

Engorgement refers to swelling within the breast tissue, which can be painful. In some women with engorgement, the breasts become firm, flushed, warm to the touch, and feel as if they are throbbing. Some women develop a slight fever (eg, less than 101°F or 38.3°C).

The best treatment for engorgement is to empty the breasts frequently and completely by breastfeeding. It may be more difficult for an infant to latch-on (form a tight seal around the nipple and most of the areola) when the breasts are engorged because the nipples become flattened. A correct latch-on allows the infant to obtain an adequate amount of milk and helps to prevent nipple soreness and injury.

**What are signs of a good latch?**

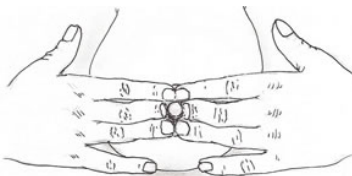
- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby’s chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby’s mouth. If areola is showing, you will see more above your baby’s lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby’s ears “wiggle” slightly.

If the breasts are engorged, expressing milk by hand or breast pump can help to soften the areola and allow the baby to latch on more easily. However, it is important to avoid over-stimulating the breasts with hand and/or pump expression because this could worsen engorgement. Information about the use of a breast pump is available separately

**Cold pack or showers** — Use of a cold compress or ice pack can be helpful in relieving the discomfort of engorgement. Heat packs or hot water bottles are not recommended to treat engorgement because this can increase tissue swelling. However, using heat and massage just before a nursing session may improve milk flow. Standing in a warm shower, allowing the spray to fall on the breasts, can promote milk release without stimulating more milk production.

**Massage** — Massaging the breast gently prior to a feeding may promote milk flow and help to soften the breast. Using the fingertips, gently knead the breast in a circular motion, working from the chest wall and moving towards the nipple.

**Reverse pressure softening** — Reverse pressure softening can help to move some of the swelling away from the nipple so that the infant is able to latch on the breast more easily. Lying down while performing reverse pressure softening can enhance the technique's effectiveness.



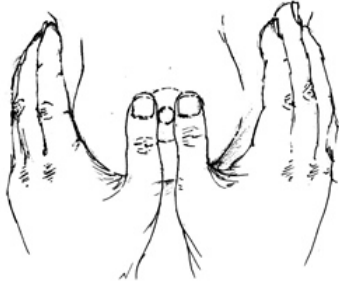
Drawn by Kyle Cotterman

**Two handed, one-step method**  
 Fingernails short, fingertips curved;  
 each one touching the side of nipple.



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**Two handed, two-step method**  
 Using 2 or 3 straight fingers on each side, first  
 knuckles touching nipple. Move ¼ turn.  
 Repeat above & below nipple.



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**Two thumbs, two-step method**  
(Step 1). Using straight thumbs, base of thumbnail even with side of nipple.



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(Step 2).  
Move  $\frac{1}{4}$  turn.  
Repeat above & below nipple.

**Hand expression** — Hand expression of milk between feedings may be necessary to avoid engorgement. Milk ducts open in several areas on the nipple; after let-down, milk should squirt easily from multiple openings when you gently push the area behind the nipple. There are a number of techniques to express milk by hand.

One suggestion is as follows:

- Hold the hand in a c-shape, with the thumb on top. The fingers should be 1 to 1.5 inches behind the nipple. Keep the fingers together to avoid cupping the breast and apply gentle pressure with the thumb on top of the breast, pressing straight back against the chest.
- While pushing against the chest, roll the thumb and fingers towards the nipple. Work around the entire breast. It may help to use both hands.
- Continue pressing inward and rolling the fingers over the breast tissue. You may need to apply pressure closer to or further away from the nipple to find the right area.

**Breast pump** — It is also possible to use a breast pump to relieve engorgement, *although you should not pump for more than about two to five minutes*, as this could stimulate even more milk production. Pumps are often inefficient at removing milk during early engorgement. It is important to use the correct size flange if a breast pump is used. The flange is the piece that is held against the breast and draws the nipple in to pump milk. Using a flange that is too small can injure the nipple and cause pain. In addition, using a flange that is too small may decrease milk supply because it does not allow for adequate milk to be removed.

**Pain medications** — Acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®) are safe to take while breastfeeding and may be effective in treating the discomfort related to engorgement.