



CLINICAL PRACTICE GUIDELINE

Breastfeeding challenges: Engorgement and full, lumpy breasts

This document should be read in conjunction with this [Disclaimer](#)

Aim

To prevent and resolve milk stasis within the breast and progression to engorgement which has a negative effect on milk production

Definition

Engorgement is a painful combination of increased milk volume, lymphatic and vascular congestion and interstitial oedema of the breasts following secretory activation. It is a preventable post-partum complication.

Key points

1. Milk stasis in the breast is the underlying aetiology of breast engorgement
2. If breast milk is not removed effectively, full and lumpy breasts progress to engorgement, the baby or the electric breast pump is not sufficiently draining the breast

Background

Secretory activation is the onset of milk production occurring between 32 and 96 hours following birth, this is variable. With secretory activation the mother may present with breast fullness, heaviness and discomfort and there is often a milk supply above the baby's requirements.

Full and lumpy breasts and engorgement may be due to incorrect positioning and attachment, restricted access to the breast and/or feeding the baby other fluids decreasing the demand for breast milk.

Prevention

- Unrestricted breastfeeding or expressing from birth i.e. feeding 8-12 times in 24 hours
- Correct positioning and attachment and good sucking action is vital for efficient milk transfer
- Dummies and complimentary feeds should not be used

Management

1. Frequent effective removal of milk to comfort/no lumps is the mainstay of management for full lumpy breasts
2. Progression to engorgement is the result of inadequate milk removal prior to and at secretory activation
3. **Milk removal above the infant needs at this stage does not cause an oversupply**
4. **Refraining from expressing milk because the mother “will just make more milk” cannot be justified**
5. Commence variation sheet ‘MR 261.14 Management of full or lumpy breasts’.
6. Cold application from the fridge/not freezer before feeding/expressing to reduce oedema, effect milk drainage and provide comfort
7. Remove bra and restrictive clothing for feeds and expressing
8. Very gentle stroking of the breast promotes the letdown reflex to encourage milk flow and sucking
9. It is often necessary to guide the mother to hand express the breast to soften the areola to enable the baby to attach more effectively
10. If there is areola oedema, reverse pressure softening can facilitate effective attachment at the breast (see below)
11. Correct and achieve optimal positioning and attachment
12. Ensure the baby drains the first breast before offering the second side. If the first breast is still full, hard, red or has lumps (blocked ducts) after the baby has fed, it will need to be expressed to soften/no lumps
13. If the baby refuses the second side and it is hard, red or has lumps (blocked ducts) it will also need expressing. Ensure the correct size breast shield is used for expressing
14. Any red areas on the breasts should resolve after breast expression, otherwise suspect mastitis
15. Guide the mother to assess her breasts for fullness /lumps before and after each feed
16. Consider a non-steroidal anti-inflammatory medication e.g. Ibuprofen, to reduce inflammation and minimise pain which may interfere with letdown
17. Simple analgesia i.e. paracetamol may be offered.
18. Review by an experienced midwife / Lactation Consultant if the problem persists

Reverse pressure softening (RPS)

This is a simple technique to temporarily reduce peri-areolar oedema to achieve a more effective latch by moving interstitial fluid deeper into the breast away from the areola. RPS facilitates the flow of excess interstitial fluid to aid lymphatic drainage.

- The midwife may demonstrate the technique with a model of a breast
- Encourage the mother to wash and dry hands thoroughly
- The mother applies 1-3 minutes of steady, gentle, inward pressure at the base of the nipple with all 5 finger tips, pushing backwards towards her chest wall
- This will create indentations in the areola gradually moving outward from the base of the nipple to the edge of the areola to soften the nipple/areolar complex
- The mother is encouraged to bring the baby quickly to the breast following RPS whilst the areolar is softer and more pliable.

Discharge planning

1. Mother to continue the 'MR 261.14 Management of full or lumpy breasts' variance sheet at home
2. Arrange breast pump loan
3. Encourage follow up with the Breastfeeding Centre

References

Bibliography

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Cotterman, K.J. (2004). Reverse pressure softening: A simple tool to prepare the areola for easier latching during engorgement. *Journal of Human Lactation*.

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World Health Organisation. (2000). Engorgement and blocked duct mastitis; Mastitis: Causes and Management. Sect 13-14.

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines, O&G: Newborn Feeding: Breastfeeding Challenges

Useful resources (including related forms)

Forms: MR 261.14 Management of Full or Lumpy Breasts- Breastfeeding Minor Variance

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