression to fully empty the breasts.



✓ Avoid Unnecessary Formula Supplementation

- Limit or avoid supplementing with formula early on to maintain the natural supply/demand balance, which is key in regulating milk production and preventing engorgement.



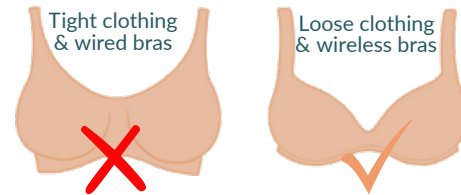
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Things Not to Do

✗ Avoid Skipping Feedings: Skipping feedings may lead to increased engorgement. Always feed on demand by responding to your baby's hunger cues.

<p>EARLY</p> <ul style="list-style-type: none"> • Opening mouth • Light sucking motions • Tongue extension • Rooting behavior • Turning head side to side • Sucking on anything nearby 	<p>MID</p> <ul style="list-style-type: none"> • Bringing hands to face • Light sounds/whimpering • Body wriggling • Body flexion 	<p>LATE</p> <ul style="list-style-type: none"> • Fussy • Agitated body movements • Crying • Turning red
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✗ Don't use tight fitting bras or bras with underwire: Tight bras can restrict milk flow and increase discomfort. Choose a well-fitting, supportive nursing bra.



✗ Avoid Hot Showers Immediately Before Feeding: Hot showers right before feeding can intensify already existing swelling. Use warm compresses instead for 3-5 right before feeding.

✗ Don't Ignore Pain: Persistent pain is not normal. If you experience ongoing discomfort, consult your lactation consultant or healthcare provider promptly.

✗ Avoid Overusing Cabbage Leaves: While cabbage leaves can reduce swelling, using them too frequently or for too long may decrease your milk supply. **See next page for guidance on cabbage leaf usage.**

✗ Don't Force the Baby to Feed: If engorgement is making latching difficult, avoid forcing the baby to feed. Instead, use hand expression to soften the breast first.

✗ Avoid Self-Medicating Without Consultation: Always discuss any potential pain relief or over-the-counter medications with your healthcare provider, especially during breastfeeding.

✗ Don't Delay Seeking Help: Early intervention is key. If you experience signs of mastitis or other complications, seek professional help immediately.

Key Points

- Start feeding within the first hours after birth
- Nurse frequently based on your baby's hunger cues
- Maintain proper position for a deep, effective latch

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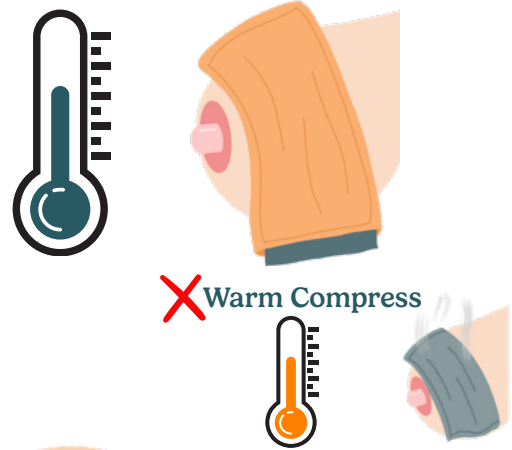
Pre-Feeding Techniques

✓ Cold Compresses

Cold compresses are recommended for reducing swelling, pain, and inflammation.

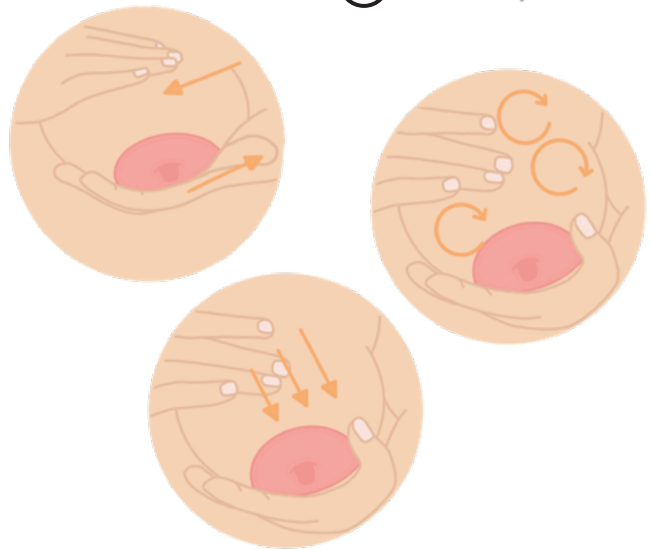
Warm compresses may feel soothing, but can worsen engorgement for some due to increased blood flow; a warm compress can help with minor engorgement, but avoid using warmth for extreme engorgement.

Cold Compress



✓ Gentle Lymphatic Breast Massage

Use your fingertips to gently massage the breast from under the nipple toward the armpit, then stroke from the outer breast toward the nipple. This can help break up areas of stiffness.



✓ Cabbage Leaf Therapy

- Use **chilled cabbage leaves** to help reduce swelling before feedings.
- Apply for **15-30 minutes**, but be cautious not to overuse as it may decrease milk supply.
- Can be used **2-3 times daily**. Stop use immediately once engorgement has lessened.
- **Do not use if allergic**. Be sure to test a small area if you have skin sensitivities.

