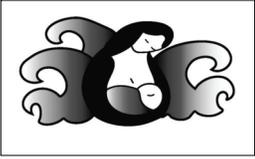


Engorgement



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Need more help?

If you have additional questions about breastfeeding or the services offered through Tidewater Lactation Group, Inc., Please call our office.

Call: 757-422-5502

What is Engorgement– You may experience “engorgement” or an uncomfortable fullness in your breasts a few days after your baby is born. Your breasts may feel hot, hard and look shiny. Tissue swelling and the sudden onset of milk production cause this engorgement. This is a good sign, an indication that milk is being made! It usually resolves in one to two days by simply breastfeeding frequently.

Treating Engorgement-What should you do if you do find your breasts have become firm, hard, or shiny? You need to take action to relieve the engorgement, reduce the swelling and keep the milk flowing. It is important to treat engorgement for many reasons:

- Difficulty latching baby due to swollen breasts and flattened nipples
- Decreased milk production
- Mastitis, plugged ducts or a breast infection

Here are some suggestions for treating engorgement:

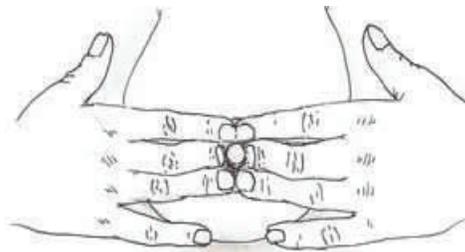
- **Breastfeed every two to three hours, both day and night**
- Avoid using bottles, pacifiers, or supplements
- Be sure baby is latched on correctly
- Express some milk before latching the baby to soften the areola
- Use Reverse Pressure Softening (see other side)
- Apply warm compresses to the breasts for 5 minutes before each feeding
- Between feedings apply ice for 20 minutes, wrap the icepacks in a light-weight towel to protect your skin
- Raw green cabaage leaves, worn inside the bra can help-change the leaves when they become wilted
- Wear a supportive bra and avoid underwire styles
- Ask your HCP for an over-the-counter anti-inflammatory to help with the pain and swelling
- Watch for symptoms of a breast infection (redness, fever, inflammation)
- Finally, if your baby is not nursing well, or he/she is hospitalized, using a hospital-grade breast pump to empty the breasts completely and regularly will prevent problems with engorgement and ensure a plentiful milk supply.



Reverse pressure softening (RPS) is a simple intervention that has proven very helpful in the first 14 days postpartum. RPS uses gentle positive pressure to soften a 1-2 inch area of the areola surrounding the base of the nipple, temporarily moving some swelling slightly backward and upward into the breast. Early proactive use of RPS causes no harm and may increase milk transfer, reduce risk of nipple trauma, and help resolve engorgement.

RPS is best performed immediately before each attempt to latch, for as many feedings as needed:

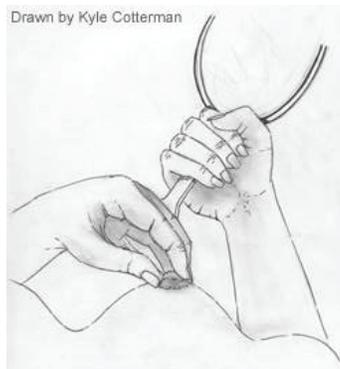
- If your areola is very swollen or firm, more time will be needed to achieve pliability.
- RPS may form temporary “dimples” or “pits” in the areola.
- RPS can be used sitting up or lying down.
- Firmly but gently, press steadily on the areola, right at the nipple base.
- Pressure should not be firm enough to cause pain. Avoid discomfort with less pressure for longer intervals.
- Press inward toward the chest wall for a full 60 seconds or longer (up to 10-20 minutes or more if needed).
- Any finger combination may be used. (See diagrams)
- Short nails with curved fingertips of both hands is the most effective method.
- One-handed methods are convenient if the other hand is busy.
- Use the flats of two thumbs or the first several fingers on each hand lengthwise above and below the nipple, creating a 1-2 inch long depression.
- Continue to alternate in opposite quadrants, with repeated 2 minute periods of pressure, partially overlapping the first set of pits.
- After RPS, additional fingertip expression to further soften the areola is much easier, more comfortable and more productive.



Drawn by Kyle Cotterman

Two handed, one-step method.

Fingernails short, fingertips curved; each one touching the side of nipple.

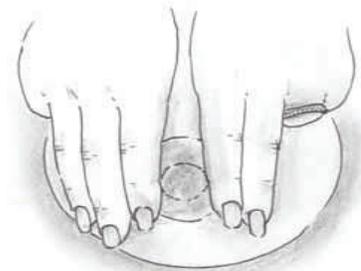


Drawn by Kyle Cotterman

One handed “flower hold”

Fingernails short, fingertips curved, placed where baby’s tongue will go.

To see your areola better, try using a hand mirror.



Drawn by Kyle Cotterman

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.