

# Engorgement A Guide



After giving birth, the breasts prepare for plentiful milk production and the breast tissue swells. Sometimes the swelling of the breasts, or over production of milk, can lead to engorgement. This usually lasts 48-72 hours.

Symptoms:

- Full breasts that feel heavy, or “rock hard”
- Achy, painful breasts
- Nipples and areola may become flattened, causing latch difficulties

Severe engorgement that remains unresolved can cause damage to the breast and impair milk production. Consult a breastfeeding specialist or health care provider if you continue to have nursing concerns. The breastfeeding specialist can assess latch, determine how much milk you are producing and suggest a variety of approaches to improve breastfeeding.

Frequent nursing, on cue, can help prevent engorgement. It is important to Keep the Milk Moving! If milk is not removed during engorgement, your body thinks that there is no need to produce milk. Breastfeeding will help your body adjust the amount of milk produced to the needs of your baby.

Consider increasing the number of times you breastfeed or pump per day. Long intervals between nursing can stimulate a very strong let-down of breast milk. Also make sure you breastfeed or pump at night. Newborn infants breastfeed on average every 2 to 3 hours, or 8 to or more times over 24 hours. Pumping the breast “dry” a couple of times can provide some relief from engorgement as well.

Check that your baby is positioned and latching correctly to maximize milk removal. You may need to hand express or pump to soften the nipple and areola so your baby can get a deep latch. This helps prevent nipple pain and damage.

Women who had epidurals or other reason to have fluid retention (swelling) may have engorgement that makes it harder for the baby to latch. Try the following Reverse Pressure Softening Technique:

Take your index and middle fingers and press into one breast about an inch away from the nipple. Hold for two minutes to press fluid away from nipple, then latch baby to feed.

The following link features pictures and diagrams to effectively perform the reverse pressure technique:

[http://www.nbc.ca/index.php?option=com\\_content&view=article&id=83:engorgement&catid=5:information&Itemid=17](http://www.nbc.ca/index.php?option=com_content&view=article&id=83:engorgement&catid=5:information&Itemid=17)

## **Complementary Alternative Therapies:**

Apply ice, cold packs, or cold compresses between feedings.

Green cabbage leaves can also be applied to the breast to reduce engorgement. The leaves have been shown to be as effective as ice packs in reducing engorgement.

Using the large leaf, remove the middle stem and wrap around the breast. Your bra can help keep the cabbage leaves in place. Replace the leaf after they have wilted. Repeat this only until engorgement reduces.

A poultice of grated raw potato or carrot can help reduce swelling, pain, and discomfort.

## **Herbs:**

Parsley, Sage, and Peppermint may help limit the oversupply of milk. Use caution so as to not reduce your milk supply too much!

Avoid galactogenic herbs which stimulate milk supply, which include:

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|-------------------|-------------------|-------------|
| * Blessed Thistle | * Milk Thistle    | * Fenugreek |
| * Marshmallow     | * Alfalfa         | * Dill      |
| * Anise           | * Stinging Nettle | * Caraway   |
| * Raspberry       | * Chaste berry    | * Hops      |
| * Fennel          | * Goat's Rue      |             |

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