Breastfeeding Challenges  
- Oversupply -

SCOPE (Area): Maternity Unit, Emergency Department, Paediatrics
SCOPE (Staff): Medical, Midwifery & Nursing

DESIRED OUTCOME/OBJECTIVE

To provide effective treatment and prevent further complications from oversupply of breast milk – blocked ducts, full breasts and engorgement – during lactation.

DEFINITIONS

Full breasts: common and considered normal when the milk supply first establishes between day three and seven postpartum. Mothers should be reassured that the breasts will settle down in a few days time.

Oversupply: at the onset of lactation, supply commonly exceeds demand but usually soon adjusts. Some mothers may continue to over-produce and are uncomfortable.

Blocked ducts: presents as a breast lump which may be a tender and sometimes reddened area. If the blockage causes milk to build up behind the blockage, causing inflammation of the surrounding breast tissues, breast inflammation may worsen and flu-like symptoms may occur.

Engorgement: The breast is overfilled with both milk and tissue fluid. Venous and lymphatic drainage are obstructed, milk flow is hindered, and the pressure in the milk ducts and alveoli rises. The breasts become swollen and oedematous. This may occur when a baby does not sufficiently drain the breast or have unrestricted feeding. Breasts are hard, distended and painful, the skin is stretched and shiny and superficial blood vessels clearly distended. The ‘letdown’ reflex may also be inhibited.

ISSUES TO CONSIDER

Causes

- Poor breast drainage
  - Poor attachment
  - Sleepy baby
  - Use of nipple shields
- Delayed or missed feeds
- Constricting clothing
- Pressure in one area – holding breast too tightly during feeds, particularly if the mother is holding the breast away from the baby’s nose.
- White spot on nipple causing occlusion.
Prevention of oversupply problems

- Unrestricted breastfeeding from birth – 8-12 times in 24 hours.
- Optimise breastfeeding technique – correct positioning and attachment and good sucking action. Seek advice from an experienced midwife or lactation consultant if there are any concerns with breastfeeding.
- Avoid constrictive clothing and bras. However, some women will need the support of a bra, ensure that it is not too tight, suggest a singlet or loose crop top as an alternative.
- Remove the bra completely during feeds – this will assist in adequate breast drainage by relieving any restriction.
- Avoid long intervals between feeds
- Encourage baby to drain the first breast completely before offering the second. Alternate which breast a feed is started on.
- Avoid dummies and complementary feeds.
- Eat a well-balanced diet – drink plenty of fluids, and ensure adequate rest.
- Good hand hygiene.

Differentiating between full breasts and engorgement

<table>
<thead>
<tr>
<th>Full Breasts</th>
<th>Engorgement</th>
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</thead>
<tbody>
<tr>
<td>Breast(s) feels hot, heavy and hard</td>
<td>Enlarged, swollen and painful breast(s)</td>
</tr>
<tr>
<td>No shininess, oedema or redness</td>
<td>May be shiny and oedematous with diffuse red areas</td>
</tr>
<tr>
<td>Milk usually flows well</td>
<td>Nipple may be stretched flat</td>
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<tr>
<td>Easy for infant to suckle and remove milk</td>
<td>Milk often does not flow easily</td>
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<td></td>
<td>May be difficult to attach the infant as the nipple is often flattened.</td>
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PROCEDURE

Management of Blocked Ducts

Women should be advised to check breasts often to identify any blocked ducts and to begin treatment as soon as any blockage is noticed. Management should follow the principles of prevention as outlined above. Additionally, women should be advised to:

- Empty the affected breast by feeding frequently or expressing.
- Apply warmth to the affected area before and during feeds.
- Gently massage the affected area towards the nipple during feeds, and whilst showering or bathing.
- Alternate feeding positions. If able, point the baby’s chin towards the blockage, this may help relieve the blockage.
- Administer analgesia for comfort if required. Consider paracetamol and an anti-inflammatory (eg. ibuprofen).
- Request review of blocked duct by a lactation consultant. Observe a full feed – ensure breast is draining and milk transfer is occurring.
- Seek medical advice if the blockage has not begun to clear in 8-12 hours or if flu-like symptoms appear.
Management of Full Breasts / Oversupply

Management of uncomplicated breast fullness or oversupply should follow the principles of prevention as outlined above. Additionally, women should be advised to:

- Express a small amount before feeds to soften the areola ONLY if they are unable to latch baby to the breast.
- Continue to demand feed, imposing no restrictions on length of time at the breast. Ensure that adequate drainage of breast is occurring each feed.
- Alternate feeding positions.
- Only offer the second breast to the baby if the first breast has been well drained.
- Gently express enough milk to ease the pain only if the second breast remains uncomfortably full.
- Apply warmth to breasts prior to feeding to assist with flow and cold after feeding to provide relief.
- Check breasts after feeding to ensure no lumps are present. If there are lumps then advise the woman to follow the blocked duct management.

Management of Engorgement

If breast fullness is not managed properly and the breasts are not effectively drained, engorgement may result. Management of engorgement should include all of the measures outlined under prevention of oversupply problems. Additionally, women should be advised to:

- Express a small amount before feeds to soften the areola
- Continue to demand feed, imposing no restrictions on length of time at the breast.
- Alternate feeding positions.
- Apply warmth to breasts prior to feeding to assist with flow and cold after feeding to provide relief.
- Complete the Full Breast Regime
  1. Feed the baby on one side only
     → Express the same side by hand or pump until the breast is drained.
     → Express the second side for comfort if needed – express only enough milk to ease the pain.
     → Any milk expressed can be kept and given to the baby as a top-up.
     → Breasts should only be expressed once in a 24 hour period.
  2. Next feed, repeat step 1 on the opposite side.
  3. Continue to feed one side only at each feed, utilising the other measures listed until the supply settles down.
     → Do not express again unless advised to do so by a lactation consultant.
  4. Once the fullness/engorgement has settled down advise the mother to start offering both sides again, allowing the baby to determine length of feeds.
- Educate mother about signs and symptoms of mastitis and advise them to seek early treatment if suspected.
REFERENCES


| Review Responsibility: Maternity Unit | Date Revised: |
| Original Author: ---- | Date for Review: April 2012 |