

If you have any questions, ask your care team.

Breast Engorgement

Breast engorgement is when your breasts become swollen, painful and tender. At first, engorgement happens in the first few days after delivery when the breasts overflow with fluid due to an increased blood supply. Most people refer to this time as “your milk is coming in.” Engorgement usually happens 3 to 4 days after delivery or sooner if you have had children in the past. This type of engorgement is different from later breast engorgement when there is too much milk.

Other reasons your breasts may become engorged:

- You skip a feeding or pumping session
- Your baby sleeps through the night without nursing
- Your baby starts eating solid food and does not nurse as often
- You supplement your baby’s feedings with formula
- Your baby does not latch well at the breast or transfer milk well

When properly managed, engorgement will go away within 12 to 48 hours. Without proper management, it can last 7 to 10 days.

Symptoms

Breast engorgement includes these breast symptoms:

- Swelling
- Pain
- Firmness and feeling hard to the touch
- Tenderness or sensitive to touch
- Lopsided or lumpy shape
- Feeling like your breasts are taut

How to manage engorgement

Follow these guidelines for preventing and managing breast engorgement while you are in the hospital or at home.

Frequent nursing

- Room in with your baby. Keeping them with you when possible and feeding often will help you manage engorgement better. It will also help you bond with your baby.
- Nurse your baby when they want to eat, based on their feeding cues. You should have 8 to 12 feedings per 24 hours.

- Do not skip night feedings. If your baby is sleepy, wake them up to nurse every 3 hours.
- Let your baby finish nursing on one side before offering the other. Do not limit your baby's feeding time at the breast.
- Make sure your baby is latched and positioned well. Your breasts should feel softer after nursing.

Hand express milk

At times, hand expressing your breast milk can help maintain your supply and lessen engorgement.

- Try hand expressing your breast milk:
 - To relieve symptoms of engorgement
 - To give breast milk to your baby if they do not nurse well
- Try not to pump breast milk if it's not necessary.
- Gently remove small amounts of breast milk before nursing to help your baby latch better.

Treating engorgement

Follow these tips for relieving breast engorgement:

- Your nurse will show you how to use a technique known as reverse pressure softening. This can help soften the areola (darker skin around the nipple) by moving some of the swelling backwards.
- Massage your breast gently from the nipple upwards towards your shoulder to help drain excess fluid away from your breast.
- Use cold packs on the engorged breast in between feedings for relief. Put an ice pack on your breast for 10 to 15 minutes at a time. To protect your skin, put a wash cloth between the ice pack and your skin.
- Take ibuprofen (if you are not allergic to it) for pain and inflammation as directed by your physician.

When to call

If your symptoms do not go away after a few days, contact your physician or a lactation consultant.

Call your physician right away if you have any of these symptoms:

- A temperature more than 100.4 degrees F
- Feeling achy and tired
- A hard, warm or painful area in your breast
- A skin color change of red, pink, brown, or gray (depending on your skin tone) on the painful area of your breast (may look triangular or wedge-shaped)

These symptoms could mean you have a breast infection known as mastitis.

Engorgement can feel overwhelming. The 1st week after delivery is especially hard. Remember that this is a temporary condition.