



NEWBORN FEEDING

BREASTFEEDING CHALLENGES

ENGORGEMENT / FULL, LUMPY BREASTS

AIM

To prevent irreversible trauma to the breast tissue caused by unresolved engorgement.

KEY POINTS

1. A mother's breasts can become very full and uncomfortable between 3-4 days after their baby is born.
2. Engorgement occurs when a baby or breast pump does not sufficiently drain the breast.
3. If the breasts remain full and are not drained:
 - the stasis of milk will cause over distension of the alveoli, which can restrict blood flow causing further distension and discomfort.
 - the breasts become flushed and painful.
 - the mother is predisposed to low supply as the alveoli may be permanently damaged.¹
 - if the nipples are also damaged then mastitis will occur.

PREVENTION

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

MANAGEMENT

1. Check the above prevention measures and correct if necessary.
2. Commence variation sheet 'MR 261.14 Management of full or lumpy breasts'.
3. Gentle stroking of the breast promotes the letdown reflex to encourage milk flow.^{3,4}
4. It is often necessary to hand express the breast to soften the areola to enable the baby to attach effectively. Demonstrate how this should be done using a breast model
5. If the areola is oedematous, reverse pressure softening can facilitate attachment of the baby to the breast (see below)

6. 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 completely drained.
7. If the baby refuses the second side and it is hard, red or has lumps (blocked ducts) it will also need draining. Use gentle stroking and an electric breast pump.. Ensure the correct size shield is used.
8. Cool packs may encourage milk flow if there is vascular engorgement.⁴
9. A complete drainage by a hospital grade electric breast pump of breasts will be required if they have been full for more than 24 hours⁴. This may need to be repeated after 24 hours^{1,2}
10. Any red areas on the breasts should resolve after breast expression, otherwise suspect mastitis.
11. Assess breasts for lumps before and after each feed. Teach the mother how to do this.
12. If lumps are present after the feed, commence on an anti-inflammatory drug e.g. Ibuprofen or Naproxin, to reduce the inflammatory process⁴.
13. Once breasts are drained, offer a cooling agent i.e. cold gel pack, for comfort and to reduce the inflammatory process⁵
14. Simple analgesia i.e. Paracetamol may be offered.
15. Seek guidance from an experienced midwife / lactation consultant if the problem persists.

Reverse Pressure Softening (RPS)

This is a simple technique that may assist in reducing oedema in the nipple / areola complex in order to achieve a more effective latch. RPS facilitates the flow of excess interstitial fluid to aid lymphatic drainage.⁶

- The mother should wash and dry her hands.
- The mother should apply pressure at the base of the nipple with all 5 finger tips, pushing backwards towards her ribcage. It should not be painful.
- The pressure should be held for 1-2 minutes. This will create indentations in the areola. The mother should reapply pressure to the areas that have softened and repeat until the nipple and areola are pliable.
- The mother should then bring the baby quickly to the breast following RPS.

DISCHARGE PLANNING

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

REFERENCES / STANDARDS

1. Mannel, R Martens, Patricia J., walker, M. **Core curriculum for Lactation Consultant Practice**. 3rd edition 2013.
2. Glover R. The Engorgement enigma. **Breastfeeding Review**. 1998; 6(2).
3. Yokoyama Y, Ueda T, M I, Aono T. Releases of oxytocin and prolactin during breast massage and sucking in puerperal women. **Euro J Obstet Gyecol Reprod Biol**. 1994; 53(1):17-20.
4. Lawrence R. A., Lawrence, R. M., **Breastfeeding A Guide for the medical profession**. 7th Edition 2011
5. World Health Organisation. Engorgement and blocked duct mastitis; **Mastitis: Causes and Management** 2000. Sect 13-14.
6. Cotterman K.J. Reverse Pressure Softening: a simple tool to prepare the areola for easier latching during engorgement. **Journal of Human Lactation**.2004

National Standards – 1 Clinical care is Guided by Current Best Practice
 Legislation - NIL
 Related Policies - Nil
 Other related documents –[KEMH Newborn Feeding](#)

RESPONSIBILITY

Policy Sponsor	Nursing and Midwifery Director- OGCCU
Initial Endorsement	May 2003
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