



Engorgement

Patient information

Breast fullness is an expected and normal change that usually occurs about three to five days after your baby is born, once your milk “comes in” or transitions from colostrum to mature milk.

Some of this increased fullness may be due to increased blood supply to the breast as part of the lactation process.

Engorgement can be described as painful swelling in both breasts that occurs when they become too full, often due to poor milk removal. Your breasts may become very hard, tender, and swollen. This can make it difficult for your baby to latch to the breast and feed effectively.

Some of the common causes of breast engorgement are:

- Missed or infrequent breastfeeds
- Ineffective breastmilk removal by either your baby, through hand expressing, or by using an electric pump.

Preventing engorgement

The following steps can help prevent engorgement:

- Practise responsive breastfeeding - feeding to your baby’s demands.
- Avoid prolonged periods between breastfeeds.
- If you are having difficulties with breastfeeding, or you and your baby are separated, it is important to continue removing milk by expressing.

- If your breasts are uncomfortably full and baby is not ready for a feed, express a small amount of breastmilk for your comfort.
- Seek assistance from your midwife or lactation consultant with positioning and attachment, so that your baby can remove the milk well at each feed.
- To regularly move milk from both breasts, start each feed on the alternate breast.
- Treat sore or damaged nipples early.

Avoid using formula unless there is a medical indication, or you are following a breastfeeding plan that requires formula use.

Reducing inflammation and pain

Try these steps to help ease the discomfort of engorgement:

- Apply cold packs to the area to reduce the inflammation and give you some comfort as often as needed.
- Don’t apply heat, as it may make the swelling worse.
- Consider taking anti-inflammatory medication to reduce swelling and provide pain relief.
- Avoid deep massage of the breast as this can make the inflammation worse.
- A method called reverse pressure softening may assist with softening the areola, enabling your baby to attach more effectively to the breast. Gentle hand expressing prior to feeds may also assist. The Australian Breastfeeding Association has further written and visual resources on engorgement, including how to reverse pressure softening.



- Before feeds or expressing, you may also try very gentle sweeping movements over the breast towards the armpit - this will help move the extra fluid towards the lymph system.
- Avoid underwire or firm-fitting bras.
- If your breast remains full, tender and uncomfortable, seek assistance from your midwife or lactation consultant.
- If your baby is unable to attach and breastfeed, express to soften the breasts until comfortable.
- You may wish to contact your local physiotherapy department for therapeutic ultrasound, which can help reduce the inflammation.

Support and follow-up

For individual lactation support, contact the Breastfeeding Centre of WA, based at King Edward Memorial Hospital, on (08) 6458 1844, or visit the [website](#).

Scan the QR code for resources on breastfeeding.



More information

For further information, contact the Australian Breastfeeding Association Breastfeeding Helpline on 1800 686 268 or visit their website www.breastfeeding.asn.au

Scan the QR code for resources on hand expressing.



The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.



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