



KAISER PERMANENTE®

Breastfeeding and Engorgement

In the first days of breastfeeding, your breastmilk will contain colostrum—a thin, yellow, milky fluid full of antibodies. These antibodies will help protect your infant from infection and illness. About three to five days after childbirth, the appearance of your milk will change. This is often referred to as your "second milk." It will appear whiter than the colostrum, but will still contain the antibodies so important for your baby. At this point, the amount of breastmilk you have will increase.

Most mothers experience engorgement when their second milk comes in. When engorged, your breasts will feel very hard, full, warm, and tender to the touch. A low grade fever of one or two degrees at this time is also common. Although these sensations are uncomfortable, they are not unusual and generally last from 12 to 72 hours before going away on their own.

To help prevent engorgement, it's a good idea to breastfeed frequently, every one-and-a-half to three hours from the time your baby is born. This can help your milk come in more gradually so your breasts won't become so swollen. However, sometimes women who breastfeed frequently will still experience engorgement.

Here are nine suggestions that should help you relieve the discomfort of engorgement:

- 1.) Drink plenty of fluids.
- 2.) Get as much rest as possible.
- 3.) Nurse your baby frequently.
- 4.) Apply warm compresses to your breasts for about 20 minutes before each feeding. A wet towel or washcloth heated about 20 seconds in a microwave oven works well.
- 5.) Take a hot shower or bath for about 15 minutes. This may promote the release of milk from your breast.
- 6.) Gently massage your breasts from the outer breast toward the areola, the darker circle around the nipple, and massage the nipple itself with gentle pressure from your palms. This helps empty the ducts into the area under the areola and makes it easier for your baby to grasp or latch onto your breast.
- 7.) After massaging, if your areola is not soft enough for your baby to latch on, express some milk from your breast. Hold your areola with your thumb and index finger, gently compress your fingers and roll toward your nipple. Catch the milk that is released with a clean, dry washcloth. Then put your baby on your breast for a feeding. Encourage your baby to nurse for at least ten

minutes on each breast.

8.) After feeding, allow your nipples to air dry and apply ice packs wrapped in a cloth to your breasts to help lessen the swelling.

9.) Unless advised to do so by a doctor under certain conditions, do not breast-pump when you're engorged. Breast-pumping after feeding your baby will trigger your body to produce more milk than is needed for one baby, which will make the engorgement worse.

Once engorgement has passed—usually after one to three days—your breasts will feel somewhat full just before feedings. This sensation will last for the first month or two after your baby's birth, and simply means that your milk supply is noticeable.

If the uncomfortable sensations do not go away after three or four days, call your doctor or health care professional. Also call if you notice signs of infection, such as redness on part of the breast, a fever of over 100 degrees, chills, body aches, poor appetite, or nausea. These symptoms may indicate a breast infection that must be treated with antibiotics; one can be chosen that is safe for you and your nursing infant.



For additional health information you can trust:

- Log on to our members-only Web site at www.kaiserpermanente.org/california, then click the "Kaiser Permanente Members Only" button
- Visit your local Kaiser Permanente Health Education Center
- Check your Kaiser Permanente Healthwise Handbook
- Listen to the Kaiser Permanente Healthphone messages at 1-800-33 ASK ME (1-800-332-7563)

To get your free Handbook and Healthphone Directory, call 1-800-464-4000.

The information presented here is not intended to diagnose health problems or to take the place of professional medical care. If you have persistent health problems or if you have additional questions, please consult with your doctor or other health care professional.

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