Engorgement

It is normal to feel fullness 2-4 days after delivery as your milk first “comes in,” but an engorged breast feels hard, may hurt, and may be shiny and hot. The fullness is from the milk within the ducts. In addition, there is general swelling surrounding the ducts, which if excessive, makes it difficult for the milk to move through the ducts. Therefore it is very important to get the initial milk flowing, and then address the engorgement to prevent plugged ducts, mastitis and ultimately, a limited milk supply.

To prevent engorgement:
- Nurse frequently after birth, whenever baby shows sucking cues or at least every 2-3 hours.
- Verify that your baby is latching well and swallowing. Even in the first 2 days while your baby receives colostrum, you should be able to hear some swallows.
- As your breasts become firmer, wake baby as necessary to nurse.

If you do get engorged, try the following:
- If your baby will not latch during the engorgement, it is important that you pump the milk and feed it to baby.
- Apply flexible cold packs (bags of frozen peas) to your breasts on top of your bra.
- If cabbage leaves are recommended, remove the outer leaves on a fresh head of green cabbage. Wash several of the inner leaves and crush them slightly. Several times per day, apply them around your breasts, inside your bra, for 30-90 minutes (between nursings). Stop as soon as the engorgement starts to decrease.
- You may take Ibuprofen (Motrin) for the pain (up to 800mg every 8 hours).

If you find that you have enlarged, firm breast tissue in your underarm shortly after birth, you may use cold packs or cabbage leaves in that area also.

Plugged Ducts and Mastitis

A plugged duct is a plug of milk inside the milk duct. You may feel a firm or lumpy area, often most noticeable when you are ready to nurse. It usually decreases in size after draining the breast.

You can open the duct by trying the following:
- apply heat to the area before nursing
- stroke that area downward during nursing
- vary nursing positions so that your baby’s chin is located near the firm area
- try laying your baby on a bed and lean over your baby to nurse.

If you feel a hard area in your breast, you see a red area somewhere, you feel achy and run down (like the flu) and you have a low-grade fever less than 101F.

Contact your physician and do the following:
- Continue to nurse frequently from both breasts.
- Rest, drink plenty of fluids, and increase your intake of vitamin C.
- Apply heat prior to nursing to promote drainage.
- Massage the hard area while nursing.
- Pump the affected breast if your baby does not thoroughly drain that breast, if it is painful, or if baby refuses the breast.
- Apply a castor oil pack in between nursing:
  - Apply castor oil to a warm, wet cloth. Apply to the firm red area and cover with plastic wrap.
  - Apply a heating pad so the area feels warm, but not hot. Rinse with water before the next nursing so baby doesn’t ingest castor oil.
  - Take Ibuprofen (Motrin) to reduce inflammation (up to 800mg every 8 hours).
  - For recurring mastitis, consider taking lecithin - 2400mg 3-4x/day.

You may need 10-14 days of antibiotics if:
- you’re no better, or feeling worse, in 8-24 hours
- fever continues, especially over 101F with chills
- you see blood or pus in your milk
- there is worsening redness, swelling, warmth, or red streaking towards the underarm
- a nipple is cracked and appears infected

Adapted from MilkWorks