Engorgement and Too Much Milk

On the second or third day after birth your milk starts changing from colostrum (the thick, first milk that is important for your baby) to thinner bluish-white milk. Sometimes when this change occurs, there is suddenly a very large amount of milk and increased blood flow to the breasts. Engorged (very full) breasts may feel tight, hard and uncomfortable. If your baby is allowed to feed when he wants to, this engorgement quickly settles down and the right amount of milk is the right amount for your baby. Tell the nursing staff if your breasts become too full or uncomfortable.

Suggestions to relieve engorgement

• Your baby may find it difficult to latch onto an engorged breast. To soften the areola (the darker skin around the nipple), gently express some milk before attaching your baby. Another method to soften the areola is to apply pressure with the fingertips of one hand to push in the breast tissue around the whole nipple. Hold the pressure for 2-3 minutes or until the tissue softens beneath them. This may also trigger your let-down reflex and cause the milk to flow.

• Warmth placed on your breasts before a feed can help the milk to flow.

• After feeds, cold can relieve the pain. Some mothers find that applying cold washers, clean, cold, crisp cabbage leaves or a frozen disposable nappy over the affected area relieves engorgement.

• Only give your baby your breastmilk. Other fluids will reduce your baby’s appetite for breastmilk.

• Take your bra off completely before beginning to feed.

• Some mothers find that it helps to empty the breasts well, just once, with an electric breast pump.

• Wake your baby for a feed if your breasts become too full and uncomfortable.

• If you notice lumps, soreness or redness on the breast, be aware of the risk of blocked ducts and mastitis (see Fact Sheet Blocked Ducts and Mastitis).

Engorgement is less common after the first week of breastfeeding. Sometimes it can recur if there is a sudden change to your baby’s feeding pattern, eg your baby sleeps through the night, you wean the baby suddenly, or your baby is ill.

Even after the early days of establishing breastfeeding, some mothers find that they still have ‘too much’ milk.
Some ways of coping with too much milk

- Finish the first breast first, letting your baby decide the length of the feed. He may not want both breasts at every feed.
- Ensure your baby is well positioned and attached (see Fact Sheet *Putting Your Baby to the Breast*).
- Express only when necessary for your comfort or to help your baby to attach properly.

These suggestions will need to be tried for a few days before you will notice any real change.

If the problem persists and these suggestions have been tried without success, you may find that feeding to a schedule for a while helps bring your supply under control. Breastfeed only 2-3 hourly. Comfort your baby at other times by rocking, cuddling or a pacifier. If baby needs to be fed more often, you could also try feeding, from one breast only, over (say) a 4-hour period before switching to the other side and then feeding from that breast for another 4 hour period. Once your supply settles down, you can then feed from both breasts.

If you notice lumps, soreness or redness on your breasts, start treatment immediately for blocked ducts and mastitis (see Fact Sheet *Blocked Ducts and Mastitis*).

If your baby has trouble coping with a fast flow of milk

- Recline or lie down on your back to feed. This is often only necessary at morning feeds. Finish feeds sitting upright so that your breasts are adequately drained.
- Express the initial fast flow of milk, or remove your baby from the breast until the flow subsides.

Further reading

- Fact Sheet *Blocked Ducts and Mastitis*

For more information contact your Child Health Centre or the Australian Breastfeeding Association (ABA).

Breastfeeding Helpline
1800 mum 2 mum
1800 686 268

The ABA Breastfeeding Helpline is available 7 days a week and is staffed by trained volunteer breastfeeding counsellors.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

Email counselling and more information is available at www.breastfeeding.asn.au