

If your breasts feel over-full

Normal fullness. In the first 2- 5 days after giving birth your breasts get very active as they start their work to produce milk. (You do not choose to produce milk, your body does this automatically once the baby is born). Extra blood and other fluid come into the breast area to provide the ingredients of the milk. Both breasts gradually become larger and feel swollen during these days, though soft. The swelling may extend into your armpit. It takes a day or two for the breasts to adjust and the fullness to reduce.

Your breasts don't know if your baby is small or large, if you have twins, or how much milk is needed. The amount of milk that is taken out of the breast sets the amount of milk that will be produced. An early start for baby at the breast and baby-led feeding in the first days helps the breasts to adjust to the amount of milk needed. It is ok to wake a sleepy baby if your breasts are getting full.

Over-fullness or engorgement. May occur between day 3 and 10. Sometimes there is too much of the extra fluid (oedema) or more milk is made than needed. One or both breasts can get overfull, tight, shiny skin, warm, hard and painful, and the nipple may be pushed flat by the engorgement and feel firm (like the tip of your nose, not soft like your earlobe). The mother generally feels well and there is no breast infection.



Relieving over-fullness. Some of these ideas can also be used by a mother who wants to be more comfortable when stopping milk production.

Use gentle massage, hand expressing and "reverse pressure softening" if the nipple area is overfull and baby can't attach. (More information in other pages of this issue of *BFHI Link*).

Feed the baby often taking care that baby latches with a wide mouth and is swallowing milk. If baby is not latching and swallowing milk, or if breastfeeding is painful, get help.



Dark green cabbage leaves, washed, thick vein removed, chilled and placed all over the engorged breast. Leave on for about 20 minutes. Repeat every 2-3 hours if needed. Do not use on irritated skin or if allergic to sulfa or cabbage.

Cold packs (frozen peas) can reduce swelling. Wrap the cold pack in a dry cloth so the ice is not placed directly on the skin. Warmth on your back may help the milk to flow.

A well-supporting bra that is not tight can help. If pain relief is needed, ask your pharmacist about taking an anti-inflammatory such as ibuprofen.

What doesn't help over-fullness: Epsom salts or diuretics, restricting what you drink, binding breasts, antibiotics if there is no infection, stopping breastfeeding.

Sore breasts after the early days

An overfull breast can occur at any stage if a feed is missed or if the baby is not feeding well.

Blocked duct: One breast has a tender spot or sore lump and the rest of the breast is soft. The tender spot may move. A blocked duct may be caused by a tight bra, continued finger pressure on one area, or any reason that blocks the flow of milk along a duct. It can lead to an infection if the duct stays blocked.

Mastitis: A vague, general term for a sore breast, that may, or may not, indicate an infection. Not all sore breasts need antibiotics. With a true breast infection there is redness in one part of the breast that is sore and hot to touch, the mother feels like she has flu (aches, raised temperature). Usually the infection is in the breast (between the milk ducts) and not in the milk ducts.

For all sore breasts: Keep the milk moving by frequent feeding or expressing. Try the ideas for engorgement. Rest and drink plenty of fluids. The milk will build up more if you stop feeding abruptly; if stopping, then do so gradually. If a sore breast is not improving after 24 hours of care, contact your midwife, lactation consultant, PHN, GP or breastfeeding supporter for more individual help.

This is general information. Discuss your specific needs with your midwife, nurse or doctor.

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