Infant & Toddler Feeding Case Files
嬰幼餵哺檔案
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Management of Breast Engorgement in the Early Postpartum Period

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As a part-time lactation consultant in a private hospital, my priority is to support mothers with lactation needs after delivery. Challenges I face are different from those in the public sector, my previous workplace, in terms of expectations of the clients and their infant feeding plans, hospital policies and staff support.

Case History

On a sunny day in December 2021, as usual, I walked around the nursery to look for my clients. Mrs. Chan, a first-time mother, came to me asking for help. She was worried as attempts with a hospital-grade electric pump to express breastmilk failed. Her breasts were getting harder with increasing pain. She asked if anything could be done to stop them from worsening into stony breasts (石頭胸).

Mrs. Chan had given birth to her baby boy at 38 weeks of gestation by Caesarean Section 3 days before. She visited the nursery frequently during daytime to breastfeed her baby directly since Day 2 postpartum when the drip-set and foley catheter had been taken off. She did not breastfeed her baby at night as she believed getting good sleep after delivery was important. Her baby was supplemented with formula milk during the day as well as at night.

Walking with the Client through the Early Postpartum Journey

At the first encounter, I explored with Mrs. Chan her infant feeding plan and concerns. She was most distressed by the brief suckling of her sleepy baby. Due to the COVID pandemic, she had not attended any talks on infant feeding during pregnancy. She had some vague ideas about milk coming-in, expressing breastmilk as well as breastfeeding positioning and attachment through scanning the social media. I thought extra patience would be needed to boost her knowledge, skills as well as confidence in breastfeeding.

Observing Mrs. Chan's breastfeeding confirmed her positioning and attachment difficulties. Proper ways were demonstrated but return demonstration was less than satisfactory. Her baby often slipped out from her breast. Mrs. Chan looked disappointed. With all skills, practice makes perfect. I therefore encouraged her to continue practicing, which was as important for her baby.

To normalize her experience, I explained that the difficulties she encountered were not at all uncommon. When the milk came-in, the breast brought together all necessary components to produce milk, including increased vascularization, fluid retention as well as increasing milk storage in the milk sacs and ducts, leading to congestion and discomfort. Such discomfort was indeed a good sign of the breast starting to work, though the extent varied among individuals. However, if such congestion did not resolve, they might progress to painful, stony hard breasts or even result in mastitis. To ease the "traffic jam", frequent milk removal would be paramount. As the baby might take time to improve his suckling, frequent hand-expression, especially in the early postpartum period, would be a good alternative measure to remove milk. Mrs. Chan showed understanding and was keen to learn hand-expression. She was excited when she hand-expressed a few drops of breastmilk successfully. She promised to hand-express every 3 hours.

Early next morning, I visited Mrs. Chan. She was upset because her breasts were more painful and tender. She could not hand-express as her breasts were too painful even with a light touch. She added that she had not expressed milk after 8 pm the night before as she was engaged with visitors. Besides, she thought the congestion could be resolved by massaging alone with which she felt soothing. When I examined her, she was afebrile but the breasts were swollen, with shiny and tight overlying skin. While showing my understanding for her difficulty in milk removal at night, I explained patiently that the engorgement was mainly caused by infrequent and ineffective milk removal. This was worsened by increased milk production due to a higher nocturnal prolactin level. I explained to her the treatment plan (table 1)[1] and how augmenting the milk ejection reflex could activate the myoepithelial cells, small muscle pumps inside the breast, to widen the milk ducts, squeeze the breastmilk from the milk sacs to the ducts and eject it. She realized the need for immediate action.