



Engorgement Recommendations

Unrelieved engorgement can cause milk stasis in the breast, resulting in an involution of the milk producing process, with a final culmination of decreased or inadequate milk supply ending in premature termination of breastfeeding. If the following recommendations do not relieve engorgement it is strongly advised that a lactation consult be considered.

Recommendations:

- Frequent feeds every 2-3 hours
- Good support to the breast as needed (do not use tight fitting bras and if uncomfortable do not wear one at all). **Do not bind the breast unless planning to wean.**
- Avoid underwire bras
- Warm showers or warm pack to the breast for 2-5 minutes before nursing to facilitate letdown
- Massage breast before nursing
- Hand express milk to soften areola and start flow for baby
- Pump 3-5 minutes before nursing to soften breast and start flow of milk (a good rental pump is recommended for severe engorgement)
- Nurse to soften at least one breast – pump the other side to soften if baby refuses to nurse the second breast
- Massage breast during nursing if able
- Apply cold packs after and between feedings for 20 minutes on and 20 minutes off to relieve edema
- Clean green cabbage leaves may be wrapped around the breast for 1-2 hours prior to feedings to relieve pressure. **Do not apply cabbage more than twice without consulting a Lactation Specialist.**
- Lots of rest and fluids
- Ibuprofen PRN
- Do not limit nursing or pumping time while experiencing engorgement. Inadequate stimulation to the breast will result in the start of the involution process and loss of milk supply. Milk supply can be adjusted after the crisis is over, milk supply is abundant and baby is gaining weight appropriately (usually after 2-3 weeks of age)
- Call for lactation evaluation whenever in doubt!

Refer questions or concerns to the Lactation Consultants at 847-398-0400.