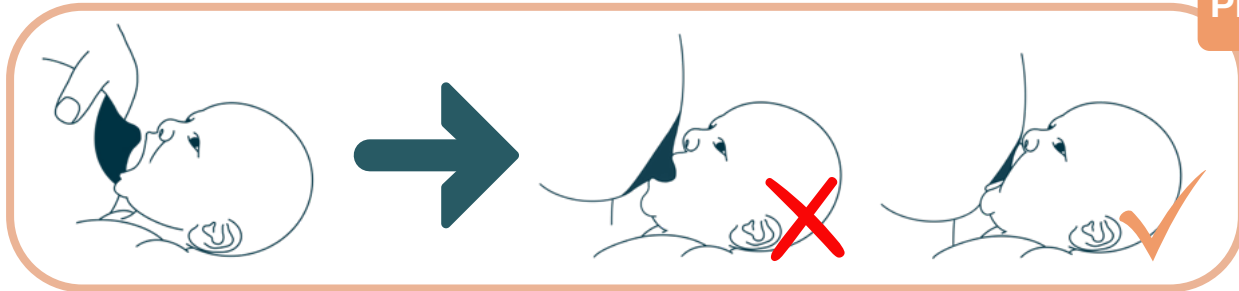


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Achieving an Effective Latch

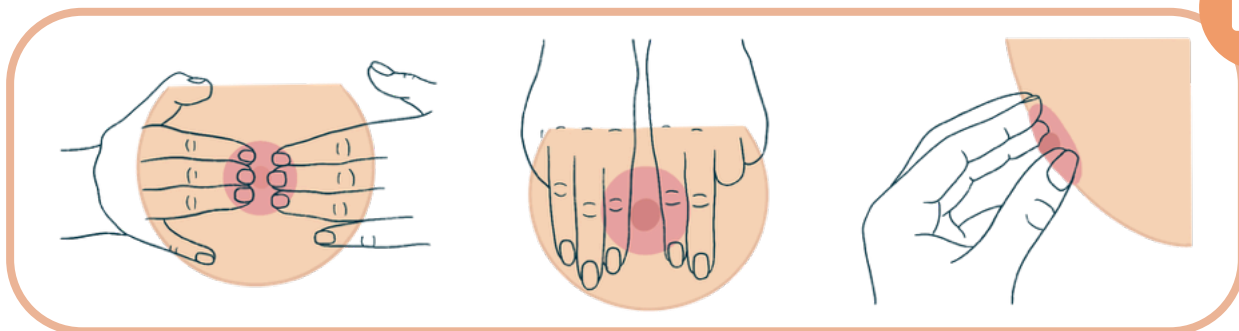
- Ensure the baby latches deeply. Check that the latch is asymmetrical: more of the areola visible above the baby's top lip.
- Make sure that your nipple is free from pinching or creasing.
- See the ["Positioning and Latch Checklist"](#) for step-by-step instructions.

PDF



Reverse Pressure Softening (RPS)

- Practice the RPS technique to help ease nipple protrusion.
- If discomfort occurs, a small dose of an over-the-counter pain reliever (consult a provider before use) can help.
- Watch this [Reverse Pressure Softening video](#) for visual guidance.



Hand Expression as Needed

- If the baby is having trouble latching due to full breasts, use hand expression briefly before feeding but after reverse pressure softening to make the nipple more accessible.

Key Points

- Confirm the baby's lips are flanged outward
- Use reverse pressure techniques if the latch is insufficient
- Observe rhythmic sucking patterns and swallowing

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Post-Feeding Care

Cold Compress Application

- After feeding, apply a cold compress (an ice pack or a bag of frozen vegetables wrapped in a towel) for **10–20 minutes** to reduce swelling.
- The compress should be **wrapped in a cloth** to protect the skin.
- Follow proper technique for applying cold.



Additional Self-Care Measures

- Rest on your back to help reabsorb excess fluid.
- Consider a gentle massage after feeding.
- Monitor for any ongoing pain or discomfort.
- Maintain self-care routines to prevent recurrence.



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Warning Signs

- Persistent pain despite self-care measures.
- Difficulty for the baby in latching or unsatisfactory feeding patterns.
- Signs of mastitis or infection (e.g., fever, redness, or unusual discharge).

Action Steps

- Contact your lactation consultant, or healthcare provider, promptly if any warning signs occur.
- Keep notes of symptoms to discuss during consultations.

- Persistent pain
- Difficulty with latch
- Signs or symptoms of plugged duct or mastitis: *fever, redness, sore lump, chills, body aches*

Less than 24 hours

Contact your IBCLC

More than 24 hours

Contact your OB, PCP, or Midwife

Key Points

- Consult immediately if symptoms worsen
- Use this guide as a supplemental tool, not a replacement for professional advice

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Multimedia Links

- [Reverse Pressure Softening Video](#)

Further Reading

- [“What is Engorgement? And How Do I Manage It?”](#)
- [“What Are Plugged Milk Ducts and How Do You Prevent Them While Breastfeeding?”](#)
- Glossary term: [“Engorgement”](#)
- Glossary term: [“Mammary Glands”](#)



Quick Checklist Summary (Appendix)

1. Before Feeding

- Cool your breasts (using compresses or cabbage leaves), perform gentle massage, and use RPS to prepare the breast for latch.

2. During Feeding

- Ensure a deep latch; use RPS if necessary.

3. After Feeding

- Apply cold compress for 10-20 minutes.

4. When to Seek Help

- Recognize signs of persistent pain or feeding issues.


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Contact Us

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