

Consultants corner.

Engorgement: preventing it takes less time than healing it!

Charlotte Bodeven, Lactation Consultant (LC) recently saw a woman with one of the most “spectacular” cases of engorgement she has ever seen in 25 years of practice!

Majda already has a 6 year old daughter whom she breastfed for 9 months. She did not have any signs of engorgement at the birth of her first daughter.

Day 1.

The mother also wants to breastfeed baby Ilyana, her second child. The first breastfeed takes place one hour after birth. Back in her room, the mother does not hesitate to nurse often. The baby does not stay on the breast for long and the mother’s breasts quickly become painful. A silicone nipple shield is offered. The baby nurses for even shorter periods. The mother is told that the “plastic is tiring the baby out.”

*LC: Because the mother’s breasts hurt, it would have been very judicious to **observe a feed as soon as possible**. In fact, if the latch is not correct, milk transfer does not occur properly. In this case, the baby “fell asleep” at the breast, not from fatigue but from frustration. She was only getting a little colostrum. Therefore, the breast was not being properly emptied. As is also the case when feeds are infrequent*

Day 2.

Her milk comes in. A health professional suggests to the mother that she stop her fluid intake and wear a tight fitting bra.

LC: These practices are ineffective. The recommendations on engorgement on page 120 of the ANAES breastfeeding guide clearly specify this.

Day 3.

Her breasts are painful and swollen, Ilyana is unable to latch on, and it is no better with the silicon nipple shields. She is advised against using a breast pump. In the evening a health professional helps the mother to soften one breast and suggests that the mother do the same for the other. The mother is unsuccessful and has the baby nurse the slightly softened breast instead.

*LC Why this “hatred” of the breast pump? **Expressing milk by hand or with a pump** increases a mother’s comfort, decreases the mechanical pressure on the alveoli (which prevents the process of cellular death), prevents modifications in blood circulation, facilitates lymphatic circulation and the drainage of fluids, decreases the risks of mastitis and decreased milk supply.*

Peaker M, Wilde CJ. Feedback control of milk secretion from milk. J Mammary Gland Bio Neoplasia. 1996 ;1307-314.

Prentice A, Adley CVP, Wilde CJ. Evidence for local feedback control of human milk secretion. Biochem Soc Trans. 1989;15:122.

Day 4. Discharge and meeting with the LC

The mother wakes up with a particularly large, red and painful breast. The other is barely better. The mother continues to be told not to use a breast pump but to empty the breast by hand in the shower. She is prescribed aspirin and an ampoule of oxytocin.

LC The ANAES states that an IV of oxytocin is no more effective than a placebo. As for oxytocin taken orally, a study shows that it is ineffective. Oxytocin in spray form is not available in France.

Ylikorkala O, Kauppila A, Kivinen S, et al. Acute prolactin and oxytocin responses and milk yield to infant suckling and artificial methods of expressing in lactating women. *Pediatrics*. 1992;89:437-440.

LC

The LC tried to create the best possible conditions for the mother, both material and psychological, so as to decrease her stress levels and facilitate milk ejection.

She offered to drain the breasts; hot compresses were applied. A highly adjustable double breast pump was used. It took almost 30 minutes for a little milk to flow from the right breast. The areola having thus been softened slightly, the baby was put to the breast, while keeping an eye on the latch to make sure it was optimal. She was willing to nurse. During this time she continued to express from the left breast. Nearly 150ml were expressed in this way. After the feed, the right breast was also drained again. About as much milk was obtained. In all, it took almost 2 hours to alleviate the mother.

The LC then suggested that the mother continue nursing the baby, making sure that the latch was perfect, and offering one breast, and then the other if need be. In case of discomfort, the mother could pump her milk so as not to be in pain. After a few days, everything was back to normal.

Charlotte's helpful tricks.

A reusable hot compress can be made using a sock and ordinary rice. To heat, place in the microwave for 1-2 minutes, it then diffuses a gentle warmth. Prior to heating, it is possible to spray it with a little essential oils mixed with water.